

HIGHLIGHTS	AMOUNTS YOU ARE RESPONSIBLE FOR :		
<b>DEDUCTIBLE</b> Per benefit period*	<b>Retail Pharmacy</b> (up to a 30-day supply)	<b>Mail Service Pharmacy</b> (up to a 90-day supply)	<b>Specialty Pharmacy</b> (up to a 30-day supply)
	None		
<b>OUT-OF-POCKET MAXIMUM</b> When the out-of-pocket maximum is reached, benefits are paid at 100% of the allowable amount until the benefit period ends.	None		
<b>PRESCRIPTION DRUG TIER</b>			
Generic Prescription Drugs	\$5 copayment	\$15 copayment	\$5 copayment
Preferred Brand Prescription Drugs	\$35 copayment	\$70 copayment	\$35 copayment
Non-Preferred Brand Prescription Drugs	\$50 copayment	\$125 copayment	\$50 copayment
Lifestyle Drugs	100% of the discounted price	100% of the discounted price	100% of the discounted price
<b>FORMULARY SYSTEM</b>	Open		
PRESCRIPTION CATEGORY	BENEFIT		
Contraceptives (oral and injectable)	Covered	Covered	Not covered
Diabetic Meters and Test Strips	Covered	Covered	Not covered
Prenatal Vitamins (prescription)	Covered	Covered	Not covered
Topical Retinoid (Acne) Products (prior authorization required)	Covered with age limit	Covered with age limit	Not covered
Over-the-Counter Equivalents	Not covered	Not covered	Not covered
Specialty Injectables (self-administered)	Not covered	Not covered	Covered
Non-Specialty Injectables (self-administered)	Covered	Covered	Not covered
LIFESTYLE DRUGS	AMOUNTS YOU ARE RESPONSIBLE FOR :		
Fertility Drugs (oral and self-injectable)	100% of the discounted price (oral only)	100% of the discounted price (oral only)	100% of the discounted price (self-injectable only)
Sexual Dysfunction Drugs	100% of the discounted price	100% of the discounted price	Not covered
Weight Loss Drugs (prescription)	100% of the discounted price	100% of the discounted price	Not covered
Smoking Cessation Drugs (prescription)	100% of the discounted price	100% of the discounted price	Not covered
Vitamins (prescription, non-prenatal)	100% of the discounted price	100% of the discounted price	Not covered
UTILIZATION PROGRAM	BENEFIT		
Generic Substitution Program	Restrictive Generic Substitution – <i>In addition to the coinsurance/copayment, the member pays the difference between the brand drug and generic drug price (when there is a generic drug alternative) unless the prescribing physician requests that the brand drug be dispensed.</i>		
Quantity Level Limits (per prescription, day supply or copayment)	Applicable to selected drugs	Applicable to selected drugs	Applicable to selected drugs
Prior Authorization	Applicable to selected drugs	Applicable to selected drugs	Applicable to selected drugs

**Programs are subject to change. This information highlights benefits, limitations and exclusions of the Capital Advantage Insurance Company® prescription drug 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, marketing representative, or broker for additional benefit details.**

\*Refer to your Certificate of Coverage or contact your employer for the applicable benefit period.

The pharmacy network includes many chain and independent retail pharmacies nationwide. Visit [www.express-scripts.com](http://www.express-scripts.com) to find a participating pharmacy. **CuraScript® is the exclusive vendor for specialty prescription drugs.**

Participating pharmacies agree to accept our allowance as payment in full, often less than their normal charge. If you use a non-participating pharmacy, you are responsible for paying the difference between the non-participating pharmacy's charges and the allowable amount in addition to any deductible, coinsurance or copayment. You also will need to complete and submit a claim form for reimbursement. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to non-participating pharmacies are not applied to the out-of-pocket maximum.

*Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.*

**On behalf of Capital BlueCross, Express Scripts assists in the administration of our prescription drug program. Express Scripts is an independent pharmacy benefit manager.**

**On behalf of Capital BlueCross, CuraScript, Inc. assists in the delivery of specialty medications directly to our Members. Curascript is an independent company.**

**Benefits are underwritten by Capital Advantage Insurance Company, a 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.

## Option 7 – Standard Benefit Limitations and Exclusions

The group contract will contain standard benefit limitations and exclusions.

### LIMITATIONS - Limitations to benefits set forth in the group contract include:

1. A participating pharmacy or non-participating pharmacy need not dispense a prescription order that for any reason, in its professional judgment, should not be filled.
2. A member may purchase a non-preferred brand drug if it could be used to treat his or her condition. If, however, a member purchases a non-preferred brand drug, the member may be required to pay a higher copayment/coinsurance, based on the member's benefit plan and as indicated in the Certificate of Coverage.
3. Members may purchase a brand drug, even if an approved generic drug equivalent could be used to treat their condition. If, however, a member purchases a brand drug and such approved generic drug equivalent is available, the member is responsible for paying the applicable brand drug coinsurance and/or copayment in addition to the difference between the cost of the approved generic drug and the cost of the brand drug (i.e. ancillary charge), unless the prescribing physician indicates no substitution is permissible and requires the brand drug to be dispensed in place of the approved generic drug equivalent.
4. Refills may be dispensed subject to federal and state law limitations, and only in accordance with the number of refills designated on the original prescription order. Refills may not be dispensed more than one (1) year after the date of the original prescription order. When a prescription order is written for a prescription drug that has previously been dispensed to a member or a prescription order is presented for a refill, the prescription drug will be dispensed only at such time as the member has used sixty percent (60%) of the previous supply dispensed through the designated mail service pharmacy or seventy-five percent (75%) of the previous supply dispensed through a retail pharmacy or specialty pharmacy in accordance with the associated prescription order.
5. Certain prescription drugs will not be available for mail service dispensing due to safety or quality concerns. Such prescription drugs will be subject to retail dispensing or specialty pharmacy dispensing only.
6. All prescription drugs are subject to availability at the retail pharmacy, specialty pharmacy, or mail service pharmacy.
7. Select specialty prescription drugs will be subject to dispensing only through a designated specialty pharmacy.
8. Prescription drugs classified by the federal government as narcotics may be subject to dispensing or dosage limitations based on standards of good pharmaceutical practice or state or federal regulations.
9. Capital reserves the right to determine the reasonable supply of any prescription drug based on standards of good pharmaceutical practice.
10. Certain prescription drugs, which are dispensed pursuant to a prescription order for the outpatient use of the member, are subject to quantity limits. Benefits for these prescription drugs shall be available based on the quantity, which Capital will determine, in its sole discretion, is a reasonable per prescription or per day supply for retail dispensing, specialty pharmacy dispensing, or mail service dispensing.
11. Certain prescription drugs require prior authorization for coverage prior to the delivery of covered drugs.

### EXCLUSIONS - Except as specifically provided in the group contract and in addition to any limitations set forth in the group contract, no benefits shall be provided for services, supplies, or prescription drugs:

