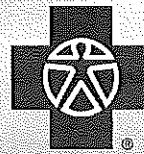


# Select Drug Program

\$5/\$15/\$30 without Contraceptives



Independence  
Blue Cross

## Roofers Local 30 H&W

The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs<sup>1</sup> when prescribed by a licensed, practicing physician. The Select Drug Program<sup>®</sup> is based on an incentive formulary that includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value. Generic drugs are just as effective as brand drugs and result in the lowest cost sharing for you. Ask your physician whether generic drugs are right for you.

Benefit	Coverage
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic Formulary	\$5 Copayment
Brand Formulary	\$15 Copayment
Non-Formulary Brand	\$30 Copayment
Preferred Retail Pharmacy** - Member Cost Sharing (Participating Pharmacy)	
Generic Formulary	\$5 Copayment (1-34 days supply), \$10 Copayment (35-90 days supply)
Brand Formulary	\$15 Copayment (1-34 days supply), \$30 Copayment (35-90 days supply)
Non-Formulary Brand	\$30 Copayment (1-34 days supply), \$60 Copayment (35-90 days supply)
Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic Formulary	\$5 Copayment (1-34 days supply), \$10 Copayment (35-90 days supply)
Brand Formulary	\$15 Copayment (1-34 days supply), \$30 Copayment (35-90 days supply)
Non-Formulary Brand	\$30 Copayment (1-34 days supply), \$60 Copayment (35-90 days supply)
Out-of-Network Reimbursement	30% of drugs retail cost for the total amount dispensed. Member must submit for reimbursement.
Network	FutureScripts® network <sup>1</sup> includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on <a href="http://www.ibx.com">www.ibx.com</a> by selecting the <i>Find a Participating Pharmacy</i> feature.
Dispensing Limits	
Retail	Up to 34 days supply
Retail - Preferred Pharmacy**	Up to 90 days supply
Mail order for maintenance drugs	Up to 90 days supply

\* FutureScripts is an independent company providing pharmacy benefit management services.

\*\* Preferred retail pharmacies are a subset of the FutureScripts network and include Shop Rite, Pathmark, Superfresh, Rite Aid, Costco and SuperValu.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-  
independent licensee of the Blue Cross and Blue Shield Association.

[www.ibx.com](http://www.ibx.com)

Benefit	Coverage
Formulary	IBC Select Drug Program Formulary. To check the formulary status of a drug or to view a copy of the most recent formulary, log onto <a href="http://www.ibx.com">www.ibx.com</a> .
Mandatory Generic	When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and you will be responsible for the member cost sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If you purchase a brand drug, you will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate member cost sharing for a brand drug.
Direct Ship Pharmacy Program Mandatory for Self-Injectable Drugs	All covered self-administered injectable specialty medications except insulin will be provided through the convenient Direct Ship Specialty Pharmacy Program for the appropriate cost sharing indicated above. If your doctor wants you to start the drug immediately, an initial 34-day supply may be obtained at a retail pharmacy. However, all subsequent fills must be purchased through the Direct Ship Specialty Pharmacy Program.
Covered Prescription Drugs <sup>1</sup>	Compound medications of which at least one ingredient is a prescription drug 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)

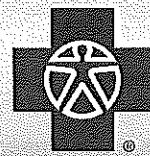
1 This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, refer to your benefit booklet or group contract.

### What is Not Covered?

- Oral & Injectable fertility drugs
- Intravenous drugs
- Non Federal Legend Drugs
- Weight control drugs
- Devices or supplies except those specifically listed under covered drugs
- Drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin)
- Rh immune globulin human agents
- Drugs labeled 'Caution-limited by Federal Law to investigational use', even though a charge is made to an individual
- 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
- Serums, Toxoids, and Vaccines
- Diagnostic agents
- Experimental drugs
- Supplies and devices including respiratory therapy supplies, ostomy and peak flow meters
- Vitamin A derivatives (retinoids) for dermatological use (cosmetic) are excluded after the patient reaches age 35.
- Contraception, whether prescription or non-prescription.
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Non-prescription drugs (i.e. non-legend) or over-the counter medicines except insulin
- Erectile dysfunction drugs ( e.g., Yohimbine)
- Hair removal or hair growth product (e.g., Propecia, Rogaine, Minoxidil, Vaniqua)
- Drugs used for smoking cessation

