

# Standard Prescription Drug Program

\$4/Discount Price Available



Your drug program provides coverage for generic prescription drugs<sup>1</sup>, 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. Your program includes a value-added benefit of a discount available for most brand drugs. This brand drug discount will result in an average savings of between 15% to 25%. To take advantage of the discount on brand drugs, your prescription must be filled at a FutureScripts-participating pharmacy.

Benefit	Coverage
Retail Pharmacy - member cost sharing (participating pharmacy)	
Generic	\$4 copayment
Brand	FutureScripts negotiated discount price available
Mail order pharmacy - member cost sharing (participating pharmacy) Available for maintenance drugs	
Generic	\$4 copayment (1-30 days supply); \$8 copayment (31-90 days supply)
Brand	FutureScripts negotiated discount price available
FutureScripts negotiated discount price	FutureScripts negotiated discount price, which is typically lower than the pharmacy's retail cost is available to you for most brand prescriptions.
Out-of-network reimbursement	30% of the retail cost of generic drugs based on the total amount dispensed. For an emergency, you will only be responsible for the generic copayment. Member must submit for reimbursement. No reimbursement for brand drugs.



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.

[www.ibx.com](http://www.ibx.com)

Benefit	Coverage
Network	FutureScripts® network* includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on <a href="http://www.ibx.com">www.ibx.com</a> 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
Covered generic drug classes <sup>1</sup>	Oral contraceptives High blood pressure Heart failure/heart disease High cholesterol Acid reflux Depression Diabetes Pain Antibiotics

<sup>1</sup> 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 benefits booklet or group contract.

\* FutureScripts is an independent company providing pharmacy benefits management services.

### 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
- Nicotine gum or patches for smoking cessation
- 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