

Prescription Drug and Wellness Information





A home-delivery pharmacy service you can trust.

AllianceRx Walgreens Prime delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Savings

- AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines. This may reduce what you pay out of pocket, and includes free standard shipping.

Convenience

- Prescriptions are delivered to the address of your choice, within the U.S.
- You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.
- You can receive up to a 90-day supply of long-term medicine at a time.
- You can ask for refills online or over the phone.
- Plain-labeled packaging protects your privacy.

Service

- You can receive notification by email, by phone or through the mail — your choice — when your prescription is received and when your orders are shipped. To select your notification preference, register online at alliancerxwp.com/home-delivery or call **877-357-7463**.
- Member service agents are available 24/7.
- Licensed, U.S.-based pharmacists are available seven days a week.
- Choose to receive refill reminder notifications by phone or email.
- Standard delivery is included at no additional cost.
- AllianceRx Walgreens Prime pharmacies are located in the U.S.

AllianceRx Walgreens Prime will notify you when your prescription is received, when it ships and when it is due for a refill.



Getting Started with AllianceRx Walgreens Prime Home Delivery

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit alliancerxwp.com/home-delivery. Follow the instructions to create a new account or sign in with your Walgreens.com username and password.
- Log in to myprime.com and follow the links to AllianceRx Walgreens Prime.
- You can also continue to use your Walgreens.com account.

Over the Phone

Call **877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

Talk to Your Doctor

Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime or fax a prescription request to **800-332-9581**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have AllianceRx Walgreens Prime remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit bcbsil.com. Or call the phone number on the back of your member ID card.



Medicines may take up to 10 days to deliver after AllianceRx Walgreens Prime receives and verifies your order.



Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty and home delivery pharmacy.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.



Q&A: Prescription Drug List

What is a prescription drug list?

Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a regularly updated list of drugs selected based on the recommendations of a committee of individuals from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work. The Enhanced Drug List is a smaller version of the Basic Drug List. It includes mostly generic and select preferred brand drugs. The Performance Drug List, Performance Select Drug List and 2018 Drug List (for Metallic plans) show all covered drugs. Drugs that are not shown on these lists are not covered. Major drug classes are covered on all drug lists.

Why should I use the drug list?

Your copayment/coinsurance amount for covered preferred brand drugs is usually lower than for non-preferred brand drugs. If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Performance Drug List, Performance Select Drug List or 2018 Drug List (for Metallic plans), medicines that are not on these drug lists will not be covered. You will need to pay for the full cost of the medicine. The drug list is a reference for your doctor when prescribing medicines. But it is solely up to you and your doctor to decide the medicine that is best for you.

What are the advantages of using generic drugs?

Generics are recognized as safe and effective medicines. Generics often cost less than a brand drug. A generic can usually be substituted for a brand drug if it has the same active ingredients, the same strength and dosage form and produces the same results. Talk to your doctor or pharmacist to find out if a generic drug is available and right for you.

How do I know if a drug is on the drug list and what my cost will be?

The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on the list, search the drug list at bcbsil.com or call the Pharmacy Program number on the back of your ID card.

Your prescription drug benefit plan and whether the drug is on the drug list will determine the amount you may pay out of pocket. To find out what you will pay, visit bcbsil.com or call the Pharmacy Program number on the back of your ID card.

What are dispensing limits?

Based on FDA-approved dosage regimens and manufacturer's research, certain drugs have dispensing limits. This means that these drugs have a limit on how much medicine can be filled per prescription or in a given time span. For example, coverage for the osteoporosis drug Actonel® (risedronate) is limited to 30 tablets per 30 days because the FDA-approved labeling states that the recommended dose is one 5 mg oral tablet taken daily.

What if I have questions?

Call the Pharmacy Program number on the back of your ID card, 24 hours a day, 7 days a week, or visit bcbsil.com.

October 2018 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. Refer to the BCBSIL prescription drug lists at bcbsil.com for a more comprehensive and up-to-date list. The online drug list (Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List) is updated quarterly. The online 2018 Drug List (for Metallic plans) may be updated monthly. The drug list may contain medications not covered under your prescription drug benefit plan. In addition, prescription versions of over-the-counter (OTC) medications may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the Pharmacy Program number on the back of your ID card.

