

Select Drug Program

\$250/\$10/\$45/\$75



The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs** 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
Deductible (Applicable to Brand Formulary and Non-Formulary only)	\$250 per person per calendar year. Applicable to covered brand prescription drugs when purchased in-network or out-of-network. When using a participating pharmacy to purchase covered prescription medications, your out-of-pocket amount is based on the FutureScripts® negotiated discount price, which is typically lower than the pharmacy's retail cost for the total amount dispensed.
Benefit Period	Calendar Year ¹
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic Formulary	\$10 Copayment
Brand Formulary	\$45 Copayment, after deductible is met
Non-Formulary Brand	\$75 Copayment, after deductible is met
Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic Formulary	\$10 Copayment (1-30 days supply); \$20 Copayment (31-90 days supply)
Brand Formulary	\$45 Copayment (1-30 days supply); \$90 Copayment (31-90 days supply), after deductible is met
Non-Formulary Brand	\$75 Copayment (1-30 days supply); \$150 Copayment (31-90 days supply), after deductible is met

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



Benefits are underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

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Benefit	Coverage
Out-of-Network Reimbursement	30% of drugs retail cost for the total amount dispensed will be reimbursed after the deductible is met. For an emergency, you will only be responsible for the applicable copayments listed above. Member must submit for reimbursement.
Network	FutureScripts® network* 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
Mail order for maintenance drugs	Up to 90 days supply
Formulary	IBC Select Drug Program Formulary. To check the formulary status of a drug or to view a copy of the most recent formulary, log onto www.ibx.com .
Covered Prescription Drugs**	<p>Compound medications of which at least one ingredient is a prescription drug</p> <p>Oral contraceptives</p> <p>Self-injectable drugs</p> <p>Retin-A through age 35</p> <p>Insulin</p> <p>Insulin needles and syringes</p> <p>Lancets (no deductible or copayment required at participating pharmacies)</p> <p>Glucometers (no deductible or copayment required at participating pharmacies)</p> <p>Diabetic supplies (i.e test strips)</p>

* FutureScripts is an independent company providing pharmacy benefit management services.

**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.

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
- Nicotine gum or patches for smoking cessation
- 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