

Prescription Drug Program

\$0 Deductible ■ \$10/30/55 Retail Copays
50% Injectables Coinsurance*

SMITHSONIAN INSTITUTION

The Four Tier Prescription Drug Program

This program is based on the CareFirst BlueCross BlueShield (CareFirst) or CareFirst BlueChoice, Inc. (CareFirst BlueChoice) preferred drug list, which is made up of all generic prescription drugs (Tier 1) and preferred brand name prescription drugs (Tier 2). Your participating physician has a complete copy of the CareFirst or CareFirst BlueChoice preferred drug list. The preferred drug list changes frequently in response to Food and Drug Administration (FDA) requirements. The list is also adjusted when a generic drug is introduced for a brand name drug. When that happens, the generic drug will be added to the Tier 1 list and the brand name drug will move from Tier 2 to Tier 3.

How Do I Use My Benefit?

Talk to your doctor when you are prescribed medications to see if you are using drugs that are on the preferred drug list – these are also known as Tier 1 or Tier 2 drugs. You will save the most money if you can take those medications. You can get your prescription filled by using the retail or mail order programs. If you have questions about your coverage, call CVS/Caremark at (800) 241-3371.

Retail Program

The retail program provides up to a 34-day supply of medication. Simply present your prescription drug identification card at a participating pharmacy nationwide and pay the appropriate copayment for your medication.

Mail Order Program

The mail service program is a convenient way for you to order medications. Your prescription is reviewed and dispensed by registered pharmacists and mailed directly to your home. Call CVS/Caremark at (800) 241-3371 for more information.

Maintenance Drugs

Up to a 90-day supply of maintenance drugs are available through mail order or retail pharmacy at twice the appropriate copayment for your medications. Maintenance medication is a prescription drug anticipated to be required for 6 months or more to treat a chronic condition.

* *Injectables = Self-Administered Injectables.*



Access www.carefirst.com/rx for more information and for the most up-to-date preferred drug list.

Prescription Drug Program

Summary of Benefits

Plan Feature	Amount	Description
Deductible	None	Your benefit does not have a deductible.
Family Deductible Maximum	None	Your benefit does not have a family deductible maximum.
Generic Drugs (Tier 1) (up to a 34-day supply)	\$10	All generic drugs are covered at this copay level.
Preferred Brand Name Drugs (Tier 2) (up to a 34-day supply)	\$30	All preferred brand name drugs are covered at this copay level.
Non-Preferred Brand Name Drugs (Tier 3) (up to a 34-day supply)	\$55	All non-preferred brand name drugs are covered at this copay level. These drugs are not on the preferred drug list. Check the online preferred drug list to see if there is an alternative drug available. Discuss using alternatives with your physician or pharmacist.
Self-Administered Injectables (excluding insulin) (Tier 4) (up to a 34-day supply)	50% coinsurance up to a maximum payment of \$75	All Self-Administered Injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Copays (up to a 90-day supply)	generic: \$20 preferred: \$60 non-preferred: \$110 Self-Administered Injectables: 50% coinsurance, up to a maximum payment of \$150	Maintenance drugs of up to a 90-day supply are available for twice the copay through the Rx Delivered or retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of \$150.
Restricted Generic Substitution	Yes	If you choose a non-preferred brand name drug (Tier 3) instead of its generic equivalent, you will pay the highest copay plus, the difference in cost between the non-preferred brand name drug and the generic. If a generic version is not available, you will only pay the copay. Also, if your prescription is written for a brand name drug and DAW (dispense as written) is noted on the prescription, you will only pay the copay.
Prior Authorization	Yes	Some prescription drugs require Prior Authorization. Prior Authorization is a tool used to ensure that you will achieve the maximum clinical benefit from the use of specific targeted drugs. Your physician or pharmacist must call (800) 294-5979 to begin the prior authorization process. For the most up-to-date prior authorization list, visit the prescription drug web site at www.carefirst.com/rx .

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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. 1/04) • DC/CF/RX3 (R. 1/04)

Did You Know?

- If the cost of your medication is less than your copayment, you pay the cost of the medication.
- A generic drug is a prescription drug that by law must have the equivalent chemical composition as a specific brand name prescription drug.
- You can use your prescription drug card at more than 59,000 participating pharmacies nationwide.
- Frequently asked questions about your prescription benefits are available at www.carefirst.com/rx.



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