

Select Drug Program

\$7/\$35/\$50

The Select Drug Program is a comprehensive benefit that provides coverage for prescription drugs when prescribed by a licensed, practicing physician. The Select Drug Program® is based on an incentive formulary that includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value. Generic drugs are just as effective as brand drugs and result in the lowest cost sharing for you. Ask your physician whether generic drugs are right for you.

Benefit	Coverage
Retail Pharmacy - Member Cost Sharing (Participating Pharmacy)	
Generic Formulary	\$7 Copayment(1-30 days supply); \$14 Copayment(31-60 days supply); \$21 Copayment(61-90 days supply)
Brand Formulary	\$35 Copayment(1-30 days supply); \$70 Copayment(31-60 days supply); \$105 Copayment(61-90 days supply)
Non-Formulary Brand	\$50 Copayment(1-30 days supply); \$100 Copayment(31-60 days supply); \$150 Copayment(61-90 days supply)
Mail Order Pharmacy* - Member Cost Sharing (Participating Pharmacy) Available for maintenance drugs	
Generic Formulary	\$7 Copayment (1-30 days supply); \$14 Copayment (31-90 days supply)
Brand Formulary	\$35 Copayment (1-30 days supply); \$70 Copayment (31-90 days supply)
Non-Formulary Brand	\$50 Copayment (1-30 days supply); \$100 Copayment (31-90 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.

* In addition, covered medications for chronic conditions (such as blood pressure medications) may be provided through our convenient mail order service allowing you to order up to a 90-day supply. You will pay two times the generic or brand copayment for a formulary drug or two times the non-formulary brand copayment for covered non-formulary drugs. This benefit can save you time and money.

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
Out-of-Network Reimbursement	Non-participating retail pharmacy purchases will be reimbursed at 50% of the drug's retail cost for the total amount dispensed.
Network	FutureScripts® network includes more than 60,000 retail pharmacies. You can locate a participating pharmacy near you on www.amerhealthnj.com/provider_finder .
Dispensing Limits <i>Certain Prescription Drugs may be subject to quantity level limits.</i>	
Retail	Up to 90 days supply
Mail order for maintenance drugs	Up to 90 days supply
Formulary	Your Select Drug Program Formulary. To check the formulary status of a drug or to view a copy of the most recent formulary, log onto www.amerhealthnj.com .
Covered Prescription Drugs	Compound medications of which at least one ingredient is a prescription drug Contraceptives Prescribed smoking cessation drugs Retin-A through age 35 Self-injectable drugs Insulin Insulin needles and syringes Lancets (no copayment required at participating pharmacies) Glucometers (no copayment 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
- Devices or supplies except those specifically listed under covered drugs
- Drugs used for cosmetic purposes (e.g., anabolic steroids and minoxidil lotion, Retin-A for aging skin)
- Drugs labeled 'Caution-limited by Federal Law to investigational use', even though a charge is made to an individual
- Experimental drugs
- Immunization agents, biologicals, allergy serums, blood, or blood plasma
- Drugs and supplies that can be purchased over the counter except those covered per mandate (with a doctor's prescription)