



2010 Retail Pharmacy Program



BlueCross®
BlueShield®

Federal Employee Program

As a Blue Cross and Blue Shield Service Benefit Plan member enrolled in Basic or Standard Option, you have several options to obtain the prescription medicines you need. You may go to your local pharmacy in the Retail Pharmacy Program network or, under Standard Option, order prescriptions through the Mail Service Prescription Drug Program. The Retail Pharmacy Program is administered by CVS Caremark, an independent company that provides pharmacy benefit management services to the Blue Cross Blue Shield Federal Employee Program. The Mail Service Prescription Drug Program is not available under Basic Option. Sometimes your doctor or hospital outpatient department may dispense your medicine.

No matter where you obtain your prescription medicines, your Basic or Standard Option benefits will cover much of the cost. To find out how to maximize your prescription benefits, just review this pamphlet. Then, if you have any questions about your benefits, refer to your 2010 Blue Cross and Blue Shield Service Benefit Plan Brochure (RI 71-005) or the Blue Cross and Blue Shield Service Benefit Plan Web site at www.fepblue.org.

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Patient Safety & Quality Monitoring

The Service Benefit Plan is committed to protecting your safety. Patient Safety and Quality Monitoring is comprised of a number of different programs that are designed to promote the safe and appropriate use of medicines. Examples of these programs include Prior Approval (certain prescription medicines and supplies require Prior Approval before they will be covered under this plan), and safety checks, which help identify medicine duplication, excessive use of medicine and refills that are requested too soon. Also, as part of our Prior Approval Program, we have established certain limits for some medicines, which are based upon clinical studies and manufacturer guidelines. This program has been developed by doctors and pharmacists in order to monitor the quantity of these medicines to ensure that they are taken within safe and appropriate guidelines.

Protecting Your Safety

When you have a prescription filled through a Network pharmacy (including preferred Internet pharmacies), your prescription will automatically be checked for potential problems related to:

- Interactions with other medicines you are taking
- Medicines that are inappropriate due to a disease or medical condition
- Medicines that are inappropriate based on age or gender
- Unusually high or low medicine dosage
- Medicine duplication or excessive use
- Refills that are requested too soon

This program uses information stored from your previous prescriptions dispensed from the Pharmacy Program. If any of these potential problems arise, the pharmacist may consult with you and your doctor to resolve any questions about the prescription before dispensing the medicine.

Maximizing Your Rx Benefit

You'll get the most value from your prescription medicine benefit if you:

- Ask your doctor to prescribe a generic medicine whenever possible. If you and your doctor agree that a generic or a Preferred brand name medicine is right for your condition, you may save money.
- Are currently taking a medicine and would like to know what your share of the cost will be, visit our Web site at www.fepblue.org, and click on the Pharmacy tab or contact the Retail Pharmacy Program at 1-800-624-5060.

Generic Medicines

Generic medicines are lower priced medicines that are the therapeutic equivalent to more expensive brand name medicines. Frequently, generics are just a fraction of the cost of equivalent brand name medicines. The U.S. Food and Drug Administration sets quality standards for generic medicines to ensure that these medicines meet the same standards of quality and strength as brand name medicines.

You can save money by using generic medicines. Remember to ask your doctor and pharmacist to authorize generic substitution whenever possible. However, you and your doctor have the option of specifically requesting a brand name medicine. Using the most cost-effective medicine saves money.

Medicine Pricing

If you are currently taking a medicine and would like to know what your share of the cost will be, visit our Web site at www.fepblue.org, click on the Pharmacy tab, then click on either Standard or Basic Option Retail Pharmacy. You can also contact the Retail Pharmacy Program at 1-800-624-5060 for a prescription medicine cost estimate.

VACCINE BENEFIT

Get Vaccinated for Free at a Participating Pharmacy

The preventative vaccination benefit has been expanded in 2010 for both Standard and Basic Option members. Vaccines are administered at retail pharmacies that are participating in the FEP vaccine network. Contact the participating pharmacy you intend to use for information regarding days and times the vaccine can be administered.

