

Every year BCBS adjusts their list of preferred and Non-Preferred medications. In addition to changes in the formulary list, the following changes to the prescription drug benefit on the **BCBS PPO and Choice Select PPO Plans** will be effective January 1, 2017:

- ❑ Members will be receiving a letter in the mail sometime in early November 2016 if the prescription drug they are using will be changing from the Preferred to Non-Preferred tier level. This will change your copay from \$30 to \$50(Retail) and \$60 to \$100(Mail Order)
- ❑ CVS will no longer be an in-network pharmacy provider with Blue Cross. They will be sending out information on how you can transfer your prescription to an in network preferred pharmacy. Members can also call Blue Cross directly for a pharmacy in their area or search through the online portal at www.bcbsil.com

There will be some changes to the prescription drug program on the **High Deductible Plan (HSA)**-These changes will mirror the prescription changes that took place in January 2016 on the PPO plans. Effective January 1, 2017 the following will be implemented:

- ❑ Prior Authorization Program:
 - For select drugs, members must meet certain criteria before coverage will be approved
- ❑ Step Therapy Program:
 - If taking or prescribed selected drugs, you may need to use a preferred drug first before coverage can be approved.
 - Your doctor can submit a prior authorization request to BCBS
- ❑ The following drugs or drug classes will no longer be covered under the prescription drug benefit:
 - **Brand-name** proton pump inhibitors (PPIs)
 - Non-FDA approved drugs
 - Compounded medicines
 - Over the counter Equivalents
- ❑ Self- injectables are covered under pharmacy benefit. Non-self injectables will be covered under medical.
- ❑ Standard dispensing limits will apply -34 (Retail) 90 (Mail Order).
- ❑ If an out-of –network pharmacy is used an additional 25% penalty will apply.
- ❑ CVS will no longer be an in-network pharmacy provider with Blue Cross. They will be sending out information on how you can transfer your prescription to an in-network preferred pharmacy. Members can also call Blue Cross directly for a pharmacy in their area or search through the online portal at www.bcbsil.com

Effective January 1, 2017 the following changes will be implemented on the **HMO plan**:

- ❑ There will be some changes to the prescription drug formulary. The official list of drugs has not been released to date. All impacted members will receive a letter from Blue Cross sometime in early November 2016 and all Primary Care Physicians contracted under the HMO will be notified of these changes to the drug plan and will help assist members that need to select new medication. If your medication changes tiers your copay will increase from \$30 to \$50 (Retail) and \$60 to \$100 (Mail order)
- ❑ CVS pharmacy will still be considered an in-network pharmacy under the HMO plan only.