

Please be aware, benefit explanations are updated each year and when the carrier issues a policy change in writing.



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Select Drug Program

\$250/\$20/\$40/\$60



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 | \$250 per person per calendar year. Applicable to covered 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 | \$20 Copayment, after deductible is met |
| Brand Formulary | \$40 Copayment, after deductible is met |
| Non-Formulary Brand | \$60 Copayment, after deductible is met |
| Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs | |
| Generic Formulary | \$20 Copayment (1-30 days supply); \$40 Copayment (31-90 days supply), after deductible is met |
| Brand Formulary | \$40 Copayment (1-30 days supply); \$80 Copayment (31-90 days supply), after deductible is met |
| Non-Formulary Brand | \$60 Copayment (1-30 days supply); \$120 Copayment (31-90 days supply), after deductible is met |
| Out-of-Network Reimbursement | 30% of drugs retail cost for the total amount dispensed will be reimbursed after the deductible is met. Member must submit for reimbursement. |

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



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

| Benefit | Coverage |
|-------------------------------------|---|
| 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>Retin-A through age 35</p> <p>Self-injectable drugs</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