# Standard Prescription Drug Program

20%/20% without Contraceptives



Independence  
Blue Cross

## Roofers Local 30 H&W

The Standard Drug Program is a comprehensive benefit that provides coverage for prescription drugs<sup>1</sup> 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
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic	20% Coinsurance
Brand	20% Coinsurance
Preferred Retail Pharmacy** - Member Cost Sharing (Participating Pharmacy)	
Generic	20% Coinsurance (1-34 days supply); 20% Coinsurance (35-90 days supply)
Brand	20% Coinsurance (1-34 days supply); 20% Coinsurance (35-90 days supply)
Mail Order Pharmacy - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic	20% Coinsurance (1-34 days supply); 20% Coinsurance (35-90 days supply)
Brand	20% Coinsurance (1-34 days supply); 20% Coinsurance (35-90 days supply)
Annual Benefit Maximum Calendar Year <sup>2</sup>	\$625 Single/\$1,250 Family. Once IBC pays this amount for covered prescriptions (including prescriptions obtained thru Retail, Preferred Retail, and Mail Order pharmacy) after applicable coinsurance, the member will be responsible for 100% of the FS discounted cost for any additional purchases.
Out-of-Network Reimbursement	50% of drugs retail cost for the total amount dispensed. Member must submit for reimbursement.
Network	FutureScripts® network <sup>3</sup> includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on <a href="http://www.ibx.com">www.ibx.com</a> by selecting the <i>Find a Participating Pharmacy</i> feature.

<sup>2</sup> A calendar year benefit period begins on January 1 and ends on December 31.

\* FutureScripts is an independent company providing pharmacy benefit management services.



Independence  
Blue Cross

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross-  
independent licensee of the Blue Cross and Blue Shield Association.

[www.ibx.com](http://www.ibx.com)

Benefit	Coverage
Dispensing Limits	
Retail	Up to 34 days supply
Retail - Preferred Pharmacy**	Up to 90 days supply
Mail order for maintenance drugs	Up to 90 days supply
Mandatory Generic	When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and you will be responsible for the member cost sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If you purchase a brand drug, you will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate member cost sharing for a brand drug.
Direct Ship Pharmacy Program Mandatory for Self-Injectable Drugs	All covered self-administered injectable specialty medications except insulin will be provided through the convenient Direct Ship Specialty Pharmacy Program for the appropriate cost sharing indicated above. If your doctor wants you to start the drug immediately, an initial 34-day supply may be obtained at a retail pharmacy. However, all subsequent fills must be purchased through the Direct Ship Specialty Pharmacy Program.
Covered Prescription Drugs <sup>1</sup>	Compound medications of which at least one ingredient is a prescription drug Self-injectable drugs Retin-A through age 35 Insulin Insulin needles and syringes Lancets (no coinsurance required at participating pharmacies) Glucometers (no coinsurance 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.

\*\*Preferred retail pharmacies are a subset of the FutureScripts network and include Shop Rite, Pathmark, Superfresh, Rite Aid, Costco and SuperValu.

### What is Not Covered?

- Oral & Injectable fertility drugs
- Non Federal Legend Drugs
- Weight control drugs
- Non-prescription drugs (i.e. non-legend) including over-the counter medicines except insulin
- 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
- Drugs used for Smoking Cessation
- Vitamin A derivatives (retinoids) for dermatological use (cosmetic) are excluded after the patient reaches age 35.
- Supplies and devices including respiratory therapy supplies, ostomy and peak flow meters
- Diagnostic agents
- Hair removal or hair growth product (e.g., Propecia, Rogaine, Minoxidil, Vaniqua)
- Rh immune globulin human agents
- Serums, Toxoids, and Vaccines
- Erectile dysfunction drugs ( e.g., Yohimbine)
- Contraceptive products
- Intravenous (IV) 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