

## **RIDER TO THE CERTIFICATE FOR OUTPATIENT PRESCRIPTION DRUG PROGRAM**

**The Certificate to which this Rider is attached and becomes a part, is hereby amended as follows:**

When you are being treated for an illness or accident, your Physician may prescribe certain drugs or medicines as part of your treatment. Your coverage includes benefits for drugs and supplies which are self-administered. This Rider explains which drugs and supplies are covered and the benefits that are available for them. Benefits will be provided only if such drugs and supplies are Medically Necessary.

### **PRIOR AUTHORIZATION REQUIREMENT**

When certain medications and drug classes, such as medications used to treat rheumatoid arthritis, growth hormone deficiency, hepatitis C, and more serious forms of anemia, hypertension, asthma, epilepsy, and psoriasis are prescribed, your Physician will be required to obtain authorization from Blue Cross and Blue Shield in order to receive benefits. Medications included in this program are subject to change and other medications for other conditions may be added to the program.

Your Physician must send a letter to Blue Cross and Blue Shield's prescription drug administrator explaining the reason for the prescription. The prescription drug administrator will review the letter and determine whether the reason for the prescription meets the criteria for Medically Necessary care. You and your Physician will be notified of the prescription drug administrator's determination within twenty-four (24) hours. In the event prior authorization is not obtained, you will then be responsible for the first \$1,000 or 50% of the Eligible Charge, whichever is less.

You should refer to the formulary list, contact your Pharmacy or refer to the Blue Cross and Blue Shield website ([www.bcbsil.com](http://www.bcbsil.com)) to determine which medications and drug classes require prior authorization.

### **COVERED SERVICES**

The drugs and supplies for which benefits are available under this Benefit Section are:

- drugs which are self-administered that require, by federal law, a written prescription;
- self-injectable insulin and insulin syringes;
- diabetic supplies, as follows: test strips, glucagon emergency kits, and lancets.

Benefits for these drugs will be provided when:

- you have been given a written prescription for them by your Physician, Dentist, Optometrist or Podiatrist;
- you purchase the drugs from a Pharmacy or from a Physician, Dentist, Optometrist or Podiatrist who regularly dispenses drugs; and
- the drugs are self-administered.

Benefits will not be provided for:

- drugs used for cosmetic purposes (including, but not limited to, Retin-A/Tretinoin and Minoxidil/Rogaine);
- drugs for which there is an over-the-counter product available with the same active ingredient(s);
- drugs which are not self-administered;
- any devices or appliances except as specifically mentioned above;
- any charges that you may incur for the drugs being administered to you.

In addition, benefits will not be provided for any refills if the prescription is more than one year old.

### **Benefit Payment for Prescription Drugs**

The benefits you receive and the Copayment amount you pay will differ depending upon the type of drugs purchased and whether they are obtained from a Participating Prescription Drug Provider.

“Participating Prescription Drug Provider” means a Pharmacy that has a written agreement with a Blue Cross and Blue Shield Plan or the entity chosen by Blue Cross and Blue Shield to administer its prescription drug program to provide services to you at the time you receive the services.

“Formulary” means a brand name drug that has been designated as a preferred drug by Blue Cross and Blue Shield of Illinois.

“Eligible Charge” means (a) in the case of a Provider which has a written agreement with a Blue Cross and Blue Shield Plan or the entity chosen by Blue Cross and Blue Shield to administer its prescription drug program to provide Covered Services to you at the time you receive the Covered Services, such Provider’s Claim Charge for Covered Services and (b) in the case of a Provider which does not have a written agreement with a Blue Cross and Blue Shield Plan or the entity chosen by Blue Cross and Blue Shield to provide services to you at the time you receive Covered Services, either of the following charges for Covered Services:

- (i) the charge which the particular Prescription Drug Provider usually charges for Covered Services, or
- (ii) the agreed upon cost between Participating Prescription Drug Providers and a Blue Cross and Blue Shield Plan or the entity chosen by Blue Cross and Blue Shield to administer its prescription drug program, whichever is lower.

When you obtain drugs or diabetic supplies from a Participating Prescription Drug Provider you must pay a Copayment amount of:

- **\$10.00 for each prescription** – for generic drugs and generic diabetic supplies.
- **\$20.00 for each prescription** – for Formulary brand name drugs and Formulary brand name diabetic supplies.

- **\$35.00 for each prescription** – for non-Formulary brand name drugs and non-Formulary brand name diabetic supplies.

When you obtain drugs or diabetic supplies from a Participating Prescription Drug Provider, you must pay the Copayment amount described above for each prescription. Benefits will be provided for the remaining Eligible Charge. One prescription means up to a 34 consecutive day supply for most medications. Certain drugs may be limited to less than a 34 consecutive day supply. However, for certain maintenance type drugs, larger quantities may be obtained through the Home Delivery Prescription Drug Program. For information on these drugs, contact your Participating Prescription Drug Provider or your local Blue Cross and Blue Shield office. Benefits for prescription inhalants will not be restricted on the number of days before an inhaler refill may be obtained.

When you obtain drugs or diabetic supplies from a non-Participating Prescription Drug Provider (other than a Participating Prescription Drug Provider), 75% of the Eligible Charge will be paid minus the Copayment amount.

### **Home Delivery Prescription Drug Program**

In addition to the benefits described in this Benefit Section, your coverage includes benefits for maintenance type drugs and oral contraceptives obtained through the Home Delivery Prescription Drug Program. For information about this program, you should contact your employer or Group Administrator or call Blue Cross and Blue Shield at 1-800-423-1973.

When you obtain drugs or diabetic supplies through the Home Delivery Prescription Drug Program, you must pay a Copayment amount of:

- **\$20.00 for each prescription** – for generic drugs and generic diabetic supplies.
- **\$40.00 for each prescription** – for Formulary brand name drugs and Formulary brand name diabetic supplies.
- **\$70.00 for each prescription** – for non-Formulary brand name drugs and non-Formulary brand name diabetic supplies.

### **Blue Cross and Blue Shield's Separate Financial Arrangements with Prescription Drug Providers**

Blue Cross and Blue Shield hereby informs you that it has contracts, either directly or indirectly, with Prescription Drug Providers ("Participating Prescription Drug Providers") to provide prescription drug services to all persons entitled to prescription drug benefits under health policies and contracts to which Blue Cross and Blue Shield is a party, including all persons covered under this Certificate. Under its contracts with Participating Prescription Drug Providers, Blue Cross and Blue Shield may receive from these Providers discounts for prescription drugs dispensed to you. Neither the Group nor you are entitled to receive any portion of any such payments, discounts and/or other allowances.

In addition, Blue Cross and Blue Shield has entered into agreements with certain entities to provide, on Blue Cross and Blue Shield's behalf, Claim Payments and certain administrative services for your prescription drug benefits. This entity(ies) is referred to as a pharmacy benefit manager. The pharmacy benefit manager has agreements with pharmaceutical manufacturers to receive rebates for using their products. The pharmacy benefit manager shares a portion of those rebates with Blue Cross and Blue Shield. Neither the Group nor you are entitled to receive any portion of such rebates as they are figured into the pricing of the product.

**Except as amended by this Rider, all terms, conditions, limitations and exclusions of the Certificate to which this Rider is attached will remain in full force and effect.**

Attest:

Health Care Service Corporation  
a Mutual Legal Reserve Company  
(Blue Cross and Blue Shield of Illinois)



Thomas C. Lubben  
Secretary



Patricia A. Hemingway Hall  
President