

Prescription Drug Program

Integrated Deductible HRA/HSA

Deductible See annual deductible on medical summary of benefits
\$0/25/45 Retail Copays
50% Coinsurance Injectables*

The Three Tier Prescription Drug Program

This prescription drug program is offered as part of your health care benefits. This program covers both non-maintenance and maintenance prescription drugs dispensed by a retail pharmacy or designated mail service pharmacy.

This program is based on the CareFirst BlueCross BlueShield (CareFirst) preferred drug list, which is made up of certain brand name prescription drugs (Tier 2) and all generic prescription drugs (Tier 1). Your participating physician has a complete copy of the CareFirst preferred drug list. A copy can also be found at www.carefirst.com.

Combined Medical and Prescription Drug Deductible

If you have a combined deductible you also have a combined out-of-pocket maximum. This means your eligible medical and prescription drug out-of-pocket expenses will be applied towards meeting your out-of-pocket maximum. Once you reach your out-of-pocket maximum, CareFirst will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. Please see your medical summary of benefits for the combined annual deductible.

How Do I Use My Benefit?

You will be required to pay the total discounted cost for your prescription drugs until you meet your annual deductible. Once you've reached your annual deductible, the prescription drug plan provides three tier coverage.

Talk to your doctor when you are prescribed medications to see if you are using drugs that are on the preferred drug list – these are also known as Tier 1 or Tier 2 drugs. You will save the most money if you can take those medications. You can also see if medications you are currently taking are on the preferred drug list by visiting the prescription drug site at www.carefirst.com. You can get your prescription filled by using the retail or mail order programs.

Did You Know?

- If the cost of your medication is less than your copayment, you pay the cost of the medication.
- A generic drug is a prescription drug that by law must have the equivalent chemical composition as a specific brand name prescription drug.
- You can use your prescription drug card at more than 59,000 participating pharmacies nationwide.
- Frequently asked questions about your prescription benefits are available at www.carefirst.com.

Retail Program

The retail program provides up to a 34-day supply of medication. Simply present your prescription drug identification card at one of more than 59,000 participating pharmacies nationwide and pay the appropriate copayment for your medication. Once your annual deductible (see medical summary of benefits) has been met, you will pay the following for drugs:

<u>Generic Drug (Tier 1)</u>	<u>\$0</u>
<u>Preferred Brand Name Drug (Tier 2)</u>	<u>\$25</u>
<u>**Non-Preferred Brand Name Drug (Tier 3)</u>	<u>\$45</u>

Injectables (excluding insulin) are available for 50% coinsurance up to a maximum payment of \$75 per injection.

Mail Order Program

The mail service program is a convenient way for you to order medications. Your prescription is reviewed and dispensed by registered pharmacists and mailed directly to your home. Call Walgreens Mail Service at (800) 745-6285 for more information.

<u>34-day supply</u>	<u>1 Copay</u>
<u>Up to a 90-day supply (maintenance only)</u>	<u>2 Copays</u>

Maintenance Drugs

Up to a 90-day supply of maintenance drugs are available through retail and mail service pharmacy. Maintenance medication is a prescription drug anticipated to be required for 6 months or more to treat a chronic condition.

<u>Generic Drug (Tier 1)</u>	<u>\$0</u>
<u>Preferred Brand Name Drug (Tier 2)</u>	<u>\$50</u>
<u>**Non-Preferred Brand Name Drug (Tier 3)</u>	<u>\$90</u>

Injectables (excluding insulin) are available for 50% coinsurance up to a maximum payment of \$150.

* *Injectables = Self-Administered Injectables*

** *Non-preferred brand name drugs are not part of the preferred drug list and are covered at the highest copay.*

Benefits Summary

Plan Feature	Amount	Description
Deductible	See medical summary of benefits for annual deductible amount	Once you meet your combined medical and drug deductible, you will pay a different copay depending on whether you receive a generic drug, preferred brand name drug or non-preferred brand name drug.
Out-of-Pocket Maximum	See medical summary of benefits for out-of-pocket maximum amount	Once you reach your out-of-pocket maximum, CareFirst will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance, and other eligible out-of-pocket costs count toward your out-of-pocket maximum. Keep in mind that balance billed amounts do not count toward your annual out-of-pocket maximum.
Generic Drugs (Tier 1) <i>(up to a 34-day supply)</i>	\$0	All generic drugs are covered at this copay level.
Preferred Brand Name Drugs (Tier 2) <i>(up to a 34-day supply)</i>	\$25	All preferred brand name drugs are covered at this copay level.
Non-Preferred Brand Name Drugs (Tier 3) <i>(up to a 34-day supply)</i>	\$45	All non-preferred brand name drugs are covered at this copay level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist.
Injectables (excluding insulin) <i>(up to a 34-day supply)</i>	50% coinsurance up to a maximum payment of \$75 per injection	All injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Annual Maximum	N/A	Your benefit does not have an annual benefit maximum.
Maintenance Copays <i>(up to a 90-day supply)</i>	generic: \$0 preferred: \$50 non-preferred: \$90 injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through a retail or mail service pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Generic Substitution	Yes	If you choose a non-preferred brand name drug (Tier 3) over its generic equivalent (Tier 1), you will pay the highest copay PLUS the difference in cost between the non-preferred brand name drug and the generic drug up to the cost of the prescription.
Prior Authorization	Yes	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug web site at www.carefirst.com .

Need More Information?

On the Phone...

If you have questions about your prescription drug coverage or the preferred drug list, call Argus Health Systems at (800) 241-3371.

You should contact your physician or pharmacist if you have questions regarding the type of drug, side effects, drug interactions, storage, etc.

By Mail...

If you have questions about your Mail Order benefits, call Walgreens Mail Service at (800) 745-6285.

On the Web...

For the most recent information regarding the 3-tier prescription drug program, changes to the preferred drug list, etc. visit the prescription drug web site at www.carefirst.com.

The preferred drug list changes frequently in response to Food and Drug Administration (FDA) requirements. The list is also adjusted when a generic drug is introduced for a brand name drug. When that happens, the generic drug will be added to the Tier 1 list and the brand name drug will move from Tier 2 to Tier 3. For the most recent information about the preferred drug list, visit the prescription drug web site at www.carefirst.com.

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CF/MSGR/RX/PPO (7/06)

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