

Standard Prescription Drug Program

\$5/\$30



Neshaminy

The Standard Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ when prescribed by a licensed, practicing physician. Generic drugs are just as effective as brand drugs. 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	\$5 Copayment
Brand	\$30 Copayment
Mail Order Pharmacy - Member Cost Sharing <i>(Participating Pharmacy) Available for maintenance drugs</i>	
Generic	\$5 Copayment (1-30 days supply); \$10 Copayment (31-90 days supply)
Brand	\$30 Copayment (1-30 days supply); \$60 Copayment (31-90 days supply)
Total Out-of-Pocket Maximum	Rx Only \$1,500 individual/\$3,000 family
Out-of-Network Reimbursement	100% of contracted rate minus in-network copay. Member must submit for reimbursement.
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.
Dispensing Limits	
Retail	Up to 30 days supply or 100 units whichever is greater.
CVS or mail order for maintenance drugs	Up to 90 days supply

Covered Prescription Drugs¹

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.

**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.

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05/18 - PA - 51+ Freestanding Standard RX \$5/\$30 w/ Orals OOPM 2018
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Benefit	Coverage
Covered Prescription Drugs ¹	Compound medications of which at least one ingredient is a prescription drug Contraceptives Prescribed smoking cessation drugs Self-injectable drugs Retin-A through age 35 Insulin Insulin needles and syringes Lancets (no copayment required at participating pharmacies) Glucometers (no copayment required at participating pharmacies) Diabetic supplies (i.e., test strips)

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What is Not Covered?

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