



**Rx**  
**Agents Health Plan Basic Card Plan**

HIGHLIGHTS	AMOUNTS YOU ARE RESPONSIBLE FOR:	
<b>DEDUCTIBLE</b>	<b>Retail (up to a 30-day supply)</b>	<b>Mail Service (up to a 90-day supply)</b>
Per benefit period*	None	None
<b>OUT-OF-POCKET MAXIMUM</b>		
When the out-of-pocket maximum is reached, the Plan pays 100% until the end of the benefit period	\$5,000 per member \$10,000 per family	
<b>PRESCRIPTION DRUG TIER</b>		
Generic prescription drug	\$15 copay	\$30 copay
Brand Preferred prescription drug	\$40 copay	\$80 copay
Brand Non-Preferred prescription drug	\$60 copay	\$95 copay
PRESCRIPTION CATEGORY	BENEFIT	
Contraceptives	Covered	Covered
Fertility Drugs	Not covered	Not covered
Sexual Dysfunction Drugs	Not covered	Not covered
Weight Loss Drugs	Not covered	Not covered
Injectables (self-administered)	Covered unless specifically excluded	Covered unless specifically excluded
Insulin	Covered	Covered
Fluoride Products	Covered	Covered
Growth Hormones	Covered (prior authorization required)	Covered (prior authorization required)
Nicotine Replacement Products (prescription)	Not covered	Not covered
Vitamins (prescription, non-prenatal)	Not covered	Not covered
Prenatal Vitamins (prescription)	Covered	Covered
Anti-Flu Therapies	Not covered	Not covered
Diabetic Supplies	Covered	Covered
Acne Products	Not covered	Not covered
Over-the-Counter Equivalents	Not covered	Not covered
Prescription Hair Growth Products	Not covered	Not covered
Photo Aged Skin Products and Depigmentation Products	Not covered	Not covered
UTILIZATION PROGRAM	BENEFIT	
Generic Substitution Program	Restrictive Generic Substitution – <i>In addition to the coinsurance/ copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) <u>unless</u> the physician requests the brand be dispensed.</i>	
Quantity Level Limits (per prescription, per day supply or per copayment)	Applicable to selected drugs	Applicable to selected drugs
Prior Authorization	Applicable to selected drugs	Applicable to selected drugs

**This is a general description of benefits, limitations and exclusions of the Capital BlueCross prescription drug card plan coverage and is not intended to be a complete list or complete description of available services; the terms and conditions of coverage shall be governed solely by the contract issued to the group. Contact your employer or call the Customer Service number on your identification card for actual details of your coverage.**

The pharmacy network includes many chain and independent retail pharmacies nationwide. Visit [www.express-scripts.com](http://www.express-scripts.com) to find a participating pharmacy.

\*The benefit period for this coverage is a calendar year.

Participating pharmacies agree to accept our allowance as payment in full, often less than their normal charge. If you use a pharmacy that does not participate, you will have to pay the difference between what the pharmacy charges and what the Plan pays in addition to any deductible, coinsurance or copayment and may need to complete and submit a claim form for reimbursement. Deductibles, any differences paid between brand and generic price differences, and any balances paid to non-participating pharmacy providers are not applied to the out-of-pocket maximum.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.*

Independent licensees of the Blue Cross and Blue Shield Association

## **Rx Basic Card Plan – Standard Benefit Exclusions**

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*The group contract will contain standard benefit exclusions and limitations (which will vary by contract and riders purchased).*