ANTIHYPERTENSIVES

Angiotensin Converting Enzyme (ACE)

Inhibitors and Combinations

benazepril
benazepril/hydrochlorothiazide
captopril
enalJJuly
enalJJuly/hydrochlorothiazide
fosinopril
fosinopril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
moexipril
moexipril/hydrochlorothiazide
perindopril
quinJJuly
quinJJuly/hydrochlorothiazide
ramipril
trandolJJuly

Angiotensin II Receptor Antagonist (ARBs) and Combinations

candesartan
candesartan/hydrochlorothiazide
irbesartan
irbesartan/hydrochlorothiazide
losartan
losartan/hydrochlorothiazide
olmesartan
olmesartan/hydrochlorothiazide
telmisartan
telmisartan/hydrochlorothiazide
valsartan
valsartan/hydrochlorothiazide

Beta Blockers and Combinations

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol
carvedilol
labetalol
metoprolol succinate ext-release
metoprolol tartrate
nadolol
pindolol
propranolol ext-release
propranolol tabs

Calcium Channel Blockers and Combinations

amlodipine
amlodipine/benazepril
amlodipine/valsartan
amlodipine/valsartan /hydrochlorothiazide
diltiazem
diltiazem ext-release
felodipine ext-release
nifedipine ext-release
verapamil 40 mg, 80 mg, 120 mg
verapamil ext-release

ASTHMA / COPD

ADVAIR
albuterol, 0.63 mg/3mL, 1.25 mg/3mL
albuterol inhal soln, 0.083%, 0.5%
albuterol syrup, tabs
ANORA ELLIPTA
ARNUITY ELLIPTA
ASMANEX
BREO ELLIPTA
budesonide
DULERA
FLOVENT DISKUS
FLOVENT HFA
INCRUSE ELLIPTA
ipratropium inhal soln
ipratropium/albuterol
levalbuterol
montelukast
PROAIR HFA
PROAIR RESPICLICK
QVAR
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline
theophylline ext-release
TRELEGY ELLIPTA
VENTOLIN HFA
zafirlukast



October 2018 Commonly Prescribed Drugs continued

CHOLESTEROL

atorvastatin
cholestyramine
choline fenofibrate delayed-release
colestipol
ezetimibe
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
gemfibrozil
lovastatin
niacin ext-release
pravastatin
rosuvastatin
simvastatin

DEPRESSION

amitriptyline
bupropion
bupropion ext-release
citalopram
clomipramine
desipramine
doxepin
duloxetine delayed-release
escitalopram
fluoxetine
fluvoxamine
imipramine
mirtazapine
nortriptyline caps
paroxetine
phenelzine
sertraline
tranylcypromine
trazodone
venlafaxine
venlafaxine ext-release caps
venlafaxine ext-release tabs, 37.5 mg,
75 mg, 150 mg

DIABETES

acarbose
BAYER /ASCENCIA TEST STRIPS
glimepiride
glipizide
glipizide ext-release
glipizide/metformin
GLUCAGON EMERGENCY KIT
glyburide
glyburide/metformin
glyburide, micronized
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JARDIANCE
KOMBOGLYZE XR
LANTUS
LEVEMIR
metformin
metformin ext-release
nateglinide
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
pioglitazone
pioglitazone/metformin
repaglinide
TOUJEON SOLOSTAR
TRESIBA FLEXTOUCH
VICTOZA



Understanding Your Generic Drugs

Generics Deliver:

Safety

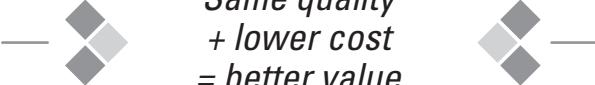
Generic drugs are safe. Brand-name and generic drugs sold in the United States are approved and regulated by the U.S. Food and Drug Administration (FDA). The standards are the same. That's safety you can count on.

Quality

Generic drugs work the same way. When the FDA approves a generic drug, this means the generic drug is the same as its brand-name counterpart in dosage, performance, safety, strength, quality and usage.

Savings

Generic drugs cost less. When the patent expires on a brand-name drug, other companies may begin making and selling the drug as a generic. Generic manufacturers don't have to pay for the costly research and marketing that was done for the brand-name product. Lower prices mean more savings for you.



*Same quality
+ lower cost
= better value*

It's a fact — generic drugs work in the same way as brand-name drugs. Don't believe the myths. The proof is in the facts:

MYTH:

Generic drugs are not as safe as brand-name drugs.

FACT:

The FDA requires that all drugs be safe and effective. Generics use the same active ingredients and work the same way in the body. This means generic drugs have the same risks and benefits as their brand-name counterparts.

