

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 with Oral Contraceptives



## Here's how the program works!

**When you purchase covered prescription drugs at a participating pharmacy, you pay...**

<b>GENERIC FORMULARY</b>	\$20 Copayment, after deductible *
<b>BRAND FORMULARY</b>	\$40 Copayment, after deductible *
<b>NON-FORMULARY BRAND</b>	\$60 Copayment, after deductible *

You may receive up to a 30-day supply of your medication at the retail pharmacy.

\* **\$250** deductible per person per calendar year.

You receive coverage for medically appropriate prescription drugs\*\*, including oral contraceptives, under this additional benefit when the drugs are prescribed by a licensed, practicing physician.

Your Select Drug Program® uses an incentive formulary, which includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value.

Your benefits include a **\$250** per person per calendar year deductible. Once you meet your deductible, you will only be required to pay the appropriate copayment indicated above for the remainder of the year when purchasing prescriptions at a participating pharmacy. While fulfilling your deductible, your cost for covered medications purchased at a participating pharmacy is based on the FutureScripts® negotiated discount price, which is typically lower than the pharmacy's retail cost.

In addition, covered medications for chronic conditions (such as blood pressure medications) may be provided through our convenient mail order service allowing you to order up to a 90-day supply. After your deductible is met, you will pay two times the generic or brand copayment for a formulary drug or two times the non-formulary brand copayment for covered non-formulary drugs. This benefit can save you time and money.

To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization. As a member, your physician can initiate prior authorization for these medications if they are medically appropriate.

As a member, you may visit any participating pharmacy to fill your prescription needs. The Select Drug Program gives you access to more than 60,000 retail pharmacies nationwide through the FutureScripts network.\*\*\* Covered prescription drugs purchased at a non-participating retail pharmacy will be reimbursed at 30% of the drug's retail cost for the total amount dispensed, after the deductible is met. For emergency claims you will only be responsible for the applicable copayments listed above, after the deductible is met.

\*\* 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. Examples of some items not covered include: Injectable infertility drugs; weight control drugs; experimental drugs; drugs and supplies that can be purchased over the counter; drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin); and nicotine gum or patches for smoking cessation.

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



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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