

Select Drug Program

\$10/\$25/\$30



Neshaminy

The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ when prescribed by a licensed, practicing physician. The Select Drug Program[®] is based on an incentive formulary that includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value. Generic drugs are just as effective as brand drugs and result in the lowest cost sharing for you. Ask your physician whether generic drugs are right for you.

Benefit	Coverage
Benefit Period	Calendar Year**
Retail Pharmacy - Member Cost Sharing <i>(Participating Pharmacy)</i>	
Generic Formulary	\$10 Copayment
Brand Formulary	\$25 Copayment
Non-Formulary Brand	\$30 Copayment
Mail Order Pharmacy - Member Cost Sharing <i>(Participating Pharmacy) Available for maintenance drugs</i>	
Generic Formulary	\$10 Copayment (1-30 days supply); \$20 Copayment (31-90 days supply)
Brand Formulary	\$25 Copayment (1-30 days supply); \$50 Copayment (31-90 days supply)
Non-Formulary Brand	\$30 Copayment (1-30 days supply); \$60 Copayment (31-90 days supply)
Total Out-of-Pocket Maximum	Please refer to your Medical Coverage Benefits at a Glance for information about out-of-pocket maximum values. Out-of-pocket maximum includes applicable copayments, coinsurance and deductibles. Your out-of-pocket maximum is a combined maximum of medical, prescription drug and any included pediatric vision and pediatric dental benefits as defined by your benefit plan.
Out-of-Network Pharmacy	100% of contracted rate minus in-network copayment. Member must submit for reimbursement.

FutureScripts is an independent company providing pharmacy benefit management service

**A calendar year benefit period begins on January 1 and ends on December 31.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

www.ibx.com

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Benefit	Coverage
Network	FutureScripts® network ¹ includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on www.ibx.com by selecting the <i>Find a Participating Pharmacy</i> feature.
Mandatory Mail Order for Maintenance Drugs	All covered medications for chronic conditions (such as blood pressure medications) will be provided through our convenient mail order service, which allows you to order up to a 90-day supply. This benefit can save you time and money. If your doctor wants you to start the drug immediately, your first two fills may be obtained at a retail pharmacy. However, all subsequent fills must be purchased at a CVS Pharmacy or through our convenient mail order service. Member cost sharing is indicated above.
Dispensing Limits	
Retail	Up to 30 days supply
CVS or mail order for maintenance drugs	Up to 90 days supply
Formulary	IBC Select Drug Program Formulary
Covered Prescription Drugs ¹	<p>Compound medications of which at least one ingredient is a prescription drug</p> <p>Contraceptives</p> <p>Self-injectable drugs</p> <p>Prescribed smoking cessation drugs</p> <p>Retin-A through age 35</p> <p>Insulin</p> <p>Insulin needles and syringes</p> <p>Lancets (no copayment required at participating pharmacies)</p> <p>Glucometers (no copayment required at participating pharmacies)</p> <p>Diabetic supplies (i.e., test strips)</p>

¹ This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, refer to your benefit booklet or group contract.

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What is Not Covered?

- Injectable fertility drugs
- Non Federal Legend Drugs
- Weight control drugs
- Devices or supplies except those specifically listed under covered drugs
- Drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin)
- Drugs labeled 'Caution-limited by Federal Law to investigational use', even though a charge is made to an individual
- Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order
- Experimental drugs
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Drugs and supplies that can be purchased over the counter except those covered per mandate (with a doctor's prescription)