MYTH:

Generic drugs are not as strong as brand-name drugs.

FACT:

The FDA requires generics to have the same quality and strength. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

MYTH:

Generic drugs are likely to cause more side effects than brand-name drugs.

FACT:

There is no evidence that generic drugs cause more side effects. The FDA monitors reports of adverse drug reactions and has found no difference in the rates between generic and brand-name drugs.

MYTH:

My doctor or pharmacy wants me to take generic drugs just to save money.

FACT:

Your doctor and pharmacist want you to take drugs that are safe, effective and affordable. In most cases, generics are the best option when you compare price and quality.

MYTH:

Brand-name drugs are made in modern manufacturing facilities and generic drugs are often made in substandard facilities.

FACT:

The FDA won't permit drugs to be made in substandard facilities. All generic manufacturing, packaging and testing sites must pass the same quality standards as those of brand-name drugs. The FDA conducts about 3,500 inspections a year to ensure standards are met.



Understanding Your Coverage Options

with the Member Pay the Difference prescription drug benefit.

Through Blue Cross and Blue Shield of Illinois (BCBSIL), your prescription drug benefit uses a Member Pay the Difference pharmacy benefit designed to encourage members to use medicines that have been shown to be safe and cost-effective.

How does Member Pay the Difference work?

When you fill a prescription through a contracting pharmacy* for a covered brand name drug where a **generic equivalent** is available, you may pay more. You will pay the copay/coinsurance amount **plus** the difference in cost between the brand drug and its generic equivalent.**

This may apply even if your doctor writes "do not substitute" on your prescription.

What is a generic drug?

A generic drug is a version of a brand-name drug, and is also approved by the U.S. Food and Drug Administration (FDA). When compared to the brand drug, a generic drug is the same, is as safe, and works just as well in the body for most people. But the generic drug often costs less.

- There are two types of generics:
- A **generic equivalent** is made with the same active ingredient(s) at the same dose as the brand drug.
- A **generic alternative** is often used to treat the same condition, but the active ingredient(s) differs from the brand drug.

Your pharmacist can often substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

But only you and your doctor can decide if a generic alternative is right for you. Please note that the Member Pay the Difference benefit does not apply to generic alternatives.

Get the most from your pharmacy benefit.

Consider using generic drugs, and follow these tips to help you get the most from your benefits:

- View the BCBSIL Drug List. Ask your doctor to check this list when recommending prescription drug options for you.
- Use online pharmacy resources to get information about your out-of-pocket cost for a prescription, view your claims history and more.

Go to bcbsil.com and log in to Blue Access for MembersSM (BAMSM) to learn more about your prescription drug benefit and access online resources.

What if I have questions?

Ask your doctor or pharmacist about the choices you have and which drug is right for you. Remember, treatment decisions are always between you and your doctor.

If you have any questions about your prescription drug benefit, see your plan materials or call the number on the back of your member ID card.

*The relationship between Blue Cross and Blue Shield of Illinois (BCBSIL) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

**Your out-of-pocket costs are determined by your particular benefit plan, your plan's prescription drug list, the date of the prescription and/or the date you filled your prescription. Coverage is always subject to the exclusions and limitations of your benefit plan.



Save Time and Money with the HMO 90-Day Supply Prescription Drug Program.

You can get up to a 90-day supply of long-term (or maintenance) medicine through a network of contracting extended-supply retail or mail service pharmacies. How much you pay will be based on the medicine and your benefit plan.

Visit bcbsil.com to find a contracting extended-supply retail or mail service pharmacy convenient for you. Log into Blue Access for MembersSM (BAMSM) and click on **Prescription Drugs** in the **Quick Links** section. Then select **Find a Pharmacy**.

To Purchase Your Long-Term Medicine at an Extended-Supply Retail Pharmacy

1. Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines.
2. Take your prescription to a contracting extended-supply retail pharmacy.

To Purchase Your Long-Term Medicine Through a Mail Service Pharmacy

1. Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines.
2. If you need to start your medicine right away, ask for a prescription for a one-month supply to take to a retail pharmacy.
3. To print a new prescription order form, log into BAM, click on the **Forms & Documents** tab and search for the mail order form. You may also be able to complete the form online.
4. Mail your prescription, completed order form and payment to the mail service pharmacy. Or call the contracting mail service pharmacy you have chosen.
5. Keep in mind that medicines take up to 10 business days to deliver after the mail service pharmacy receives and verifies your order.

