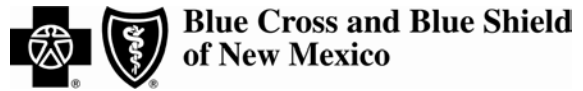


4-Tier Prescription Drug Plan



\$10/35/75/15%

Your Out-of-Pocket Costs

The Prescription Drug Plan offers three copayment (or “copay”) options. **See your ID card for the option that you or your employer has chosen.** Your copayment for prescription drugs is also based on whether the drug you receive is a generic or a brand-name drug **AND** whether the drug is on the BCBSNM Drug List. Generic drugs are available at the Tier-1 copayment level. Brand-name drugs on the BCBSNM Drug List require a Tier-2 copayment. (You pay additional costs if you receive a brand-name drug when a generic equivalent is available (even if your doctor requests the brand-name drug), and brand-name drugs that are not on the Drug List require a Tier-3 copayment (see table below). Specialty drugs require Tier-4 percentage payment up to a maximum copay of \$250. Make sure to have your prescriptions filled at a participating pharmacy (see the *Network Directory*) or through the Mail Order Service. **Coverage is always subject to the limitations of your health care plan.** For some medications, prior approval, generic substitution, or quantity limits may apply. See your *Benefit Booklet* or *Prescription Drug Plan Rider* for details, limitations, and exclusions.

| This will appear on your ID card (Tier 1/Tier 2/Tier 3/Tier 4): | | 10/35/75/15% |
|---|--|---|
| Type of Prescription | Copay Level | Your Copay |
| Retail Pharmacy (up to a 30-day supply or 120 units, whichever is less) | | |
| -Generic Drug* | Tier 1 | \$10 |
| -Brand-Name Drug on Drug List (No generic equivalent available)* | Tier 2 | \$35 |
| -Brand-Name Drug Not on Drug List (No generic equivalent available)* | Tier 3 | \$75 |
| -Nonprescription Enteral Nutritional Products and Special Medical Foods (brand-name or generic): Products must be prior-approved. | 50 percent of covered charges (Limited to a 30-day supply during any 30-day period) | |
| Specialty Pharmacy Provider | Tier 4 | 15% up to maximum copayment of \$250 |
| Mail-Order Pharmacy (lesser of a 90-day supply or 360 units)* | Tiers 1-3 | 2½ times applicable Tier 1, Tier 2, or Tier 3 copayment (specialty pharmacy drugs not available through mail-order) |
| * For all brand-name drugs with a generic equivalent, if you or your provider order the brand-name, you will pay Tier 1 copay PLUS the difference in cost between the brand-name drug and its generic equivalent. | | |

NOTE: Drugs in commercial package sizes (such as an inhaler, a blister pack, a tube of ointment); one package per copayment (regardless of the days’ supply in a package)

What is the Drug List?

A Drug List is a list of preferred drugs that are available to members at lower copayment levels. Drugs not on the list are still covered, but at a higher copayment. The BCBSNM Pharmacy and Therapeutics Committee (made up of physicians and pharmacists) evaluates drugs for their therapeutic uniqueness, safety, and cost to select drugs to be included on the Drug List. The Drug List is available on the BCBSNM Web site at www.bcbsnm.com.

The difference between brand-name & generic

Brand-name drugs are produced by the company that holds the original patent. Once the patent expires, other companies can produce an equivalent drug. These equivalent drugs are called “generic” drugs.

Are generics as safe as the brand-name drug?

Generic drugs are evaluated by the Food and Drug Administration (FDA) and undergo the same scrutiny as brand-name drugs. A generic-equivalent drug must have the same active ingredients and be chemically equivalent to the brand-name drug. We limit this benefit to generics rated by the FDA as being equivalent to the brand-name drug and, therefore, having the same clinical effects and safety profile as the brand-name drug.