

Standard Prescription Drug Program

\$7/50%



Here's how the program works!

When you purchase covered prescription drugs, you pay...

At A Participating Pharmacy (for a 30 day supply)

GENERIC

\$7 copayment

BRAND

50% coinsurance, up to \$125 per fill*

You receive coverage for medically appropriate prescription drugs**, including oral contraceptives, under this additional benefit when the drugs are prescribed by a licensed, practicing physician.

You may receive up to a 90-day supply*** of covered medication at a retail pharmacy as follows:

- At participating retail pharmacies, you will pay the following applicable copayments:
 - 1-30 day supply for: Generic - \$7; Brand - 50% coinsurance*
 - 31-60 day supply for Generic: \$14; Brand - 50% coinsurance*
 - 61-90 day supply for Generic: \$21; Brand - 50% coinsurance*

Nonparticipating retail pharmacy purchases will be reimbursed at 75% of the drug's retail cost for the total amount dispensed.

In addition, a mailorder service is available allowing you to order up to a 90-day supply of covered maintenance medications for only two generic copayments or 50% brand coinsurance*. Maintenance medications are prescribed for long-term treatment of a chronic health condition, i.e. arthritis, diabetes, heart disorders, high blood pressure, etc. This benefit can save you time and money.

To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization. As a member, your physician can initiate prior authorization for these medications if they are medically appropriate.

As a member, you may visit any participating pharmacy to fill your prescription needs. The Standard Drug Program gives you access to more than 60,000 retail pharmacies nationwide through the FutureScripts® network.

* Subject to \$125 maximum out-of-pocket per prescription fill for a 1-30 day supply; \$250 maximum out-of-pocket per prescription fill for a 31-90 day supply.

** 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's booklet or group contract. Examples of some items not covered are: weight control drugs, experimental drugs, drugs and supplies that can be purchased over the counter, drugs used for cosmetic purposes (e.g. anabolic steroids and minoxidil lotion, Retin-A for aging skin), and nicotine gum or patches for smoking cessation.

*** Certain prescription drugs may be subject to quantity level limits.