You can also ask your doctor to fax or send your prescription electronically to the mail service pharmacy. Be sure to complete and submit the mail order form to avoid a delay in processing your order.



*If you have questions about the HMO 90-day supply program,
call the pharmacy program number on the back of your ID card.*





Do You Need Specialty Medications?

Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for AllianceRx Walgreens Prime to support members who need self-administered specialty medication and help them manage their therapy.*

Specialty drugs are often prescribed to treat chronic, complex or rare conditions, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs may be given by infusion (intravenously), injection, taken by mouth or some other way.

Specialty drugs often call for carefully following a treatment plan (or taking them on a strict schedule). These medications have special handling or storage needs and may not be stocked by retail pharmacies. They often cost more than non-specialty prescriptions.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration (given by yourself or a care giver). Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan may require you to get your self-administered specialty drugs through AllianceRx Walgreens Prime or another in-network specialty pharmacy. If you do not use these pharmacies, you may pay higher out-of-pocket costs.*

Examples of Self-Administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit bcbsil.com to see the up-to-date list of specialty drugs.

Condition	Sample Medications **
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Increlex, Omnitrope
Hepatitis C	Epclusa, Harvoni, Mavyret and Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Stelara

Support in Managing Your Condition: AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through AllianceRx Walgreens Prime, you get one-on-one support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information to help you stay on track with your therapy and help you manage any side effects you may feel
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 specialty pharmacy access

Ordering Through AllianceRx Walgreens Prime

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to AllianceRx Walgreens Prime. **To start using AllianceRx Walgreens Prime, call 877-627-6337, Monday-Friday, 8 a.m. - 8 p.m. ET.**

When switching pharmacies, have your ID card and be ready with your:

- Name, address, phone number
- Name of medication
- Current pharmacy's name and phone number (for existing prescriptions), and the prescription number
- Doctor's name, phone and fax numbers

Your doctor may also order select specialty drugs that must be given to you by a health professional through AllianceRx Walgreens Prime.

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through AllianceRx Walgreens Prime. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered****
- Discuss any changes in your condition or answer any questions about your health***

You can reach AllianceRx Walgreens Prime at **877-627-6337**.

Certain coverage exclusions and limitations may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the number on the back of your ID card with questions.

*Blue Cross and Blue Shield of Illinois (BCBSIL) contracts with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. Prime Therapeutics has an ownership interest in AllianceRx Walgreens Prime, a central specialty pharmacy and home delivery company.

**The BCBSIL specialty pharmacy network includes AllianceRx Walgreens Prime as well as other in-network specialty pharmacies for select specialty drugs. BCBSIL HMO members have a separate specialty pharmacy network. Based on the benefit plan, members may be responsible for the full cost of the specialty drug for not using an in-network specialty pharmacy. You can log in to your Blue Access for MembersSM account to find an in-network specialty pharmacy near you.

***Third-party brand names are the property of their respective owners.

****Treatment decisions are between you and your doctor.

Specialty Medications

Blue Cross and Blue Shield of Illinois (BCBSIL) has arranged for Prime Therapeutics Specialty Pharmacy™ to support members who need specialty medications and help them manage their therapy.*

Specialty drugs are often prescribed to treat chronic, complex health problems, such as multiple sclerosis, hepatitis C and rheumatoid arthritis. These drugs are typically received by injection, but may be topical or taken by mouth.

Specialty drugs frequently call for careful adherence to a treatment plan and have special handling or storage needs and may not be stocked by retail pharmacies.

Some specialty drugs must be given by a health care professional, while others are approved by the U.S. Food and Drug Administration (FDA) for self-administration. Medications that call for administration by a professional are often covered under your medical benefit. Your doctor will order these medications. Coverage for self-administered specialty drugs is usually provided through your pharmacy benefit. Your doctor should write or call in a prescription for self-administered specialty drugs to be filled by a specialty pharmacy.

Your plan requires that you get specialty drugs through Prime Specialty Pharmacy to receive the highest level of benefits. If you choose to use a pharmacy outside Prime Specialty Pharmacy, your benefits may be reduced or your medication may not be covered.

Examples of Self-Administered Specialty Medications

The chart below shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This list is not all-inclusive and may change from time to time. Visit bcbsil.com to see the up-to-date list of specialty drugs.

