

# Prescription Plan Highlights

## BlueCross BlueShield (BCBS) of South Carolina

	CORE PLAN	2000 PLAN	1350 PLAN
<b>IN-NETWORK</b>			
31 Day Supply from a Retail Pharmacy	\$20 (Generic) / \$40 (Preferred) \$70 (Non-Preferred) <sup>2</sup>	Generic: \$5 copayment Select Brand: 20% coinsurance (\$25 minimum / \$50 maximum) <sup>1,2</sup>	Generic: \$5 copayment Select Brand: 20% coinsurance (\$25 minimum / \$50 maximum) <sup>1,2</sup>
90 Day Mail-Order Supply	\$40 (Generic) / \$90 (Preferred) \$175 (Non-Preferred) <sup>2</sup>	Generic: \$10 copayment Select Brand: 20% coinsurance (\$50 minimum / \$100 maximum) <sup>1,2</sup>	Generic: \$10 copayment Select Brand: 20% coinsurance (\$50 minimum / \$100 maximum) <sup>1,2</sup>
<b>OUT-OF-NETWORK</b>			
31 Day Supply from a Retail Pharmacy	50% after copayment	Not Covered	Not Covered
90 Day Mail-Order Supply	Not Covered	Not Covered	Not Covered

1. The annual medical plan deductible must first be met before the prescription drug copays or coinsurance apply. Your prescription drug copays and coinsurance count toward the medical plan out-of-pocket maximums.
2. Certain prescriptions that are considered to be preventive under federal law are mandated to be covered in full and the noted cost sharing does not apply. For a list of ACA approved preventive care, go to [www.healthcare.gov](http://www.healthcare.gov).

The drug lists for these programs are located on [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com). Under the Helpful Links on the right, select **Prescription Drug Information**, then click **lists and programs**.