

Standard Prescription Drug Program

\$25/50%/\$75

The Standard Drug Program is a comprehensive benefit that provides coverage for prescription drugs when prescribed by a licensed, practicing physician. To get the most out of your benefits, ask your physician whether generic drugs are right for you. Generic drugs are just as effective as brand drugs and provide you with greater savings.

Benefit	Coverage
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic	\$25 Copayment(1-30 days supply); \$50 Copayment(31-60 days supply); \$75 Copayment(61-90 days supply)
Brand [†]	50%, up to \$75 per prescription fill(1-30 days supply); 50%, up to \$150 per prescription fill(31-60 days supply); 50%, up to \$150 per prescription fill(61-90 days supply)
Mail Order Pharmacy [†] -Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic	\$25 Copayment (1-90 days supply)
Brand [*]	50% up to \$75 per prescription fill (1-90 days supply)
Total Out-of-Pocket Maximum	Please refer to your Medical Coverage Benefits at a Glance for information about out-of-pocket maximum values. Out-of-pocket maximum includes applicable copayments, coinsurance and deductibles. Your out-of-pocket maximum is a combined maximum of medical, prescription drug and any included pediatric vision and pediatric dental benefits as defined by your benefit plan.
Out-of-network reimbursement	50% of drugs retail cost for the total amount dispensed. For an emergency, you will be responsible only for the applicable cost-sharing indicated above.
Network	FutureScripts network includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on www.amerihealthnj.com/provider_finder .

+ In addition, a mailorder service is available allowing you to order up to a 90-day supply of covered maintenance medications for only one generic copayments or 50% brand coinsurance*. Maintenance medications are prescribed for long-term treatment of a chronic health condition, i.e. arthritis, diabetes, heart disorders, high blood pressure, etc. This benefit can save you time and money.

* 50% of the FutureScripts Negotiated Price

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.



Benefit

Coverage

Dispensing Limits

Certain Prescription Drugs may be subject to quantity level limits.

Retail	Up to 90 days supply
Mail order for maintenance drugs	Up to 90 days supply
Covered prescription drugs	Compound medications of which at least one ingredient is a prescription drug Contraceptives Prescribed smoking cessation drugs Self-injectables Retin-A through age 35 Insulin Insulin needles and syringes Lancets (no copayment/coinsurance required at participating pharmacies) Glucometers (no copayment/coinsurance required at participating pharmacies) Diabetic supplies (i.e., test strips)

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What is Not Covered?

- Non federal legend drugs
- Weight control drugs
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin)
- Devices or supplies except those specifically listed under covered drugs
- Drugs labeled 'Caution-limited by federal law to investigational use', even though a charge is made to an individual
- Experimental drugs
- Drugs and supplies that can be purchased over the counter except those covered per mandate (with a doctor's prescription)