

# Group & Individual Marketing News Bulletin



South Carolina

BlueCross BlueShield of South Carolina  
is an independent licensee of the  
Blue Cross and Blue Shield Association



## ARCHIVES

You may access marketing bulletins from 2001 to present in the "I Am An Agent" portion of our Web site, [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com).

## NEW ADDRESS?

If your contact information changes, including e-mail address or fax number, please e-mail us your updated information to [grpandindv@bcssc.com](mailto:grpandindv@bcssc.com).

## ORDER SUPPLIES

To order BlueCross supplies on COIN, visit our Web site at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com), and select *I Am An Agent*. Then, select "Order Supplies" under *Resources*.

## QUESTIONS?

Contact your marketing representative at 1-800-288-2227 ext. 42328 if you have questions.

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## Changes Beginning in May

The following changes are for new group benefits effective May 1, 2009. Existing groups' benefits will change on their renewal dates beginning May 1, 2009.

### Prescription Drug Copayment

**Applies to health plans that have a Drug Card Benefit (copayments for drugs) only**


The copayment for generic prescription drugs will be increasing to \$8 for a 30-day supply beginning May 1, 2009. Preferred and non-preferred drug copayments will remain \$30 and \$60, respectively. Additionally, mail-order copayments for generic drugs will increase to \$16 for a 90-day supply. Mail-order preferred and non-preferred drug copayments will remain at \$70 and \$140, respectively.

Pharmacy Type	Previous Copayment Amount	New Copayment Amount
<b>Retail (30-day supply)</b>		
Generic	\$4	\$8
Preferred	\$30	\$30
Non-Preferred	\$60	\$60
Specialty	10% up to \$200 per dose	10% up to \$200 per dose
<b>Mail Order (90-day supply)</b>		
Generic	\$8	\$16
Preferred	\$70	\$70
Non-Preferred	\$140	\$140

### Non-Sedating Antihistamine Step Benefit

**Applies to health plans that have a Drug Card, Basic Card, Basic Card 100, Secure Card, Secure Generic Card, or Secure Card 100 Benefit (copayments for drugs) only**

We now cover certain over-the-counter drugs when prescribed by a doctor. For members, this means they will pay the generic copayment for a 30-day supply



instead of the retail price. Members will need to have tried an over-the-counter drug prescribed by a doctor before coverage is available for prescription strength medication. Members who have used a prescription for non-sedating antihistamines three or more times in the past year will not be affected by this change.

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