


Pharmacy Program Summary of Benefits

Retirees Under 65



ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS

Formulary 2 ■ 5-Tier ■ \$0 Deductible ■ \$10/25/40 ■ Specialty \$75/\$75

Plan Feature	Amount You Pay	Description
Individual Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Out-of-Pocket Maximum	Individual \$6,350 Family \$12,700	If 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, except balance billed amounts.
Preventive Drugs (up to a 30-day supply)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*
Generic Drugs (Tier 1) (up to a 30-day supply)	\$10	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 30-day supply)	\$25	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 30-day supply)	\$40	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Preferred Specialty Drugs (Tier 4) (up to a 30-day supply)	\$75	You pay \$75 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Non-preferred Specialty Drugs (Tier 5) (up to a 30-day supply)	\$75	You pay \$75 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Specialty Drugs through Prudent Rx	\$0	Must be enrolled in Prudent Rx or member will pay 30% of the cost of the medication.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$50 Non-preferred Brand: \$75 Preferred Specialty: \$150 Non-preferred Specialty: \$150	Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Maintenance Choice at a CVS retail pharmacy or through Mail Service Pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay.
Refill Limit (up to a 90-day supply)	One initial fill plus one refill for long term medications at a retail pharmacy	Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through Mail Service or a CVS pharmacy.
Restricted Generic Substitution	If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance.	
<div> Visit carefirst.com/aacps for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.</div>		

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

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESC DRUG (R. 1/18) • MD/CF/RX (R. 1/18)



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.