The covered vaccines within this program include:

- Herpes Zoster (Shingles) vaccines / Zostavax / adults 60 years of age and older
- Human Papillomavirus (HPV) vaccines / Cervarix, Gardasil / Females only, 9-26 years of age
- Influenza vaccines / Fluarix, Flulaval, Afluria, Fluvirin, Fluzone, H1N1 flu vaccine
- Pneumococcal vaccines / Pneumovax, Prevnar, Pnu-Immune 23
- Meningococcal vaccines / Menactra, Menomune

Long-Term Care Pharmacy Network

Members who reside in nursing homes can receive Preferred benefits for covered medicines and supplies. The Long-Term Care Network is comprised of pharmacies that serve nursing homes and nursing facilities. You can call the Retail Pharmacy Program at 1-800-624-5060 and speak to a customer care representative to find out if the pharmacy serving the nursing home you're interested in is in the Network.

Prescription Benefits Overseas

Medicines purchased overseas must be equivalent to medicines that require a prescription according to United States Federal law. To file a claim for covered medicines and supplies you purchase from pharmacies outside of the United States and Puerto Rico, send a completed FEP Retail Prescription Drug Overseas claim form, along with the itemized pharmacy receipts or bills to:

Blue Cross and Blue Shield
Service Benefit Plan, Retail Pharmacy Program
P.O. Box 52057
Phoenix, AZ 85072-2057

We will provide translation and currency conversion services for your overseas claims. You may obtain claim forms for your medicine purchases by writing to this address, by calling 1-888-999-9862 or by visiting our Web site www.fepblue.org. Send any written inquiries concerning medicines you purchase to this address as well.

Prior Approval for Certain Medicines

Before benefits are approved for certain prescription medicines, the Service Benefit Plan Retail Pharmacy Program must determine whether the medicine is related to a service or condition that is covered under the Service Benefit Plan. We also evaluate whether the medicine is prescribed in accordance with generally accepted medical practices.

The Prior Approval Program ensures that members have access to appropriate quantities of medicine either by:

- Prior Approval of a medicine before benefits can be provided or,
- Making available an initial quantity of medicine within a specific timeframe.

The list on the following two pages includes medicines which currently require Prior Approval.

Medicines Requiring Prior Approval

Aciphex*	Desoxyn	Kepivance
Acthar Gel	Dexedrine	Kuvan
Actimmune	dextroamphetamine	Lamisil
Actiq	DextroStat	Leukine
Adcirca	Didrex	LiquADD
Adderall/ Adderall XR	diethylpropion HCL	Lunesta*
Adipex-P	Differin	Maxalt*/ Maxalt MLT*
Aldurazyme	Dovonex	Melfiat
Alferon-N	Edluar*	methamphetamine
Altinac	Elaprase	Mobic
Ambien*/ Ambien CR*	Epiduo Gel	Myobloc
Amerge*	Epogen	Myozyme
Aranesp	Exjade	Naglazyme
Atgam	Fabrazyme	Neulasta
Atralin	Fentora	Neupogen
Avastin	Flebogamma	Nexium*
Avita	Frova*	Nicotine (transdermal patch)* (Rx only)
Avonex*	Gamastan S/D	Nicotrol inhaler*/ Nicotrol NS*
Axert*	Gamimune	Norditropin
Baygam	Gammagard S/D	Nutropin
Betaseron*	Gammar P.I.V.	Nuvigil
Bontril PDM/ Bontril SR	Gamunex	Octagam
Botox	Genotropin	Omnitrope
Carimune	Geref	Orencia
Celebrex	Halcion*	Panglobulin/ Panglobulin NF
Ceprozin	Humatrope	Pegasys
Cerezyme	Imitrex*	Peg-Intron
Chantix*	Increlex	phendimetrazine tartrate
Cinryze	Infergen	
Copaxone*	Intron-A	
Copegus	lonamin	
Dalmane*	iPlex	
	Iveegam	
	Kapidex*	

List continued on next page

Medicines Requiring Prior Approval

phentermine HCL	Relpax*	Tenuate
Polygam S/D	Renova (0.05%)	Tev-Tropin
Prevacid*	Restoril*	Tretin-X
Prevacid NapraPAC*	Retin-A/ Retin-A Micro	Treximet*
Prevpac*	Revatio	Tysabri
Privigen	Ribapak	Venoglobulin-S
ProCentra	Ribasphere	Vivaglobin
Procrit	Ribatab	Vyvanse
Profast	Ribavirin	Xenazine
Prosom*	Saizen	Xolair
Protonix*	Serostim	Zegerid*
Provigil	Soliris	Ziana
Pulmozyme	Sonata*	Zolinza
Rebetol	Sporanox	Zomig*/ Zomig ZMT*
Rebetron	Stadol*	Zorbtive
Rebif*	Tamiflu*	Zyban*
Refissa	Tazorac	Zyvox*
Relenza*		

* Indicates those medicines with an initial quantity allowance before Prior Approval is required.