Condition	Sample Drugs**
Osteoporosis	Forteo
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tykerb
Growth Hormones	Genotropin, Humatrop, Norditropin, Omnitrope, Tev-Tropin
Hepatitis C	Copegus, Infergen, Intron-A, Pegasys, Peg-Intron
Multiple Sclerosis	Avonex, Betaseron, Copaxone, Rebif
Rheumatoid Arthritis/Psoriasis	Enbrel, Humira, Kineret



Specialty Medications – *Continued*

Support in Managing Your Condition: Prime Specialty Pharmacy

Through Prime Specialty Pharmacy, you can have your covered, self-administered specialty drugs delivered straight to you, or to your doctor's office. When you get your specialty drugs through Prime Specialty Pharmacy, you get support in managing your therapy – at no additional charge – including:

- Convenient delivery of drugs to you or your doctor's office
- Information about your particular condition and about managing potential medication side effects
- Syringes, sharps containers and other supplies with each shipment for self-injectable drugs
- 24/7/365 Customer Service phone access

Ordering Through Prime Specialty Pharmacy

To start using Prime Specialty Pharmacy, call **877-627-MEDS (6337)**. If you currently use a self-administered specialty drug, you can have your existing prescription transferred to Prime Specialty Pharmacy.

If you have a new prescription, Prime Specialty Pharmacy can give you more information about submitting the prescription or having your doctor do so. Your doctor may also order office-administered specialty drugs through Prime Specialty Pharmacy.

Certain coverage exclusions and limitations may apply, based on your health plan. Check your benefit materials for details, or call the number on the back of your ID card with questions.

Call Prime Specialty Pharmacy at 877-627-MEDS (6337) to order.

Have your ID card and the following information ready:

- Name, address, phone number
- Name of medication
- For existing prescriptions, your current pharmacy's name and phone number and the prescription number
- Doctor's name, phone and fax numbers

Receiving Specialty Medications

Since many specialty drugs have unique shipping or handling needs, shipments will be arranged with you through Prime Specialty Pharmacy. Medications are shipped in plain, secure, tamper-resistant packaging.

Before your scheduled refill date, you may be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered
- Discuss any side effects you may be having

If you need support, you can reach Prime Specialty Pharmacy at **877-627-MEDS (6337)**.

* Prime Therapeutics Specialty Pharmacy LLC (Prime Specialty Pharmacy) is a wholly owned subsidiary of Prime Therapeutics LLC, a pharmacy benefit management company. Blue Cross and Blue Shield of Illinois contracts with Prime Therapeutics to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. Blue Cross and Blue Shield of Illinois, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

** Third-party brand names are the property of their respective owners.

Prior Authorization Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as prior authorization, that can help control costs for everyone.

What is prior authorization?

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through BCBSIL.



Treatment decisions are always between you and your doctor.



If you are already taking or are prescribed a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider website at bcbsil.com. Doctors may also call **800-285-9426** with questions, or to get a form.

How does the program work?

If the prior authorization request is approved:

You will pay the appropriate amount based on your prescription drug benefit when you fill your prescription.

If the prior authorization request is not approved:

The medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. You can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

Why are only certain drugs included in the program?

The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Oral fentanyl is one example. These drugs are meant to treat and manage breakthrough cancer pain. However, oral fentanyl is sometimes misused to treat other conditions that are not cancer-related.



Prior Authorization Program – *Continued*

What should I do if I take a drug that is part of the program?

If you are already taking a medication that is included in the prior authorization program after the program becomes part of your prescription drug benefit, your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.



The prior authorization program encourages safe and cost-effective medication use.



If your doctor writes you a new prescription for a medication included in the program, your doctor will need to submit a prior authorization request before the drug can be covered under your benefit plan.

What medications are included in the prior authorization program?

The box below shows examples of drug categories that may be included in the prior authorization program. If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the number on the back of your ID card. You may also visit bcbsil.com/member to view your plan's Prescription Drug Lists. If a drug commonly requires prior authorization, it is noted in the list.

Drug Categories Which May Be Included in the Prior Authorization Program*

- | |
|-----------------------------|
| Growth Hormone |
| Hepatitis B & C Medications |
| Fentanyl (Oral or Nasal) |

* Additional categories may be added and the program may change from time to time.

Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.



Step Therapy Program

Blue Cross and Blue Shield of Illinois is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as step therapy, that can help control costs for everyone.

What is step therapy?

