

Select Drug Program

20%/20%/20%

Independence 

The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs¹ when prescribed by a licensed, practicing physician. The Select Drug Program[®] 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 <i>(Participating Pharmacy)</i>	
Generic Formulary	20% Coinsurance with a maximum of \$20 per prescription
Brand Formulary	20% Coinsurance with a maximum of \$100 per prescription
Non-Formulary Brand	20% Coinsurance with a maximum of \$200 per prescription
Mail Order Pharmacy - Member Cost Sharing <i>(Participating Pharmacy) Available for maintenance drugs</i>	
Generic Formulary	20% Coinsurance with a maximum of \$40 per prescription.....1-90 days supply)
Brand Formulary	20% Coinsurance with a maximum of \$200 per prescription.....1-90 days supply)
Non-Formulary Brand	20% Coinsurance with a maximum of \$400 per prescription.....1-90 days supply)
Out-of-Network Reimbursement	30% of drugs retail cost for the total amount dispensed. Member must submit for reimbursement.
Network	FutureScripts [®] network [†] includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on www.ibx.com by selecting the <i>Find a Participating Pharmacy</i> 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

Benefit

Coverage

Dispensing Limits

Retail

Up to 34 days supply

Mail order for maintenance drugs

Up to 90 days supply

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 **www.ibx.com**.

Covered Prescription Drugs¹

Compound medications of which at least one ingredient is a prescription drug
Retin-A through age 35
Prescribed Smoking Cessation Drugs
Self-injectable drugs
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.

What is Not Covered?

- Injectable fertility 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)
- 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
- Contraceptives
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Hepatitis C Specialty drugs, specifically Sovaldi, Victrelis/Incivek/Olysio, Harvoni, Technivie, Daklinza, and Peg-Intron and Ribavirin products
- Drugs and supplies that can be purchased over the counter except those covered per mandate (with a doctors prescription)