Please note that this list is subject to change.

BASIC OPTION RETAIL

Your Basic Option Medicine Costs

Here's how your prescription medicine benefits work for up to a 34-day supply of medicine (a 90-day supply is available for three copayments).

There are three levels of benefits. You will generally pay the lowest copayment for any generic medicine and a mid-level copayment for cost-effective, Preferred brand name medicines. You will pay the highest copayment for Non-Preferred brand name medicines.

Level 1	Level 2	Level 3
Generic Medicines	Preferred Brand Name Medicines	Non-Preferred Brand Name Medicines
Lowest Copayment	Mid-level Copayment	Highest Copayment
Up to \$10	Up to \$35	50%*

* With a minimum copayment of \$45 or the cost of the medicine. You pay 50 percent of the medicine's cost when the price of the medicine is \$90 or greater. If the cost of the medicine is less than \$90, you pay your \$45 copayment or the cost of the medicine.

This copayment structure can provide cost-savings to you when you use generic and Preferred brand name medicines whenever possible.

Pharmacy Providers

Prescription medicine benefits under the Basic Option plan are available only if you use one of our Preferred Retail or Internet pharmacies. Basic Option benefits are **not** available when you use Non-Preferred pharmacies. The Mail Service Prescription Drug Program is not available under Basic Option. If you receive your covered prescription medicines and supplies from providers other than Network pharmacy providers, such as a doctor or government health center, you may need to pay the full price of the prescription up front and file an FEP Health Benefits claim with your local Blue Cross Blue Shield Plan for reimbursement. Refer to your 2010 Blue Cross and Blue Shield Service Benefit Plan Brochure (RI 71-005).

Network Pharmacies

Just show your ID card at one of the Preferred pharmacies. There are no deductibles to meet and you pay only the applicable copayment for each prescription or refill. It's that easy—you don't even have to file a claim!

There are more than 64,000 Basic Option Preferred pharmacies nationwide to serve you. Many national and regional chain stores are part of the Basic Option Network of retail pharmacies. Most independent pharmacies are also in the Network. The Network may change from time to time, so be sure to call 1-800-624-5060 or visit our Web site at www.fepblue.org for assistance in locating a Preferred pharmacy near you.

Basic Option Questions and Answers

About Your Co-payments...

Q. How do I know what copayment I'll pay for the medicine I'm currently taking?

A. Under Basic Option, there are three copayment levels. The copayment levels are \$10 for generics, \$35 for Preferred brand name medicines and 50 percent for Non-Preferred brand name medicines, with a minimum copayment of \$45. You can find information on which level your medicine is in by visiting the Service Benefit Plan Web site at www.fepblue.org and clicking on the Pharmacy tab or by contacting our Customer Care Team at 1-800-624-5060.

Q. Why are there different copayment levels for different medicines?

A. The cost of medicines varies greatly. Generic medicines typically offer the most savings and have the lowest copayment. Brand name medicines generally are more expensive, and there can be many different brand name medicines at various cost levels available to treat the same condition.

About Your Formulary...

Q. What is the formulary list?

A. It is a list of medicines that are considered the preferred treatment for a patient's condition and that can be used as a guide for a doctor when prescribing medicine. The Basic Option formulary list was developed by an independent panel of doctors and pharmacists who worked with the Service Benefit Plan to ensure that the medicines listed were the most clinically appropriate and cost-effective medicines. Your prescription medicine program is not limited to the medicines on the formulary list; however, using medicines on the list may reduce your out-of-pocket expense.

Q. What are the benefits of a formulary list?

A. The formulary list is beneficial for many reasons:

- It promotes use of prescriptions that could improve patient care and contain costs.
- It empowers the member to be an educated health care consumer.
- It may encourage members to discuss their prescription medicine treatment with their doctors.
- It aids the doctor in making informed decisions based on appropriate clinical and prescribing guidelines.

Q. What if I want to take a medicine that is not on the formulary list?

A. Medicines that are not listed on the formulary are considered Non-Preferred medicines. You may still receive benefits if you choose a Non-Preferred medicine; however, your out-of-pocket expenses will be greater.

About Pharmacies...

Q. How do I find a Basic Option Preferred pharmacy?

A. You can visit our Web site at www.fepblue.org or contact The Retail Pharmacy Program at 1-800-624-5060 for the most up-to-date listing.

