



#### PRESCRIPTION DRUGS

## Your pharmacy benefits explained

### Top tips to make the most of your coverage and save money

Do you have a prescription and wonder what to do next? Here's a guide to walk you through the basics of your pharmacy benefits, starting with the most common questions from students like you.



#### **What is a drug list?**

A drug list is a list of drugs that are covered under your prescription drug benefit. How much you pay out of pocket is determined by whether your drug is on the list and at what coverage level, or tier.



#### **What if my doctor prescribes a drug that is not on the drug list?**

If a drug is not on the drug list, call the number on your Blue Cross and Blue Shield of Oklahoma member ID card to see if the drug may be covered.



#### **What is a generic drug?**

A generic drug is the same as a brand name drug in dose, strength, performance and use. Generics are also approved by the FDA. But generic drugs often cost less.



### Can I get a brand drug when a generic equivalent is available?

Some plans may require you to pay more if your doctor prescribes a brand drug when a generic equivalent is available. A generic equivalent is made with the same active ingredient(s) at the same dosage as the brand drug.



### What if my drug has a special requirement or limit?

Some drugs on the drug list may have additional requirements, or extra steps to take, before you can fill your prescription. You may need to meet certain criteria for approval. Or, some drugs may have limits on how much medicine can be filled per prescription or in a given time span.



### 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 your member ID card.

## Ways to save:

- View the BCBSOK drug list. Ask your doctor to check this list when recommending prescription drug options for you.
- Fill your prescriptions at an in-network pharmacy to save money.
- Check with your Student Health Center (if available) to see if they offer an on-site medication distribution program.
- If you regularly take prescription drugs, consider using the home delivery services (if available) to get up to a 90-day supply of covered long-term prescription medicines shipped directly to you. You'll want to allow at least one week to get any prescription refills.

### MedsYourWay®

MedsYourWay is a program that works with your BCBSOK health plan pharmacy benefit to automatically search for and find lower costs for your eligible medicines. When you fill your prescriptions at a participating in-network retail pharmacy, simply show your BCBSOK member ID card to the pharmacist, and you'll pay the lower available price option at check-out.

## Online resources:

- Take advantage of the pharmacy's online refills, text or smartphone app reminders.
- Go to **bcbsook.com** and log in to Blue Access for Members<sup>SM</sup>, your member account:
  - get information about your out-of-pocket cost for a prescription, view your claims history and more.
  - access Medication Finder under “Find Care” to search your medications and discover saving opportunities at the most convenient pharmacy locations.



**You can also access information on your pharmacy benefits using the free BCBSOK App.**

**Scan the QR code to download. Use your Blue Access for Members login to get started.**

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MedsYourWay is not insurance. It is a drug discount card program that compares the drug discount card price for an eligible medication at participating pharmacies to the member's benefit plan cost share amount and then applies the lower available price. Eligible medications are subject to change, prescription prices may vary by location and not all pharmacies participate. MedsYourWay is administered by Prime Therapeutics, LLC, which administers the pharmacy benefit management services for your plan.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-710-6984 (TTY: 711).

## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator  
Attn: Office of Civil Rights Coordinator  
300 E. Randolph St., 35th Floor  
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [civilrightscoordinator@bcbsil.com](mailto:civilrightscoordinator@bcbsil.com)

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal:  
[ocrportal.hhs.gov/ocr/smartscreen/main.jsf](http://ocrportal.hhs.gov/ocr/smartscreen/main.jsf)  
Complaint Forms:  
[hhs.gov/civil-rights/filing-a-complaint/index.html](http://hhs.gov/civil-rights/filing-a-complaint/index.html)

This notice is available on our website at [bcbsok.com/legal-and-privacy/non-discrimination-notice](http://bcbsok.com/legal-and-privacy/non-discrimination-notice)

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

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| Español<br>Spanish | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor. |
| العربية<br>Arabic  | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.                                                               |



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| 中文<br>Chinese       | 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。                                                                                                                                                                                                                                          |
| Français<br>French  | ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.   |
| Deutsch<br>German   | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.       |
| ગુજરાતી<br>Gujarati | ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્સિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.                                                                       |
| हिंदी<br>Hindi      | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।                                                                      |
| Italiano<br>Italian | ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.                                               |
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| Diné<br>Navajo      | SHOOH: Diné bee yánílti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hólq. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hólq. Kohjíl' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidzihi. |
| فارسی<br>Farsi      | توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.                                                   |
| Polski<br>Polish    | UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.                                                                  |
| РУССКИЙ<br>Russian  | ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.               |
| Tagalog<br>Tagalog  | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.                       |
| اردو<br>Urdu        | توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔                                                                             |
| Việt<br>Vietnamese  | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.                     |