



HIGHLIGHTS	AMOUNTS YOU ARE RESPONSIBLE FOR:	
	Retail (up to a 30-day supply)	Mail Service (up to a 90-day supply)
DEDUCTIBLE	None	
PRESCRIPTION DRUG TIER		
Generic prescription drug	\$10 copayment	\$20 copayment
Preferred Brand prescription drug	\$25 copayment	\$50 copayment
Non-Preferred Brand prescription drug	\$40 copayment	\$80 copayment
PRESCRIPTION CATEGORY	BENEFIT	
Contraceptives (oral and injectable)	Covered	Covered
Fertility Drugs (oral) (\$1,000 lifetime maximum)	Covered (50% coinsurance)	Covered (50% coinsurance)
Sexual Dysfunction Drugs	Not covered *	Not covered *
Weight Loss Drugs	Not covered *	Not covered *
Injectables (self-administered)	Covered unless specifically excluded	Covered unless specifically excluded
Insulin	Covered	Covered
Fluoride Products	Not covered	Not covered
Growth Hormones	Covered	Covered
Nicotine Replacement Products (prescription)	Not covered *	Not covered *
Vitamins (prescription, non-prenatal)	Covered	Covered
Prenatal Vitamins (prescription)	Covered	Covered
Anti-Flu Therapies	Not covered	Not covered
Diabetic Supplies	Covered	Covered
Acne Products	Covered	Covered
Over-the-Counter Equivalents	Not covered	Not covered
Prescription Hair Growth Products	Not covered	Not covered
Photo Aged Skin Products and Depigmentation Products	Not covered	Not covered
UTILIZATION PROGRAM	BENEFIT	
Generic Substitution Program	Mandatory Generic Substitution – <i>In addition to the coinsurance/copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative), up to the original cost of the brand drug, even if the physician requests the brand drug to be dispensed.</i>	
Quantity Level Limits (per prescription, per day supply or per copayment)	Applicable to selected drugs	Applicable to selected drugs
Prior Authorization	Applicable to selected drugs	Applicable to selected drugs

*These prescription drugs may be obtained at Keystone Health Plan[®] Central's (KHP Central's) discounted cost.

This is a general description of benefits, limitations and exclusions of the KHP Central prescription drug plan coverage and is not intended to be a complete list or complete description of available services; the terms and conditions of coverage shall be governed solely by the contract issued to the group. Contact your employer or marketing representative for additional benefit details.

KHP Central contracts with Express Scripts, Inc., a Pharmacy Benefits Manager to provide prescription drug benefits. Express Scripts contracts with pharmacies nationwide including major chain stores, as well as a number of independent pharmacies. With certain exceptions, your prescriptions must be obtained from a participating pharmacy in order to receive benefits. A listing of participating pharmacies is included in the KHP Central Participating Physicians, Pharmacies, and Hospitals Directory, and its updates. To determine if a pharmacy is participating, see the directory, visit Express Scripts' website at www.express-scripts.com, or call Express Scripts at 1-800-585-5794.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. For more information, call KHP Central Customer Service at 1-800-669-7061.

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments described in your company's other health benefits coverage.

Benefits are underwritten by Keystone Health Plan[®] Central, a wholly-owned subsidiary of Capital BlueCross.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company[®] and Keystone Health Plan[®] Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

HMO Rx Copayment Plan 1 – Standard Benefit Exclusions

The group contract contains standard benefit exclusions and limitations (which will vary by contract and riders purchased).

LIMITATIONS:

Limitations to Benefits set forth in the Contract include:

1. **Generic Program:** When purchasing Covered Drugs at a Participating Pharmacy or from the Mail Service Pharmacy, the Member's liability will be limited as follows:
 - a. When a Generic Drug is dispensed, the Member is responsible for paying the applicable generic Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance.
 - b. If a Preferred Brand Drug is dispensed that has a generic equivalent, the Member is responsible for paying the applicable Preferred Brand Drug Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance, *plus* the difference in price between the Preferred Brand Drug and the generic equivalent, up to the original cost of the Preferred Brand Drug.*
 - c. If a Preferred Brand Drug is dispensed that has no generic equivalent, the Member is responsible for paying the applicable Preferred Brand Drug Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance.
 - d. If a Non-Preferred Brand Drug is dispensed that has a generic equivalent, the Member is responsible for paying the applicable Non-Preferred Brand Drug Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance, *plus* the difference in price between the Non-Preferred Brand Drug and the generic equivalent, up to the original cost of the Non-Preferred Brand Drug.*
 - e. If a Non-Preferred Brand Drug is dispensed that has no generic equivalent, the Member is responsible for paying the applicable Non-Preferred Brand Drug Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance.

