

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

\$10/\$20/\$35



The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ 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 |
|---|--|
| Retail Pharmacy - Member Cost Sharing (Participating Pharmacy) | |
| Generic Formulary | \$10 Copayment |
| Brand Formulary | \$20 Copayment |
| Non-Formulary Brand | \$35 Copayment |
| 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 | \$20 Copayment (1-30 days supply); \$40 Copayment (31-90 days supply) |
| Non-Formulary Brand | \$35 Copayment (1-30 days supply); \$70 Copayment (31-90 days supply) |
| Out-of-Network Reimbursement | 30% of drugs retail cost for the total amount dispensed. 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 . |

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



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 |
|---|--|
| Covered Prescription Drugs ¹ | Compound medications of which at least one ingredient is a prescription drug Oral contraceptives Retin-A through age 35 Self-injectable drugs Insulin Insulin needles and syringes Lancets (no copayment required at participating pharmacies) Glucometers (no copayment required at participating pharmacies) Diabetic supplies (i.e test strips) |

¹ 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