Q. Can I get my medicine from a Non-Preferred pharmacy?

A. If you obtain your medicine from a Non-Preferred pharmacy, you will be responsible for 100 percent of the medicine cost.

Abbreviated Basic Option Formulary List

This list may change over time. For the most up-to-date list, please call 1-800-624-5060 or visit www.fepblue.org.

Medicine Name	Copay Level
Accolate	2
AccuChek Strips	2
Accuneb	1,3
Accupril	1,3
Accuretic	1,3
Accutane	1,3
acetaminophen/codeine	1
AcipHex	3
Aclovate	1,3
Activella	2
Actonel	2
Actos	2
acyclovir oral	1
Adalat CC	1,3
Adcirca	2
Adderall XR	1,3
Advair Diskus/HFA	2
Advicor	2
albuterol/albuterol sulfate	1
alclometasone dipropionate crm 0.05%	1
Aldara	2
alendronate	1
Allegra	1,3
AllegraD	2
allopurinol	1
Alphagan P	2
alprazolam	1
Altace	1,3
Amaryl	1,3
Ambien	1,3
Amerge	3
amitriptyline	1
amlodipine	1
amoxicillin	1
amoxicillin/clavulanate	1
Amoxil	1,3
Amoxil Film Coated Tabs	1,3
amphetamine/dextroamphetamine mixed salts	1
Androgel	2
Antivert	1,3
Apriso	2
Arava	1,3
Aredia	1,3
Aricept	2
Armour Thyroid	1,3
Asacol	2
Asmanex	2
Astelin	2
Atacand/Atacand HCT	2
atenolol	1
atenolol/chlorthalidone	1
Atrovent HFA	2
Atrovent Nasal	1,3

Medicine Name	Copay Level
AugmentinES	1,3
Avalide	2
Avandamet	2
Avandia	2
Avapro	2
Avelox	2
Avonex	2
Azelex	3
azithromycin	1
Azmacort	3
Azopt	2
baclofen	1
Bactroban	1,2
Beconase AQ	3
Benzac AC	1,2
Benzamycin	1,2
benzonatate	1
benzoyl peroxide	1
Betimol	2
Betoptic S	2
Biaxin/Biaxin XL	1,3
Boniva (except injection)	3
Boniva injection	2
Brevibloc	2
brimonidine	1
bupropion	1
buspirone	1
BuSpar	1,3
Bystolic	2
Caduet	2
carbamazepine	1
carbidopa/levodopa	1
Cardizem CD	1,3
Carnitor	1,3
cefaclor	1
cefdinir	1
Ceftin	1,3
ceftriaxone	1
cefuroxime axetil	1
Cefzil	1,3
Celebrex	2
Celexa	1,3
Cenestin	2
cephalexin	1
Chantix	2
Ciloxan	1,3
cimetidine	1
Cinryze	2
Cipro (except suspension)	1,3
Cipro suspension	2
Cipro XR	1,3
ciprofloxacin	2
citalopram	1
Clarinet/ClarinetD	2

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Medicine Name	Copay Level
Cleocin	1,3
Climara	1,3
clindamycin	1
clobetasol propionate crm/oint/gel 0.05%	1
clomiphene	1
clonazepam	1
clonidine	1
clorazepate	1
codeine/acetaminophen	1
colchicine	1
Colazal	1,3
Colestid	1,3
Colyte	1,3
Combipatch	3
Combivent	2
Concerta	2
Copaxone	2
Copegus	1,3
Coreg	1,3
Cosopt	1,3
Coumadin	1,3
CoveraHS	3
Cozaar	2
Cutivate	1,2
Cyclessa	1,2
cyclobenzaprine	1
Cytomel	1,2
Dantrium	1,3
Daraprim	3
Daypro	1,3
DDAVP	1,2
Depakote	1,2
DepoProvera	1,2
Desogen	1,3
desonide oint 0.05%	1
Detrol/Detrol LA	2
dexamethasone	1
Dexedrine	1,3
dextroamphetamine	1
Diastat	2
diazepam	1
diclofenac sodium	1
diclofenac sodium sustrel	1
dicyclomine	1
Differin	2
Diflucan	1,3
Dilantin	1,3
diltiazem/diltiazem extrel	1
Diovan/Diovan HCT	3
diphenoxylate/atropine	1
Diprolene AF	1,2
Ditropan/Ditropan XL	1,3
doxazosin	1