*Note: KHP Central has a Brand Drug Consideration Process whereby a Provider may request that coverage for a Preferred Brand Drug or a Non-Preferred Brand Drug be granted when Medical Necessity is substantiated in writing. When granted, the Member is responsible for paying only the applicable brand drug Copayment, or in the case of oral drugs for Infertility treatment, a 50% Coinsurance.
2. **Prior Authorized Drugs:**
 - a. KHP Central has a Prior Authorization process in place through the Pharmacy Benefit Manager, Express Scripts, to review requests for certain Prescription Drugs and compare them with clinical guidelines for appropriateness. Express Scripts' clinical team will generally authorize a drug to be dispensed for up to a one-year period. Delays may occur in receiving these drugs to allow for clinical review of Provider submitted information.
 - b. Another form of Prior Authorization that KHP Central uses is step-therapy. Step-therapy applies to select classes of Prescription Drugs, whereby a second-line drug is only authorized if the therapy outcome is not satisfactory to a first-line, or prerequisite drug. If a first-line drug has not been tried, the second-line drug will not be covered. If the prescribing Provider believes that it is Medically Necessary for a second-line drug to be used without a trial of a first-line drug, the Provider can request consideration through Express Scripts. If a Member is currently taking a second-line drug, then continuance on that drug is permitted without trial of a first-line drug
3. **Drug Formulary:** KHP Central uses a Drug Formulary to help manage the Prescription Drug benefit. Under the KHP Central Drug Formulary, drugs are classified into one of three tiers – Generic Drugs (1st tier), Preferred Brand Drugs (2nd tier), or Non-Preferred Brand Drugs (3rd tier).
4. **Quantity Limitation:** Quantities are limited to a maximum of thirty (30) day supply at a Retail Participating Pharmacy or ninety (90) day supply for Mail Service Pharmacy.
5. **Therapy Limitation:** Some medications are authorized to be dispensed for a specific quantity over a certain day supply based on clinical criteria or as determined by your benefit plan. (e.g., 30 tablets per 30 days)

EXCLUSIONS:

Except as specifically provided in the Contract and in addition to any limitations set forth in the Contract, no benefits shall be provided for:

1. Drugs that do not legally require a written prescription from a health care professional licensed to prescribe drugs (other than insulin);
2. Drugs that have an over-the-counter (non-prescription) equivalent;
3. Nutritional or dietary supplements including vitamins and nutritional supplements available without a prescription;
4. Miscellaneous medical supplies and devices, except diabetic supplies as indicated on the benefit list;
5. Drugs to enhance physical or athletic performance or appearance;
6. Drugs to promote weight loss; *
7. Drugs used in conjunction with non-covered medical services, such as cosmetic surgery;
8. Drugs which are investigational or experimental in nature, as determined by KHP Central;
9. Immunization agents, biological sera, blood or blood products;
10. Injectable drugs, other than indicated on the benefit list;
11. Drugs or supplies paid for or which the Member is entitled to have paid for or can obtain without cost under the laws or regulations of any federal, state, or local government or any political subdivision thereof, including the Department of Defense for active personnel, the Department of Veterans Affairs, the Public Health Service or the Office of Vocational Rehabilitation, unless payment is required by law;
12. Drugs or supplies for a condition, illness, or injury arising out of or in the course of employment if benefits are available under the Workers' Compensation Law;
13. Drugs or supplies received as a result of injury or sickness due to an act of declared or undeclared war which act of war occurred after the effective date of the Member's coverage under this program;
14. Prescription Drugs received in and/or billed by a Home Health Care Agency, Hospital, Skilled Nursing Facility, assisted living facility or similar institution which may be provided under the medical benefit;
15. Drugs or supplies for injuries resulting from the use or maintenance of a motor vehicle if such services are paid under any plan or policy of motor vehicle insurance;
16. Venoms, allergy serums and desensitization serums;
17. Select newly Food and Drug Administration approved drugs for the first six months of availability for which the determination regarding Medical Necessity and/or other protocols regarding coverage or determinations regarding non-coverage may require analysis by KHP Central;
18. Smoking cessation drugs and products; *
19. Dental washes and rinses;
20. Drugs used to treat sexual dysfunction; *
21. Devices, injectable drugs, and implants for Infertility treatment;
22. Drugs that are restricted through the clinical process of the KHP Central Drug Formulary system, such as, but not limited to, the Prior Authorization process;
23. Drugs prescribed and administered in the Provider's office;
24. Replacement prescription resulting from loss, theft, or damage;
25. Except in emergency situations, drugs purchased from a non-Participating Pharmacy;
26. Request for reimbursement filed more than ninety (90) days after the pharmacy receipt date;
27. Oral Infertility drugs if the Infertility is due, in part or in its entirety, to either party (whether a KHP Central Member or not) having undergone a voluntary sterilization procedure and/or reversal of the voluntary sterilization procedure that was not successful;
28. Devices and implants for contraception;
29. Prescription Drugs for any other service or treatment except as provided in the Group Contract.

*These prescription drugs may be obtained at Keystone Health Plan® Central's (KHP Central's) discounted cost.