



Understanding Your Coverage Options

with the Member Pay the Difference prescription drug benefit.

Through Blue Cross and Blue Shield of Oklahoma (BCBSOK), 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 BCBSOK 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 bcbsok.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 Oklahoma (BCBSOK) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics also administers the pharmacy benefit program. BCBSOK, 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.