

Pharmacy Program

\$100 Deductible ■ \$10/30/55 Retail Copays
50% Injectables Coinsurance

SMITHSONIAN INSTITUTION

Summary of Benefits

Plan Feature	Amount	Description
Deductible	\$100	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier.
Family Deductible	\$200	If your family has met the deductible, all members will pay the copays associated with the drugs prescribed. No one family member may contribute more than the individual deductible to the family deductible.
Annual Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	Once 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. Keep in mind that balance billed amounts do not count toward your annual out-of-pocket maximum.
Preventive Drugs (Affordable Care Act) (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 (ACA)*. (Examples: Folic Acid, Fluoride and FDA approved contraceptives for women.)
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	\$0 (not subject to deductible)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) (up to a 34-day supply)	\$10	Generic drugs 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)	\$55	All Non-preferred Brand drugs on this copay level and are not on the Preferred Drug List.*
Self-Administered Injectables (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Copays (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$60 Non-preferred Brand: \$110 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through the mail service or retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Restricted Generic Substitution	Yes	If a provider prescribes a Non-preferred Brand drug when a Generic is available, you will pay the Non-preferred Brand copay 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 Brand copay. 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.



Access www.carefirst.com/rx for the most up-to-date Preferred Drug List and the formulary (list of covered drugs) which includes pharmacy guidelines. Pharmacy 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: DC/CFBC/RX3 (R. 1/04) • DC/CF/RX3 (R. 1/04)



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