

Drug Benefit Highlights

PAISBOA HBT Rx \$20/\$40/\$60

Covered Services

Your Costs (You pay)

Benefits per Contract Year	In-Network	Out-of-Network
Deductible	\$0/\$0	\$0/\$0
Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Formulary ¹	Premium	
Retail Pharmacy	In-Network	Out-of-Network
Tier 1 Generic Drugs	\$20	30% Reimbursement
Tier 2 Preferred Brand	\$40	30% Reimbursement
Tier 3 Non-Preferred Drugs	\$60	30% Reimbursement
Dispensing Limits	30 day supply max	30 day supply max
Mail Order Pharmacy Available for maintenance drugs	In-Network	Out-of-Network
Tier 1 Generic Drugs	\$40	Not covered
Tier 2 Preferred Brand Drugs	\$80	Not covered
Tier 3 Non-Preferred Drugs	\$120	Not covered
Dispensing Limits ²	90 day supply max	Not covered
Drug Coverage	In-Network	Out-of-Network
ACA Preventive Drugs ³	Covered	Covered
Compound Medications	Covered	Covered
Contraceptives	Covered	Covered
Diabetic Supplies (i.e., test strips)	Covered	Covered
Glucometers (no copayment/coinsurance required at participating pharmacies)	Covered	Covered
Insulin	Covered	Covered
Insulin Needles and Syringes	Covered	Covered
Lancets (no copayment/coinsurance required at participating pharmacies)	Covered	Covered
Prescribed Tobacco Cessation Drugs (RX and OTC)	Covered	Covered
Weight Control Drugs	Covered	Covered
Allergy Serum	Not covered	Not covered
Blood, Blood Plasma	Not covered	Not covered
Drugs used for Cosmetic Purposes	Not covered	Not covered
Injectable Fertility Drugs	Not covered	Not covered
Investigational/Experimental Drugs	Not covered	Not covered
Non-Federal Legend Drugs	Not covered	Not covered
Over-The-Counter Drugs (Non-Prescription)	Not covered	Not covered

¹ Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto www.ibx.com.

² Up to a 90-day supply of drugs to treat chronic conditions available at any participating retail pharmacy or mail for same cost share.

³ Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventative services.

This summary represents only a partial listing of benefits and exclusions of the Prescription Drug Program described in this summary. If your employer