Medicine Name	Copay Level
doxepin	1
doxycycline hyclate	1
Duac/Duac CS	2
Duragesic	1,3
Effexor	1,3
Effexor XR	2
Eldepryl	1,3
Elidel	2
Elocon	1,3
enalapril	1
enalapril/hydrochlorothiazide	1
Enbrel	2
Epipen/Epipen Jr.	2
EryTab	3
erythromycin ethylsuccinate	1
erythromycin base	1
estazolam	1
Estrace	1,3
Estraderm	2
estradiol/estradiol transdermal	1
Estrate	1,3
estropipate	1
Estrostep Fe	1,3
ethosuximide	1
etodolac	1
Evamist	2
Evista	2
Exforge HCT	2
famotidine	1
Famvir	1,3
FemHRT	2
Femring	2
fexofenadine	1
Flagyl	1,3
Flexeril	1,3
Flomax	2
Flonase	1,3
Flovent HFA	2
Floxin OTIC	1,3
fluconazole	1
flunisolide spray	1
fluoxetine	1
flutamide	1
fluticasone	1
fluvoxamine	1
Focalin	1,2
folic acid	1
Foradil Aerolizer	2
Fortaz	1,2
Fosamax	1,3
furosemide	1
gabapentin	1
gemfibrozil	1
gentamicin	1

Abbreviated Basic Option Formulary List

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Medicine Name	Copay Level
glimepiride	1
glipizide	1
Glucophage/Glucophage XR	1,3
Glucotrol/Glucotrol XL	1,3
Glucovance	1,3
glyburide	1
glyburide, micronized	1
Grifulvin V	3
guaifenesin/pseudoephedrine extrel	1
Hiprex	1,3
Humalog	2
Humulin	2
Hydrea	1,3
hydrochlorothiazide	1
hydrocodone/acetaminophen	1
hydrocortisone	1
hydrocortisone valerate crm/oint 0.2%	1
hydroxychloroquine	1
hydroxyzine hcl	1
hyoscyamine sulfate	1
Hytrin	1,3
Hyzaar	2
ibuprofen	1
imipramine	1
Imitrex	1,2
indapamide	1
Inderal LA	1,3
Indocin	1,3
indomethacin	1
Innopran XL	2
Inspra	1,3
isosorbide mononitrate	1
Janumet	2
Januvia	2
Kapidex	3
KDur	1,3
Ketek	3
ketoconazole oral	1
ketorolac	1
Kytril	1,3
Lamictal	1,2
Lamictal ODT	2
Lamictal XR	2
Lamisil oral	1,3
Lanoxin	1,2
Lantus	2
leflunomide	1
Levaquin	2
Levatol	2
Levora	1
levothyroxine	1
Levoxyl	1
Lexapro	2

Medicine Name	Copay Level
Lioresal	2
lidocaine viscous	1
Lipitor	2
lisinopril	1
lisinopril/hydrochlorothiazide	1
lithium carbonate	1
Lithobid	1,3
Loestrin/Loestrin Fe	1,3
Lo/Ovral	1,3
Lopressor	1,3
Loprox	1,2
lorazepam	1
Lotensin/Lotensin HCT	1,3
Lotrel (except 10mg/40mg & 5/40mg caps)	1,3
Lotrel 10mg/40mg & 5/40mg caps	2
lovastatin	1
Lovenox	2
LowOgestrel	1
Lunesta	2
Macrobid	1,3
Marinol	1,3
Mavik	1,3
Maxair Autohaler	2
Maxalt/MaxaltMLT	2
Medrol	1,3
medroxyprogesterone acetate	1
meloxicam	1
Menest	3
Metadate CD	2
Metaglip	1,3
metformin	1
methimazole	1
methotrexate	1
methylphenidate	1
methylprednisolone	1
metoclopramide	1
metolazone	1
metoprolol	1
Metrogel	2
Metrogel vaginal	1,3
metronidazole tabs	1
Mevacor	1,3
Miacalcin Nasal Spray	1,3
Micardis/Micardis HCT	2
minocycline hcl	1
Mircette	1,3
Mobic	1,3
Modicon	1,3
mometasone furoate oint 0.1%	1
Monopril	1,3
morphine	1
multivitamins w/fluoride	1
Myambutol	1,3
nabumetone	1