The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may need to first try a proven, cost-effective medication before using a more costly treatment, if needed. Remember, treatment decisions are always between you and your doctor.

Don't more expensive drugs work better?

Not necessarily. A higher cost does not automatically mean a drug is better. For example, a brand drug may have a less-expensive generic or brand alternative that might be an option for you. Generic and brand drugs must meet the same standards set by the U.S. Food and Drug Administration for safety and effectiveness. Work with your doctor to determine which medication options are best for you.

How does the program work?

The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” drug.

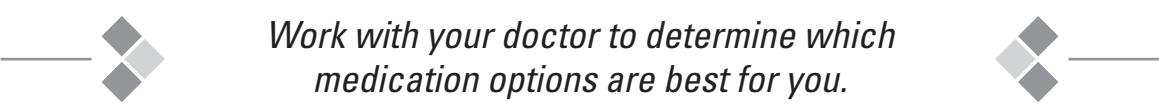
- A first-line drug is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective.
- A second-line drug is a less-preferred or sometimes more costly treatment option.

Step 1

When possible, your doctor should prescribe a first-line medication appropriate for your condition.

Step 2

If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met.



Work with your doctor to determine which medication options are best for you.



Step Therapy Program – *Continued*

What should I do if I take a drug that is part of the step therapy program?

If you are already taking a medication that is part of the step therapy program, you may not be affected. Call the number on the back of your ID card to find out.



*The step therapy program
encourages safe and
cost-effective medication use.*



If you start taking a medication that is included in the step therapy program after the program becomes part of your prescription drug benefit, your doctor will need to write you a prescription for a first-line medication or submit a prior authorization request for the prescription before you can receive coverage for the drug. Your doctor can find prior authorization forms on the provider website at **bcbsil.com**. Doctors may also call **800-285-9426** with questions, or to get a form.

What medications are included in the step therapy program?

The box below shows examples of drug categories that may be included in the step therapy program.

If you have questions about the step therapy program, or to find out if a particular drug is included in the program, call the number on the back of your ID card. You may also visit **bcbsil.com/member** to view your plan's Prescription Drug Lists. If a drug commonly requires step therapy, it is noted in the list.

Drug Categories Which May Be Included in the Step Therapy Program*

Cholesterol

Cox-2 Inhibitors (pain relief)