### **LIMITATIONS**

*Limitations to Benefits set forth in the Contract include:*

1. A Participating or Non-Participating Provider need not dispense a Prescription Order that for any reason, in its professional judgment, should not be filled.
2. A Member may purchase a Non-Preferred Prescription Drug if it could be used to treat his or her condition. If, however, a Member purchases a Non-Preferred Prescription Drug, the Member may be required to pay a higher Copayment/Coinsurance, based on the Member's benefit plan and as indicated on the Schedule of Benefits.
3. A Member may purchase a brand name Prescription Drug, even if a generic alternative is available, if it could be used to treat his or her condition. If, however, a Member purchases a brand name Prescription Drug and a generic alternative is available, the Member is responsible for paying the difference between the cost of the generic Prescription Drug and the cost of the brand name Prescription Drug in addition to the applicable Copayment/Coinsurance unless the prescriber specifies "Brand Medically Necessary."
4. Refills may be dispensed under the Contract subject to federal and state law limitations, and only in accordance with the number of refills designated on the original Prescription Order. Refills may not be dispensed more than one (1) year after the date of the original Prescription Order. When a Prescription Order is written for a Prescription Drug that has previously been dispensed to a Member or a Prescription Order is presented for a refill, the Prescription Drug will be dispensed only at such time as the Member has used sixty-six percent (66%) of the previous supply dispensed through mail service pharmacy or seventy-five percent (75%) of the previous supply dispensed through retail pharmacy in accordance with the associated Prescription Order.
5. Certain Prescription Drugs will not be available for mail service dispensing due to safety or quality concerns. Such Prescription Drugs will be subject to Retail Dispensing only.
6. All Prescription Drugs are subject to availability at retail pharmacy or mail service pharmacy.
7. Prescription Drugs classified by the federal government as narcotics may be subject to dispensing or dosage limitations based on standards of good pharmaceutical practice or regulations.
8. The Plan reserves the right to determine the reasonable supply of any Prescription Drug based on standards of good pharmaceutical practice.
9. Certain Prescription Drugs, which are dispensed pursuant to a Prescription Order for the Outpatient use of the Member, are subject to quantity limits. Benefits for these Prescription Drugs shall be available based on the quantity which the Plan will determine, in its sole discretion, is a reasonable supply for thirty (30) days through Retail Dispensing or ninety (90) days through mail service dispensing.
10. Certain Prescription Drugs requires evaluation of requests (prior authorization) for coverage prior to the delivery of services.

### **EXCLUSIONS**

*Except as specifically provided in the Contract and in addition to any limitations set forth in the Contract, no benefits shall be provided for:*

1. Drugs that do not legally require a prescription (other than insulin), i.e. over-the-counter products.
2. Drugs that have an over-the-counter equivalent.
3. Devices or appliances including but not limited to therapeutic devices, artificial appliances, or similar devices or appliances except diabetic supplies as indicated on the Schedule of Benefits.
4. The administration or injection of Prescription Drugs.
5. Drugs dispensed in a physician's office.
6. Drugs for which the Member is not legally obligated to pay.
7. Drugs or supplies received by veterans and active military personnel at facilities operated by the Veteran's Administration or by the Department of Defense, unless payment is required by law.
8. Drugs or supplies for any illness or injury which occurs in the course of employment if benefits or compensation are available in whole or in part, under any federal, state or local government's workers' compensation law or occupational disease law, including but not limited to, the United States Longshoreman's and Harbor Workers' Compensation Act as amended from time to time. This exclusion applies whether or not the Member claims the benefits or compensation.
9. Drugs or supplies for any illness or injury suffered after the Member's Effective Date of coverage as a result of an act of war, whether declared or undeclared.
10. Drugs received in and billed by a hospital, nursing home, home for the aged, convalescent home, or similar institution.
11. Drugs that are Experimental or Investigational in nature as determined by The Plan or its Agent in accordance with the definition set forth in the Contract.
12. Drugs or supplies for injuries resulting from the use or maintenance of a motor vehicle if such services are paid under any plan or policy of motor vehicle insurance, including a certified self-insured plan, or payable under the Pennsylvania Motor Vehicle Financial Responsibility Law.
13. Drugs or supplies received either before the Member's effective date of coverage or after the Member's coverage is terminated.
14. Allergy serums, desensitization serums, venom.
15. Immunization agents, biological sera, blood, blood products.
16. Drugs utilized to promote hair growth.
17. Drugs utilized for cosmetic purposes.
18. Drugs utilized to enhance physical or athletic performance or appearance.
19. Drugs utilized in conjunction with non-covered medical services.
20. Drugs that require Prior Authorization if Prior Authorization is not obtained prior to the Prescription Drugs being dispensed.
21. Injectable medications that cannot be self-administered.