

# Drug Benefit Highlights

Prescription Drug Program \$20/\$40/\$60 Meridian Bank

Covered Services	Your Costs (You pay)	
<b>Benefits per Contract Year</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Deductible	\$0/\$0	\$0/\$0
Out-of-Pocket Maximum	Combined with Medical Value	Combined with Medical
Formulary <sup>1</sup>		
<b>Retail Pharmacy</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Tier 1 Generic Drugs	\$20	30% Reimbursement
Tier 2 Preferred Brand Drugs	\$40	30% Reimbursement
Tier 3 Non-Preferred Drugs	\$60	30% Reimbursement
Dispensing Limits <sup>2,3</sup>	30 day supply max	30 day supply max
<b>Mail Order Pharmacy Available for maintenance drugs</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Tier 1 Generic Drugs	\$40	Not covered
Tier 2 Preferred Brand Drugs	\$80	Not covered
Tier 3 Non-Preferred Drugs	\$120	Not covered
Dispensing Limits	90 day supply max	Not covered
<b>Drug Coverage</b>	<b>In-Network</b>	<b>Out-of-Network</b>
ACA Preventive Drugs <sup>4</sup>	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
Injectable Fertility Drugs	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
Allergy Serum	Not covered	Not covered
Blood, Blood Plasma	Not covered	Not covered
Drugs used for Cosmetic Purposes	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
Weight Control Drugs	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](http://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.
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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](http://www.ibx.com/LGBooklet) or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

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](http://www.ibx.com) by selecting the Find a Participating Pharmacy feature.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. [www.ibx.com](http://www.ibx.com)