

Drug Benefit Highlights - AES, included with all Blue Cross Health Plans

Value Rx \$3/\$20/\$40/\$60/50% up to \$500

Covered Services		Your Costs (You pay)	
Benefits per Contract Year		In-Network	Out-of-Network
Deductible		\$0/\$0	\$0/\$0
Out-of-Pocket Maximum		Combined with Medical	Combined with Medical
Formulary ¹		Value	
Retail Pharmacy		In-Network	Out-of-Network
Tier 1 Low-Cost Generic Drugs		\$3	30% Reimbursement
Tier 2 Generic Drugs		\$20	30% Reimbursement
Tier 3 Preferred Brand Drugs		\$40	30% Reimbursement
Tier 4 Non-Preferred Drugs		\$60	30% Reimbursement
Tier 5 Self-Administered Specialty Drugs		50% up to \$500	Not covered
Dispensing Limits ²		30 day supply max	30 day supply max
Mail Order Pharmacy Available for maintenance drugs		In-Network	Out-of-Network
Tier 1 Low-Cost Generic Drugs		\$6	Not covered
Tier 2 Generic Drugs		\$40	Not covered
Tier 3 Preferred Brand Drugs		\$80	Not covered
Tier 4 Non-Preferred Drugs		\$120	Not covered
Tier 5 Self-Administered Specialty Drugs		Not covered	Not covered
Dispensing Limits ³		90 day supply max	Not covered
Drug Coverage		In-Network	Out-of-Network
ACA Preventive Drugs ⁴		Covered	Covered
Compound Medications		Covered	Covered
Contraceptives		Covered	Covered
Diabetic Supplies (i.e., test strips)		Covered	Covered
Glucometers (no copayment/coinsurance required at participating pharmacies)		Covered	Covered
Insulin		Covered	Covered
Insulin Needles and Syringes		Covered	Covered
Lancets (no copayment/coinsurance required at participating pharmacies)		Covered	Covered
Prescribed Tobacco Cessation Drugs (RX and OTC)		Covered	Covered
Weight Control Drugs		Covered	Covered
Allergy Serum		Not covered	Not covered
Blood, Blood Plasma		Not covered	Not covered
Drugs used for Cosmetic Purposes		Not covered	Not covered
Injectable Fertility Drugs		Not covered	Not covered

Investigational/Experimental Drugs	Not covered	Not covered
Non-Federal Legend Drugs	Not covered	Not covered
Over-The-Counter Drugs (Non-Prescription)	Not covered	Not covered

- 1 Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto www.ibx.com.
- 2 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.
- 3 Up to a 90-day supply of drugs to treat chronic conditions available at Rite Aid or mail for same cost share.
- 4 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. 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.

This summary represents only a partial listing of benefits and exclusions of the Prescription Drug Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by pharmacy policy. As a result, this program may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibx.com/LGBooklet or call 1-800-ASK-BLUE (TTY: 711).

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 are not covered. Devices or supplies except those specifically listed under covered drugs are not covered.

All covered self-administered specialty medications 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.

The pharmacy network includes more than 65,000 retail pharmacies. You can locate a participating pharmacy near you on www.ibx.com by selecting the Find a Participating Pharmacy feature.

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