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Medicine Name	Copay Level
Namenda	2
naproxen sodium	1
Nardil	3
Nasacort AQ	3
Nasonex	2
Necon	3
neomycin/polymyxin B/hydrocortisone	1,2
Neurontin (except suspension)	1,3
Neurontin suspension	2
Nevanac	2
Nexium	2
nifedipine extrel	1
nitrofurantoin macrocrystals	1
Nizoral	1,3
Nordette	1,3
NorQD	1,3
nortriptyline	1
Norvasc	1,3
Novolin	2
Novolog	2
Nulytely	1,3
Nuvaring	2
nystatin	1
nystatin/triamcinolone	1
Ocufen	1,3
Ocuflox	1,3
omeprazole	1
Omnicef	1,3
ondansetron	1
OneTouch Strips	2
Orapred	1,3
OrthoCept	1,3
OrthoCyclen	1,3
OrthoEvra	2
OrthoMicronor	1,3
OrthoNovum 1/35	1,3
OrthoNovum 1/50	1,3
OrthoNovum 10/11	1,3
OrthoNovum 7/7/7	1,3
Ortho TriCyclen	1,3
Ortho TriCyclen Lo	2
Ovcon 50	3
oxaprozin	1
oxybutynin	1
oxycodone/acetaminophen	1
Oxycontin	1,2
Oxytrol	2
pantoprazole	1
paroxetine	1
Patanol	2
Paxil/Paxil CR	1,3
Paxil suspension	1,3
Pegintron	2
penicillin VK	1

Medicine Name	Copay Level
Pentasa	2
Pepcid	1,3
Percocet	1,3
phenobarbital	1
phenytoin sodium extended	1
Phoslo	1,3
pilocarpine	1
Plaquenil	1,2
Plavix	2
Plendil	1,3
Plexion	1,2
polymyxin B/trimethoprim	1
potassium chloride extrel caps	1
Prandimet	2
Prandin	2
Pravachol	1,3
prednisolone	1
prednisone	1
Premarin	2
Premphase	2
Prempro	2
Prenate GT	1,3
Prevacid	2
Prilosec	1,3
Prinivil	1,3
Proair HFA	2
Proamatine	1,3
prochlorperazine	1
promethazine	1
promethazine with codeine	1
propranolol	1
Proscar	1,3
Protonix	1,2
Proventil HFA	1,3
Provigil	2
Prozac	1,3
Pulmicort Turbuhaler	2
quinapril	1
quinidine sulfate extrel	1
ranitidine	1
Razadyne/Razadyne ER	1,3
Rebetol (except solution)	1,3
Rebetol solution	2
Relenza	2
Remeron Soltab	1,3
RetinA Micro	2
Retrovir	1,3
Rhinocort Aqua	2
Risperdal	1,2
Ritalin	1,3
Rocephin	1,3
Ryzolt	3
Salagen	1,3
Sarafem	3

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This list may change over time. For the most up-to-date list, please call 1-800-624-5060 or visit www.fepblue.org.

Medicine Name	Copay Level
Savella	3
Sectral	1,3
Septra/Septra DS	1,3
Serevent Diskus	2
Seroquel	2
sertraline	1
simvastatin	1
Singular	2
Sonata	3
Spiriva	2
spironolactone	1
Sporanox	1,3
Strattera	2
sulfacetamide	1
sulfamethoxazole/trimethoprim	1
sulindac	1
Surestep Strips	3
Symbicort	2
Synthroid	1,2
Synvisc One	2
Tamiflu	2
tamoxifen	1
Tarka	2
Tazorac	2
TegretolXR	2
temazepam	1
Temodar injection	2
Tenoretic	1,3
Tenormin	1,3
Terazol 3/7	1,3
Terazol suppository/ring	2
terazosin	1
terbinafine oral	1
tetracycline	1
theophylline	1
thyroid hormone	1
Tiazac	1,3
timolol maleate	1
Timoptic/TimopticXE	1,3
Tobradex	2
tobramycin	1
Tobrex	1,3
Topamax	2
Toprol XL	1,3
torsemide	1
tramadol	1
trandolapril	1
Transderm Scop	2
trazodone	1
tretinoin	1
triamterene/hydrochlorothiazide	1
Tricor	2
Trileptal	1,2
TriNorinyl	1,3