1. Which are not medically necessary as determined by Capital, or its designee;
2. For prescription drugs that have an over-the-counter equivalent;
3. For devices or appliances including but not limited to therapeutic devices, artificial appliances, or similar devices or appliances except for diabetic supplies;
4. For the administration or injection of prescription drugs;
5. For prescription drugs received in and billed by a hospital, nursing home, home for the aged, convalescent home, home health care agency, or similar institution;
6. Which are considered by Capital or its designee to be experimental or investigational;
7. For any illness or injury which occurs in the course of employment if benefits or compensation are available or required, in whole or in part, under a workers' compensation policy and/or any federal, state or local government's workers' compensation law or occupational disease law, including but not limited to, the United States Longshoreman's and Harbor Workers' Compensation Act as amended from time to time. This exclusion applies whether or not the member makes a claim for the benefits or compensation under the applicable workers' compensation policy/coverage and/or the applicable law;
8. For any illness or injury suffered after the member's effective date of coverage which resulted from an act of war, whether declared or undeclared;
9. Which are received by veterans and active military personnel at facilities operated by the Veteran's Administration or by the Department of Defense, unless payment is required by law;
10. Which are received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
11. For the cost of benefits resulting from accidental bodily injury arising out of a motor vehicle accident, to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used, including such benefits mandated by law) of any motor vehicle insurance policy;
12. For items or services paid for by Medicare when Medicare is primary consistent with the Medicare Secondary Payer Laws. This exclusion shall not apply when the contract holder is obligated by law to offer the member the benefits of this coverage as primary and the member so elects this coverage as primary;
13. For care of conditions that federal, state or local law requires to be treated in a public facility;
14. Which are court ordered services when not medically necessary and/or not a covered benefit;
15. Which are rendered while in custody of, or incarcerated by any federal, state, territorial, or municipal agency or body, even if the services are provided outside of any such custodial or incarcerating facility or building, unless payment is required by law;
16. Which exceed the allowable amount;
17. Which are cost-sharing amounts, differences between brand drug and generic drug prices (i.e. ancillary charges), and balances paid to non-participating pharmacies required of the member under this coverage;
18. For which a member would have no legal obligation to pay;
19. Which are incurred prior to the member's effective date of coverage;
20. Which are incurred after the date of termination of the member's coverage except as provided for in the Certificate of Coverage;
21. Which are received by a member in a country with which United States law prohibits transactions;
22. For prescription drugs utilized primarily to enhance physical or athletic performance or appearance;
23. For clinical cancer trial costs (e.g., drugs under investigation; patient travel expenses; data collection and analysis services), except for costs directly associated with medical care and complications, related to a Capital approved trial, which would normally be covered under standard patient therapy benefits;
24. For travel expenses incurred in conjunction with benefits unless specifically identified as a covered benefit elsewhere in the Certificate of Coverage;
25. For all prescription drugs and over-the-counter drugs dispensed during travel by a physician employed by a hotel, cruise line, spa, or similar facility;
26. For durable medical equipment;
27. For blenderized baby food, regular shelf food, or special infant formula;
28. For immunization agents, biological sera, blood, blood products;
29. For requests for reimbursement of covered drugs submitted after the allowed timeframe for reimbursement;
30. For all prescription drugs and over-the-counter drugs dispensed in a physician's office or by a facility provider;
31. For prescription drugs utilized to promote hair growth;
32. For prescription drugs utilized for cosmetic purposes;
33. For injectable medications that cannot be self-administered;
34. For coverage through coordination of benefits;
35. Which are received through the designated and/or non-participating mail service pharmacy for mail service dispensing and submitted for reimbursement under retail dispensing benefits;
36. Which are received through a retail pharmacy for retail dispensing and submitted for reimbursement under mail service dispensing benefits;
37. For prescription drugs utilized in connection with non-covered medical services;
38. For allergy serums, desensitization serums, venom;
39. For prescription drugs utilized to treat infertility;
40. For prescription drugs in connection with sexual dysfunction. This exclusion applies even if such drugs are medically necessary to treat an illness or medical condition unrelated to sexual dysfunction so long as there are other drugs which can be used to treat the non-sexual dysfunction condition besides the sexual dysfunction drug;
41. For prescription vitamins (other than prenatal);
42. For prescription drugs utilized for weight loss purposes;
43. For smoking cessation products;
44. For prescription drugs that require prior authorization if prior authorization is not obtained before dispensing the prescription drugs;
45. For quantities that exceed the limits/levels established by Capital;
46. Unless otherwise set forth in the group contract, drugs that do not legally require a prescription as determined by Capital;
47. For any other prescription drugs, service or treatment, except as provided in the Certificate of Coverage.