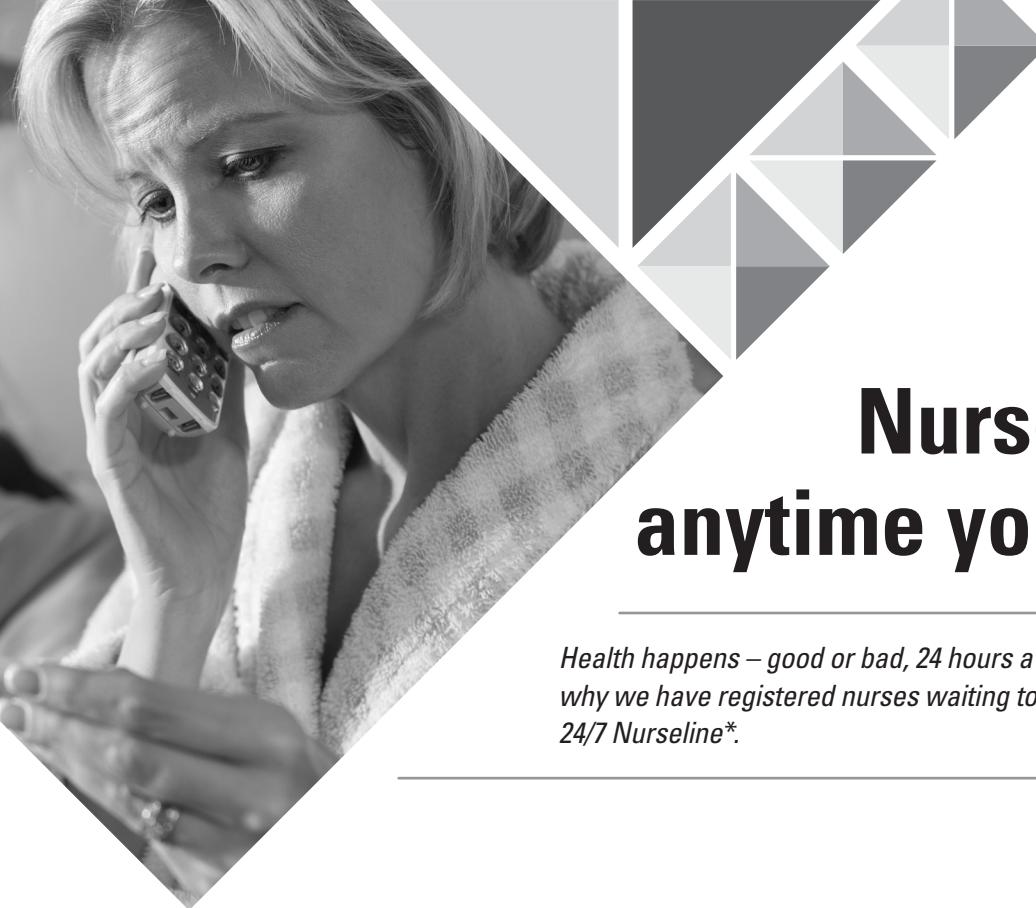
Depression

Proton Pump Inhibitors (gastroesophageal reflux disease)

Rheumatoid Arthritis/Psoriasis

* Additional categories may be added and the program may change from time to time.

Tools such as step therapy encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.

A black and white photograph of a woman with blonde hair, wrapped in a light-colored towel, talking on a mobile phone held to her ear with her left hand. She is looking slightly downwards and to her right. The background is blurred.

24/7 Nurseline

Nurses available anytime you need them

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.*

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

*24/7 Nurseline is not available to HMO members.

Note: For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

Call the 24/7 Nurseline number on the back of your member ID card.

Hours of Operation: Anytime

Blue Care Connection®





Blue365®

EyeMed Vision Discount Program

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to offer you a vision discount program through EyeMed Vision Care.

What?

The EyeMed Vision Discount through Blue365 offers savings on eyeglasses, contact lenses, eye exams, accessories and laser vision correction. See the back page for a full list of discounts.

Who?

The EyeMed network consists of major national and regional retail locations, such as LENSCRAFTERS®, PEARLE VISION®, Target Optical®, Sears Optical® and JCPenney Optical, as well as independent ophthalmologists and optometrists. Additionally, you may go online to in-network providers at contactsdirect.com.

Where?

Visit eyemedexchange.com/blue365, click **Find a Provider** and begin your search. Be sure the Advantage network is selected.

For more information about Blue365, log in to Blue Access for MembersSM (BAM) at bcbsil.com. Click the **My Coverage** tab at the top, and then click the **Discounts** link on the left.

Referral?

You don't need a referral. Simply visit any EyeMed provider and show your BCBSIL medical ID card.

Program Features

- Discounts on vision care services and materials
- No limit to the number of times the member can receive discounts on purchases
- Access to large provider network
- Convenient evening and weekend hours

Note: This is not insurance. When contacting EyeMed or any retailer or provider in the Eyemed Advantage network, be sure to refer to the discount program.

*See all the Blue365 deals and learn more at
blue365deals.com/bcbsil.*



For more information, visit eyemedexchange.com/blue365 or call EyeMed's automated help line at **866-273-0813**.

EyeMed Vision Discounts

Vision Care Services	Cost
Exam with dilation as necessary:	\$50 routine exam \$10 off contact lens fit and follow-up
Complete Pair of Glasses Purchase: frame, standard plastic lenses, and lens options must be purchased in the same transaction to receive full discount	
Frames*	
Any frame available at provider location	35% off retail price
Standard Plastic Lenses*	
Single-vision	\$50
Bifocal	\$70
Trifocal	\$105
Lenticular	\$105
Standard Progressive	\$135
Premium Progressive	30% off retail price
Lens Options*	
UV Coating	\$12
Tint (Solid and Gradient)	\$12
Standard Scratch-resistance	\$12
Standard Polycarbonate	\$35
Standard Anti-reflective	\$40
Other Add-ons and Services	30% off retail price
* Items purchased separately will be discounted 20% off of the retail price.	
Contact Lens Materials (applied to materials only)	
Conventional	15% off retail price
Laser Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotional price
Frequency	
Examination	Unlimited
Frame	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

Discounts are only available through participating vendors.

The relationships between Blue Cross and Blue Shield of Illinois (BCBSIL) and EyeMed are that of independent contractors.

Blue365 is a discount program available to BCBSIL members. This is NOT insurance. Some of the services offered through Blue365 may be covered under your health plan. Please refer to your benefit booklet or call the Customer Service number on the back of your ID card for specific benefit information under your health plan. Use of Blue365 does not affect your premium, nor do costs of Blue365's services or products count toward any maximums and/or plan deductibles.

