

Deductible/Copay Drug Program

\$200/\$15/\$25/\$35

When you purchase covered prescription drugs, here's how the program works!

DEDUCTIBLE	COPAYMENT AT A PARTICIPATING PHARMACY (for a 30 day supply)		
\$200 per person per calendar year	<i>Generic Formulary</i>	<i>Brand Formulary</i>	<i>Non-Formulary Brand</i>
	\$15	\$25	\$35

- The program uses a formulary, which includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results and value.
- Access to more than 56,000 retail pharmacies nationwide through the FutureScripts™ network.
- Coverage for medically appropriate prescription drugs,* including oral contraceptives.
- Up to a 90-day supply** of medication is available at any retail pharmacy:
- At participating retail pharmacies, you will pay the following applicable generic formulary, brand formulary or non-formulary brand copayment after your deductible is met
 - 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 are reimbursed at 50% of the drug's retail cost for the total amount dispensed after your deductible is met.
- Mail Order service is available for maintenance medications, allowing you to order up to a 90-day supply**. After your above deductible is met, you will pay two times the generic formulary or brand formulary copayment for a formulary drug or two times the non-formulary brand copayment for covered non-formulary drugs.
- No claim forms when using a participating pharmacy.

When using a participating pharmacy to purchase covered prescription medications, your out-of-pocket amount for your deductible is based on the FutureScripts negotiated price with the pharmacy. That price is typically lower than the pharmacy's retail cost.

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 when medically appropriate.

* 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 are: weight control drugs; experimental drugs; drugs and supplies that can be purchased over the counter; drugs used for cosmetic purposes (e.g., anabolic steroids and monoxidil 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
www.amerihealth.com