Prescription Drug Program

$20/$40/$60/50%

The pharmacy benefit provides wide-ranging coverage for prescription drugs when prescribed by a licensed, practicing physician. The formulary includes 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[1]	Coverage
Benefit Period	Contract Year**
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Low-Cost Generic	$5 copayment
Generic Drugs	$20 copayment
Preferred Brand	$40 copayment
Non-Preferred Drugs	$60 copayment
Self-Administered Specialty Drugs	50% coinsurance with a maximum member payment of $500/ prescription (1-30 days supply)
Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) *Available for maintenance drugs*	
Low-Cost Generic	$5 copayment (1-30 days supply); $10 copayment (31-90 days supply)
Generic Drugs	$20 copayment (1-30 days supply); $40 copayment (31-90 days supply)
Preferred Brand	$40 Copayment (1-30 days supply); $80 Copayment (31-90 days supply)
Non-Preferred Drugs	$60 Copayment (1-30 days supply); $120 Copayment (31-90 days supply)
Out-of-Pocket Maximum[2]	Please refer to your Medical Coverage Benefits at a Glance for information about out-of-pocket maximum values. Out-of-pocket maximum includes applicable copayments, coinsurance and deductibles. Your out-of-pocket maximum is a combined maximum of medical, prescription drug and any included pediatric vision and pediatric dental benefits as defined by your benefit plan.

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.

2 Out-of-pocket maximum includes applicable copays, coinsurance and deductibles.

** A contract year benefit period is a consecutive 12-month period that begins on your employer's effective date.

FutureScripts is an independent company providing pharmacy benefit management service

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

05/17 - PA - 51+ Value Rx $5/$20/$40/$60/50% up to $500
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Benefit[1]	Coverage
Specialty Pharmacy Program Mandatory for Self-Administered Specialty Drugs	All covered self-administered specialty medications except insulin will be provided through the convenient Specialty Pharmacy Program for the appropriate cost sharing indicated above. Benefits are available for up to a thirty (30) days supply.
Out-of-Network Pharmacy	30% of drugs retail cost for the total amount dispensed. For an emergency, you will only be responsible for the applicable copayments listed above. 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 Find a Participating Pharmacy feature.
Dispensing Limits	
Retail***	Up to 30 days supply
Mail order for maintenance drugs	Up to 90 days supply
Formulary	IBC Value Formulary. To check the formulary status of a drug or to view a copy of the most recent formulary, log onto www.ibx.com.
Preventive Drugs for Adults and Children[3]	No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctors prescription).
Covered Prescription Drugs[1]	Compound medications of which at least one ingredient is a prescription drug Contraceptives Prescribed smoking cessation drugs Self-injectable drugs Retin-A through age 35 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.

3 Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract, including age and gender requirements. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventive services.

*** Maintenance medications may also be available for up to a 90-day supply at participating Act 207 Retail pharmacies for the same mail order member cost sharing as indicated above. You can locate a participating Act 207 retail pharmacy near you on www.ibx.com by selecting the Find a Participating Pharmacy feature.

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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
- 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 (except those listed under covered drugs)
- Drugs and supplies that can be purchased over the counter except those covered per mandate (with a doctor's prescription)