Medicine Name	Copay Level
Triphasil	1,3
Trivora	1
Uloric	2
Ultram	1,3
Ultram ER	3
Ultravate	1,3
Urecholine	1,3
UrocitK	1,3
Uroxatrol	2
Urso/Urso Forte	1,3
Valium	1,3
Valtrex	2
Vasotec	1,3
Vectical	2
venlafaxine	1
verapamil extrel	1
Vesicare	2
Vicoprofen	1,3
Videx EC	1,3
Vivactil	1,3
Vivelle/VivelleDot	2
Voltaren/VoltarenXR	1,3
warfarin	1
Wellbutrin	1,3
Wellbutrin SR/XL	1,3
Xalatan	2
Xanax/Xanax XR	1,3
Xopenex HFA	2
Yasmin	1,2
Yaz	2
Zantac	1,3
Zarontin	1,3
Zaroxolyn	1,3
Zerit	1,3
Zestoretic	1,3
Zestril	1,3
Zetia	2
zidovudine	1
Zithromax	1,3
Zocor	1,3
Zofran	1,3
Zolof	1,3
zolpidem	1
Zomig/ZomigZMT	2
Zonegran	1,3
zonisamide	1
Zovia	1
Zovirax	1,3
Zyban	1,3
Zyloprim	1,3
Zyprexa	2

All medicine names printed in BOLD have a generic equivalent (Level 1).

STANDARD OPTION RETAIL

Your Standard Option Retail Medicine Costs

Here's how your retail prescription medicine benefits work for up to a 90-day supply:

STANDARD OPTION RETAIL



Network Pharmacy

Show ID card and pay:

Generic drug: 20% of the Plan allowance

*(except when you make a switch, refer to Generic Copay Waiver Program details)

Brand-name drug: 30% of the Plan allowance

Out-of-Network Pharmacy

File a paper claim and pay: 45% of the Average Wholesale Price plus any difference between the allowance and the billed amount

Other Providers

You may need to pay the full price of the prescription up front and file an FEP Health Benefits claim with your local Blue Cross Blue Shield Plan for reimbursement. Refer to your 2010 Blue Cross and Blue Shield Service Benefit Plan Brochure (RI 71-005).

New Benefit for 2010

Standard Option Generic Copay Waiver Program

Manage Your Health and Your Money with Generics

Under **Standard Option**, the 20% coinsurance amount is waived for the first 4 generic prescriptions filled (and/or refills ordered) per calendar year when you switch from any of the brand-name drugs listed below to a corresponding generic drug replacement. The coinsurance waiver only applies to purchases of the generic drug replacing the brand-name drug. You may receive up to 4 coinsurance waivers per year per drug switch.

If you take one of these brand-name drugs...	And switch to one of these generic drugs...	
Actonel Boniva Fosamax	alendronate	You will receive your first 4 prescriptions (or refills) of that generic drug for free
Aciphex Kapidex	omeprazole	
Ambien CR Lunesta Rozerem	zaleplon, zolpidem	
Beconase AQ Nasacort AQ Nasonex Rhinocort Aqua Veramyst	fluticasone	
Crestor Vytorin	simvastatin, pravastatin, lovastatin	
Toprol XL	metoprolol	

Note: Your coinsurance will be waived as described above only if you switch from a brand-name drug to a generic replacement drug while a member of the Service Benefit Plan. Both the brand-name drug and its generic replacement drug must be purchased during the same calendar year.

Note: This benefit may be used only when you switch from a brand-name drug to a generic drug; if you switch from one generic drug to another, you will be responsible for paying 20% of the Plan allowance.

Please note that the list of eligible generic replacement drugs may change if additional generic drugs corresponding to the listed brand-name drugs become available during the year. For the most up-to-date information, please visit our Retail Pharmacy Program Web site through www.fepblue.org.

Network Pharmacies

Just show your ID card at one of the Preferred pharmacies. There are no deductibles to meet and you pay only your coinsurance under Standard Option for each prescription or refill. It's that easy. You pay your coinsurance and don't have to file a claim!

There are more than 64,000 Standard Option Preferred pharmacies nationwide to serve you. To locate a Preferred pharmacy, call 1-800-624-5060. When calling, follow the instructions to hear the most up-to-date listing of Preferred pharmacies in your area. This service is available 24 hours a day, 7 days a week. Customer Care representatives are also available 24 hours a day, 7 days a week or refer to the pharmacy locator tool on www.fepblue.org under the Pharmacy tab, Find a Standard Option Retail Pharmacy.

Hospital Outpatient Department

Most hospital outpatient pharmacies are out-of-network pharmacies. If you have a bill from the hospital outpatient department with charges only for prescription medicines and covered supplies, we will process the claim through the Retail Pharmacy Program. You need to pay for your items and then file a Retail Pharmacy claim form. Include the itemized bill from the hospital with your claim to the Retail Pharmacy Program.