BCBSIL does not guarantee or make any claims or recommendations regarding the services or products offered under Blue365. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSIL reserves the right to discontinue or change this discount program at any time without notice.

It's All About Diabetes



Living with diabetes can be a challenge. But maintaining close-to-normal levels of blood sugar has been shown to reduce the risk of diabetes-related problems. That's why monitoring your blood sugar levels with a blood glucose meter is important for managing diabetes.

Choosing a Blood Glucose Meter

When choosing a meter, it often comes down to the features you're looking for. Here are a few things to consider when making your choice:

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit or purse? How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer or email them to your doctor's office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.



Blue Cross and Blue Shield of Illinois (BCBSIL) offers certain blood glucose meters to members with diabetes at no additional charge. See next page for details.



Checking Your Blood Glucose

Regular blood glucose checks and consistent record-keeping give you a good picture of where you are in your diabetes care.

Checks tell you how often your blood glucose levels are in your target range. Your target range is a personalized blood glucose range that you set with your doctor. Once you know how often and when to check, stick to the schedule and check at those times each day.

Keep a daily log recording your levels. Then take your log with you when you visit your doctor or other members of your diabetes care team. The information in your log will let them know how you are doing.

Glucose Meters Are Available to You

BCBSIL is offering you a choice of the blood glucose meters below at no additional charge for a limited time to help you manage your condition. This offer is available through **December 31, 2019**.

If you have BCBSIL prescription drug coverage, CONTOUR®NEXT test strips for the meters below are listed as preferred brands on your drug list. Coverage and payment levels for non-preferred brand test strips may vary, depending on your pharmacy benefit plan.

Please review these options and ask your doctor which meter best fits your needs.

It's All About Diabetes — *continued*

CONTOUR®NEXT Blood Glucose Monitoring Systems

To order a CONTOUR NEXT meter to be shipped directly to you, call **800-401-8440**. Be sure to identify yourself as a BCBSIL member and mention ID code "BDC-BIL." Or you can visit ContourNextFreeMeter.com.

CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM



- Easy to use and most accurate meter yet¹*
- Receive immediate results on your Bluetooth®-connected smart phone or tablet
- Second-Chance® technology gives you 60 seconds to reapply blood to the same strip which may help prevent wasted strips

Download the free CONTOUR®DIABETES app to get your results right on your smartphone or tablet.

- Seamlessly connects to your Android or iOS smartphone
- Electronic log book to keep all your data in one place
- Review easy to read, color-coded trends
- Easily share your info with your health care professional

CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM



- The easy-to-use features you want with the proven accuracy you expect
- Ready to test, right out of the box
- Easy-to-read display
- No Coding® technology makes testing easy by automatically setting the correct code each time a test strip is inserted into the meter
- Proven accuracy: CONTOUR NEXT test strips deliver results close to those obtained in a professional lab



Visit contournext.com for more detailed descriptions on these meters.



For more information about diabetes, go to bcbsil.com, log in to Blue Access for MembersSM (BAMSM) and click the 'My Health' tab.

¹Christiansen M et al. Accuracy and user performance evaluation of a new blood glucose monitoring system in development for use with CONTOUR®NEXT test strips. Poster presented at the 15th Annual Meeting of the Diabetes Technology Society (DTS); 22–24 October, 2015; Bethesda, Maryland, USA.

*Ad hoc analysis demonstrated 95% of results fell within ± 8.4 mg/dL or $\pm 8.4\%$ of the laboratory reference values for glucose concentrations <100 mg/dL or ≥ 100 mg/dL, respectively, when tested via subject-obtained capillary fingertip results (patients).

Disclaimer: This information is not intended to be a substitute for professional medical advice. If you are under the care of a doctor and receive advice different from the information contained in this flier, follow the doctor's advice. See your doctor if you are experiencing any diabetes symptoms or health problems.



**BlueCross BlueShield
of Illinois**

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its "special enrollment provision" without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance.
We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરો રહ્યા હોય અથવા કાઈ બાજુ વ્યકૃતેને એસ.બી.એમ. ક્રૂયેકમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जेसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bikká anánílwo'ígíí, na'ídílkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e nííká a'doolwoł dóó bína'ídílkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatán kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Üpang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر بے بین، کوئی سوال درپیش بے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق بے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.