

Standard Prescription Drug Program

\$15/\$20



The Standard Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ 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
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Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
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Generic	\$15 Copayment
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Brand	\$20 Copayment
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Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
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Generic	\$15 Copayment (1-90 days supply)
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Brand	\$20 Copayment (1-90 days supply)
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Out-of-Network Reimbursement	Not covered unless due to an emergency. For emergency claims, you will be responsible for the copayment indicated above. Member must submit for reimbursement.
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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.
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* 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

Benefit

Coverage

Dispensing Limits

Retail

Up to 34 days or 120 units, whichever is less supply

Mail order for maintenance drugs

Up to 90 days supply

Covered Prescription Drugs¹

Compound medications of which at least one ingredient is a prescription drug

Oral contraceptives

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.

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