If the outpatient hospital bill includes charges for medicines or supplies as part of expenses for medical treatment, your local Blue Cross and Blue Shield Plan will process the claim. Most hospitals will file these outpatient charges for you. If the hospital does not file the claim for you, fill out a Federal Employee Program Health Benefits claim form, attach your itemized hospital bill, and send the claim to your local Blue Cross and Blue Shield Plan. A copy of the claim form is available on our Web site at www.fepblue.org in the Form Library.

Out-of-Network Pharmacies

You may still purchase your prescription medicines and supplies from Non-Preferred pharmacies, but you will have to pay the full amount for these items when you have them filled. Then, file a Retail Prescription Drug claim form for reimbursement. To obtain a claim form, call the Retail Pharmacy Program at 1-800-624-5060. The Retail Pharmacy claim form is also available on our Web site at www.fepblue.org under the Pharmacy tab in the Form Library.

Here's how to file a claim for medicines purchased at an out-of-network pharmacy:

- Pay the full price for the prescription.
- Get an itemized receipt from the out-of-network pharmacy. It should show the name and address of the pharmacy, patient's name, prescription number, date filled, name of medicine or supply, strength, quantity, dosage, and charge for each medicine or supply.
- Ask your pharmacist to help you fill out the Pharmacy Information and Prescription Information sections of the Retail Pharmacy claim form.
- Fill in the Member and Patient information and sign the claim form.
- Send the completed claim form and any related pharmacy receipt(s) to:

Blue Cross and Blue Shield
Service Benefit Plan, Retail Pharmacy Program
P.O. Box 52057 Phoenix, AZ 85072-2057

When your claim is processed, we will reimburse you up to 55% of the Average Wholesale Price for covered medicines and supplies purchased at a Non-Preferred pharmacy.

Remember, although you can purchase your covered medicines and supplies at a Non-Preferred pharmacy, you will receive an increased level of benefits and experience greater convenience when you use a Preferred pharmacy or the Mail Service Prescription Drug Program.

Drugs from Other Sources

If you receive your covered prescription medicines and supplies from providers other than retail or mail pharmacy providers, such as a doctor or government health center, you will need to pay for your items and file an FEP Health Benefits claim form for reimbursement.

To do this, be sure to get an itemized receipt. Then, fill out the FEP Health Benefits claim form and send it, along with your itemized bill, to your local Blue Cross and Blue Shield Plan.

For medicines and supplies dispensed from these providers, your medical coinsurance amounts apply to covered charges.

Check your 2010 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005) for details, or call your local Blue Cross and Blue Shield Plan for information.

Standard Option Questions and Answers

Q. Can I get medicine from a Non-Preferred pharmacy?

A. Yes, but when you choose to go to a Non-Preferred pharmacy, you will pay 100 percent of the prescription price. You then submit a paper claim form, along with the original prescription receipt(s), to Service Benefit Plan, Retail Pharmacy Program, P.O. Box 52057, Phoenix, AZ 85072-2057 for reimbursement of covered expenses. Call the retail Pharmacy program at 1-800-624-5060 for claim forms. A copy of the claim form is also available on our Web site at www.fepblue.org.

Remember, although you can purchase your covered medicines and supplies at a Non-Preferred pharmacy, you will receive an increased level of benefits and experience greater convenience when you use a Network pharmacy.

Q. How do I switch my prescription from a Non-Preferred retail pharmacy to a Preferred retail pharmacy?

A. Go to a Preferred pharmacy in your retail network and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the pharmacy and make the transfer for you. To locate a network pharmacy, call your Customer Care Team at 1-800-624-5060.

Q. Can I transfer my prescription from the Mail Service Prescription Drug Program to my local retail pharmacy?

A. Yes, a valid prescription can be transferred from the Mail Service Prescription Drug Program to your local retail pharmacy. However, once the prescription is transferred, a new prescription will be needed before the Mail Service Prescription Drug Program can dispense the medicine again.

How To Contact Us

Call these numbers for prescription medicine information:

Retail Pharmacy Program (Standard & Basic Option)

1-800-624-5060

24 hours a day, 7 days a week

Other Benefit or Claim Information

Call your local Blue Cross and Blue Shield Plan. The customer service number is on the back of your Service Benefit Plan ID card. You can also find the number in the white pages of your phone book.

This pamphlet gives a summary of your prescription medicine benefits. For complete details on your benefits, please refer to your 2010 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005).

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