

Select Drug Program

\$5/\$20/\$50

Here's how the program works!

When you purchase covered prescription drugs at a participating pharmacy, you pay...

GENERIC FORMULARY	\$5 Copayment
BRAND FORMULARY	\$20 Copayment
NON-FORMULARY BRAND	\$50 Copayment

You receive coverage for medically appropriate prescription drugs*, including oral contraceptives, under this additional benefit when the drugs are prescribed by a licensed, practicing physician.

Your Select Drug Program® uses an incentive formulary, which includes all generic drugs and a defined list of brand drugs that have been chosen for their medical effectiveness, positive results and value.

You may receive up to a 90-day supply** of covered medication at a retail pharmacy as follows:

- At participating retail pharmacies, you will pay the following applicable generic formulary, brand formulary, or non-formulary brand copayments:
 - 1-30 day supply for one copayment
 - 31-60 day supply for two copayments
 - 61-90 day supply for three copayments

Non-participating retail pharmacy purchases will be reimbursed at 50% of the drug's retail cost for the total amount dispensed.

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.

To qualify as a covered benefit and ensure that the drug prescribed is medically appropriate, certain drugs require prior authorization. As a member, your physician can initiate prior authorization for these medications if they are medically appropriate.

As a member, you may visit any participating pharmacy to fill your prescription needs. The Select Drug Program gives you access to more than 56,000 retail pharmacies nationwide through the FutureScripts™ network.

* 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. Examples of some items not covered include: All injectable medications (except those listed on the formulary and injectable fertility drugs); weight control drugs; experimental drugs; and supplies that can be purchased over the counter; drugs used for cosmetic purposes (e.g. anabolic steroids and minoxidil lotion, Retin-A for aging skin); and nicotine gum or patches for smoking cessation.

** Certain Prescription Drugs may be subject to quantity level limits.

AmeriHealth Insurance Company of New Jersey

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