Pharmacy Program Summary of Benefits—HMO

Westat

Formulary 2 ■ 4-Tier ■ $0 Deductible ■ $10/30/50 ■ Specialty $100

Plan Feature	Amount You Pay	Description
Deductible	None	Your benefit does not have a deductible.
Out-of-Pocket Maximum	See medical summary of benefits for annual out-of-pocket amount	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 34-day supply)	$0 (not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*
Oral Chemotherapy Drugs and Diabetic Supplies (up to a 34-day supply)	$0 (not subject to deductible except for HSA/HRA plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) (up to a 34-day supply)	$10	Generic drug are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	$30	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectables (excluding insulin) **(Tier 4)** (up to a 34-day supply)	$100	All self-administered injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: $20 Preferred Brand: $60 Non-preferred Brand: $100 Preferred Specialty: $200	Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail 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.	

Visit **carefirst.com/rxgroup** *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.*

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)

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Family of health care plans