

# Standard Prescription Drug Program

\$15/\$20 with Oral Contraceptives



The Standard Drug Program is a comprehensive benefit that provides coverage for prescription drugs<sup>1</sup> when prescribed by a licensed, practicing physician. Generic drugs are just as effective as brand drugs. Ask your physician whether generic drugs are right for you.

Benefit	Coverage
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic	\$15 Copayment
Brand	\$20 Copayment
Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic	\$15 Copayment (1-90 days supply)
Brand	\$20 Copayment (1-90 days supply)
Out-of-Network Pharmacy	Not covered unless due to an emergency. For emergency claims, you will be responsible for the copayment indicated above. Member must submit for reimbursement.
Network	FutureScripts® network <sup>†</sup> includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on <a href="http://www.ibx.com">www.ibx.com</a> by selecting the <i>Find a Participating Pharmacy</i> feature.
Dispensing Limits	
Retail	Up to 34 days or 120 units, whichever is less supply or 120 units, whichever is less
Mail order for maintenance drugs	Up to 90 days supply

\* 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.

[www.ibx.com](http://www.ibx.com)

Benefit	Coverage
Covered Prescription Drugs <sup>1</sup>	Compound medications of which at least one ingredient is a prescription drug 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)

<sup>1</sup> 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
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin)
- Devices or supplies except those specifically listed under covered drugs
- Nicotine gum or patches for smoking cessation
- Drugs labeled 'Caution-limited by Federal Law to investigational use', even though a charge is made to an individual
- Experimental drugs
- 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
- Drugs and supplies that can be purchased over the counter