


Pharmacy Program Summary of Benefits

National Academy of Sciences

Formulary 3 ■ 5-Tier ■ \$0 Deductible ■ \$10/30/50 ■ Specialty 50%/50%

Plan Feature	Amount You Pay	Description
Individual Deductible	None	Your benefit does not have a deductible.
Family Deductible	None	Your benefit does not have a family deductible.
Out-of-Pocket Maximum	See medical summary of benefits for annual out-of-pocket amount	If 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, except balance billed amounts.
Preventive Drugs (up to a 34-day supply)	\$0	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List at carefirst.com/rx .
Oral Chemotherapy Drugs (up to a 34-day supply)	\$0	Oral chemotherapy drugs are covered at this copay level.
Diabetic Supplies (up to a 34-day supply)	\$0	Diabetic supplies include needles, syringes, lancets, test strips and alcohol swabs.
Insulin (up to a 34-day supply)	Preferred Brand: \$0 Non-preferred Brand: \$30	Preferred insulin is covered at \$0 copay and non-preferred insulin is covered at \$30 copay for a one-month supply.
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)	\$50	All non-preferred brand drugs on this copay level are not on the Preferred Drug List at carefirst.com/rx . Discuss using alternatives with your doctor or pharmacist.
Preferred Specialty Drugs (Tier 4) (up to a 34-day supply)	50% up to a \$100 maximum	You pay 50% coinsurance up to a maximum of \$100 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Non-preferred Specialty Drugs (Tier 5) (up to a 34-day supply)	50% up to a \$150 maximum	You pay 50% coinsurance up to a maximum of \$150 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.
Maintenance Drugs (up to a 90-day supply)	Generic: \$20 Preferred Brand: \$60 Non-preferred Brand: \$100 Preferred Specialty: 50% up to a \$200 maximum Non-preferred Specialty: 50% up to a \$300 maximum	Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for the cost of two one-month supply copays through Mail Service Pharmacy or a retail pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay.
Restricted Generic Substitution	If your doctor prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance 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 copay or coinsurance. 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 or coinsurance.	



Visit carefirst.com/rx for the most up-to-date drug lists, including the prescription guidelines. Prescription 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. 1/18) • DC/CF/RX3 (R. 1/18)



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