Your benefit at a glance



Blue Cross and Blue Shield of Georgia (BCBSGa) - Gold Plan

	Retail (in network) (up to a 31-day supply)	Home Delivery (mail order) (up to a 90-day supply)	Participating Retail 90-Day Supply Network (90-day supply for maintenance drugs only)
Tier 1 (Generics)	15% (\$20 min/	15% (\$50 min/	15% (\$50 min/
	\$50 max)	\$125 max)	\$125 max)
Tier 2 (Preferred brands)	25% (\$50 min/	25% (\$125 min/	25% (\$125 min/
	\$80 max)	\$200 max)	\$200 max)
Tier 3 (Nonpreferred brands)	25% (\$80 min/	25% (\$200 min/	25% (\$200 min/
	\$125 max)	\$313 max)	\$313 max)

Most specialty drugs can be fi one time for a copayment at a participating retail pharmacy. After that, the specialty drug must be fi through Accredo, an Express Scripts specialty pharmacy, to continue to receive coverage; however, there may be some exceptions. To fi out whether your specialty drug is covered for one fi at retail, call Express Scripts at the number on your member ID card.

You have an out-of-pocket maximum of \$4000 for employee-only coverage, \$6000 for employee plus spouse or employee plus child(ren) and \$8000 for employee plus family coverage. Once you have met this amount, your plan will pay 100% of the cost of all covered medications. You will still be responsible for the additional cost if you choose a brandname medication when a generic is available and for the cost of a specialty medication if you use a retail pharmacy instead of Accredo after the fi

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the generic co-insurance, plus the difference in cost between the brand and the generic. For those participating pharmacies not in the Retail 90-Day Supply Network, the co-insurance for a 90-day supply will be 3 x the monthly retail minimum/maximum instead of the 2 ½ x minimum/maximum available from home delivery or a participating Retail 90-Day Supply Network pharmacy.

SAVING WITH GENERICS

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can find through your prescription beneficially.

Home delivery... it's quick and easy

>> Online

Register and log in to Express-Scripts.com or the Express Scripts Mobile App. to order your prescription refills and renewals.



>> Call us

We'll contact your doctor to get a new 90-day prescription for home delivery.



>> Talk to your doctor

Ask your doctor for a new prescription for up to a 90-day supply. Have your doctor call us at 888.327.9791 for instructions on how to fax your prescription.

Manage your prescriptions online and on the go	Register on Express-Scripts.com	Download the Express Scripts mobile app free
Receive prescription reminders	4	4
Search for potential lower-cost options using My Rx Choices®	4	4
Receive prescription and drug interaction alerts	4	4
Show your virtual ID card at the retail pharmacy		4
Contact a pharmacist	4	
Check your coverage, claims and balances	4	4
Print claim forms, order forms and fax forms	4	



Your benefit at a glance



Blue Cross and Blue Shield of Georgia (BCBSGa) - Silver Plan

	Retail (in network) (up to a 31-day supply)	Home Delivery (mail order) (up to a 90-day supply)	Participating Retail 90-Day Supply Network (90-day supply for maintenance drugs only)
Tier 1 (Generics)	15% (\$20 min/	15% (\$50 min/	15% (\$50 min/
	\$50 max)	\$125 max)	\$125 max)
Tier 2 (Preferred brands)	25% (\$50 min/	25% (\$125 min/	25% (\$125 min/
	\$80 max)	\$200 max)	\$200 max)
Tier 3 (Nonpreferred brands)	25% (\$80 min/	25% (\$200 min/	25% (\$200 min/
	\$125 max)	\$313 max)	\$313 max)

Specialty drugs should be fi through Accredo, an Express Scripts specialty pharmacy. After your fi fi at a retail pharmacy, you must use Accredo or you will be responsible for the entire cost of the drug.

You have an out-of-pocket maximum of \$5000 for employee-only coverage, \$7500 for employee plus spouse or employee plus child(ren) and \$10,000 for employee plus family coverage. Once you have met this amount, your plan will pay 100% of the cost of all covered medications. You will still be responsible for the additional cost if you choose a brand-name medication when a generic is available and for the cost of a specialty medication if you use a retail pharmacy instead of Accredo after the fi

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the generic co-insurance, plus the difference in cost between the brand and the generic. For those participating pharmacies not in the Retail 90-Day Supply Network, the co-insurance for a 90-day supply will be 3 x the monthly retail minimum/maximum instead of the 2 ½ x minimum/maximum available from home delivery or a participating Retail 90-Day Supply Network pharmacy.

SAVING WITH GENERICS

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can find through your prescription beneficially.

Home delivery... it's quick and easy

>> Online

Register and log in to Express-Scripts.com or the Express Scripts Mobile App. to order your prescription refills and renewals.



>> Call us

We'll contact your doctor to get a new 90-day prescription for home delivery.



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Show your virtual ID card at the retail pharmacy		4
Contact a pharmacist	4	
Check your coverage, claims and balances	4	4
Print claim forms, order forms and fax forms	4	



Your benefit at a glance



Blue Cross and Blue Shield of Georgia (BCBSGa) - Bronze Plan

	Retail (in network) (up to a 31-day supply)	Home Delivery (mail order) (up to a 90-day supply)	Participating Retail 90-Day Supply Network (90-day supply for maintenance drugs only)
Tier 1 (Generics)	15% (\$20 min/	15% (\$50 min/	15% (\$50 min/
	\$50 max)	\$125 max)	\$125 max)
Tier 2 (Preferred brands)	25% (\$50 min/	25% (\$125 min/	25% (\$125 min/
	\$80 max)	\$200 max)	\$200 max)
Tier 3 (Nonpreferred brands)	25% (\$80 min/	25% (\$200 min/	25% (\$200 min/
	\$125 max)	\$313 max)	\$313 max)

Specialty drugs should be fi through Accredo, an Express Scripts specialty pharmacy. After your fi fi at a retail pharmacy, you must use Accredo or you will be responsible for the entire cost of the drug.

You have an out-of-pocket maximum of \$6000 for employee-only coverage, \$9000 for employee plus spouse or employee plus child(ren) and \$12,000 for employee plus family coverage. Once you have met this amount, your plan will pay 100% of the cost of all covered medications. You will still be responsible for the additional cost if you choose a brand-name medication when a generic is available and for the cost of a specialty medication if you use a retail pharmacy instead of Accredo after the fi

Note: If you request a brand-name medication when a generic equivalent is available, you will pay the generic co-insurance, plus the difference in cost between the brand and the generic. For those participating pharmacies not in the Retail 90-Day Supply Network, the co-insurance for a 90-day supply will be 3 x the monthly retail minimum/maximum instead of the 2 ½ x minimum/maximum available from home delivery or a participating Retail 90-Day Supply Network pharmacy.

SAVING WITH GENERICS

FDA-approved generics are as safe and effective as their brand-name counterparts. If you're taking a brand-name drug, talk to your doctor and ask whether a less expensive generic drug could treat your condition. If your doctor agrees, ask your doctor to write a new prescription for the generic that you can find through your prescription beneficially.

Home delivery... it's quick and easy

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Receive prescription and drug interaction alerts	4	4
Show your virtual ID card at the retail pharmacy		4
Contact a pharmacist	4	
Check your coverage, claims and balances	4	4
Print claim forms, order forms and fax forms	4	

