

Pharmacy Program

Integrated Deductible HSA

See Annual Deductible on Medical Summary of Benefits
50% Injectables Coinsurance* ■ \$0/25/45 Retail Copays

Summary of Benefits

Plan Feature	Amount	Description
Deductible	See medical summary of benefit for annual deductible amount	Once you meet your combined medical and drug deductible, you will pay a different copay depending on whether you receive a generic drug, preferred brand name drug or non-preferred brand name drug.
Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	Once you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance, and other eligible out-of-pocket costs count toward your out-of-pocket maximum. Keep in mind that balance billed amounts do not count toward your annual out-of-pocket maximum.
Generic Drugs (Tier 1) (up to a 34-day supply)	\$0	All generic drugs are covered at this copay level.
Preferred Brand Name Drugs (Tier 2) (up to a 34-day supply)	\$25	All preferred brand name drugs are covered at this copay level.
Non-Preferred Brand Name Drugs (Tier 3) (up to a 34-day supply)	\$45	All non-preferred brand name drugs are covered at this copay level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist.
Self-Administered Injectables (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Copays (up to a 90-day supply)	generic: \$0 preferred: \$50 non-preferred: \$90 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through the Rx Delivered or retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Mandatory Generic Substitution	Yes	If you choose a non-preferred brand name drug (Tier 3) when a generic equivalent (Tier 1) is available, you will pay the highest copay PLUS the difference in cost between the non-preferred brand name drug and the generic drug up to the cost of the prescription. If a generic option is not available, you will only pay the appropriate copay.
Prior Authorization	Yes	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug web site at www.carefirst.com/rx .

* Injectables = Self-Administered Injectables.

Policy Form Numbers: MD/CFBC/MSGR/RX (7/06)

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.



Access www.carefirst.com/rx for more information and for the most up-to-date preferred drug list.



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