

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



TheAdministratorsInc.com  
BenefitHelp@TheAdministratorsInc.com  
800-634-4428

# Select Drug Program

\$15/\$35/\$50 without Oral Contraceptives



## Here's how the program works!

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

<b>GENERIC FORMULARY</b>	\$15 Copayment
<b>BRAND FORMULARY</b>	\$35 Copayment
<b>NON-FORMULARY BRAND</b>	\$50 Copayment

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

You receive coverage for medically appropriate prescription drugs\*, 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.

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. 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 56,000 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. For emergency claims you will only be responsible for the applicable copayments listed above.

\* 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: Contraceptives; 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.



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)