


Pharmacy Program Summary of Benefits

Formulary 3 ■ 5-Tier ■ Integrated Deductible ■ \$10/25/45 ■ Specialty 50%/50%

Plan Feature	Amount You Pay	Description
Deductible	See medical summary of benefits for annual deductible amount	If you meet your deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any deductible are noted below.
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 (not subject to deductible)	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 (not subject to deductible)	Diabetic supplies include needles, syringes, lancets, test strips and alcohol swabs.
Insulin (up to a 34-day supply)	Preferred Brand: \$0 (not subject to deductible) Non-preferred Brand: \$30 (not subject to deductible)	Preferred insulin is covered at \$0 copay and non-preferred insulin is covered at \$30 copay for a one-month supply.
Select Generic Drugs (up to a 34-day supply)	\$0 (not subject to deductible)	See complete list of select generic drugs available for no cost at carefirst.com/rx .
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)	\$25	All preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	\$45	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: \$50 Non-preferred Brand: \$90 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.	
 <p>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.</p>		

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Benefit designs are subject to and may be impacted by certain state regulations.

Policy Form Numbers: DC/CFBC/RX3 (R. 1/18) • DC/CF/RX3 (R. 1/18)



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Pharmacy Program Summary of Benefits

If you have questions about your Pharmacy plan, please call CareFirst Pharmacy Services toll-free at 800-241-3371 between 8 a.m. and 6 p.m. ET, Monday–Friday.

Filling prescriptions

Where can I find a pharmacy?

With access to 66,000 pharmacies across the country, you can visit carefirst.com/findadoc and use our *Find a Pharmacy* tool to locate a convenient participating pharmacy. Be sure to take your prescription and member ID card with you when filling prescriptions.

Mail service pharmacy

Mail order is a convenient way to fill your prescriptions, especially for refilling drugs taken frequently.

You can register three ways:

- **Online:** Log in to *My Account* at carefirst.com/myaccount
- **Phone:** Call 800-241-3371
- **Mail:** Complete the Mail Service Pharmacy Order Form at carefirst.com/drugforms

Once you register, you'll be able to:

- Refill prescriptions online, by phone or by email
- Choose your delivery location
- Consult with pharmacists by phone 24/7
- Schedule automatic refills
- Receive email notification of order status
- Choose from multiple payment options

Ways to save

Here are some ways to help you save on your prescription drug costs:

- **Use generic drugs**—generic drugs can cost up to 80% less than their brand-name counterparts. Made with the same active ingredients as their brand-name counterparts, generics are also equivalent in dosage, safety, strength, quality, performance and intended use.
- **Use drugs on the Preferred Drug List**—the Preferred Drug List identifies generic and preferred brand drugs that may save you money.
- **Use the Drug Pricing Tool**—this tool allows you to compare the cost of a drug purchased at a pharmacy versus purchasing the same drug through mail order, as well as view generic drugs available at a lower cost.
- **Use mail order**—by using our Mail Service Pharmacy you get the added convenience of having your prescriptions delivered right to your home. Plus, if you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail order, reducing your out-of-pocket costs.



Prescription guidelines

Some medications are only intended to be used in limited quantities; others require that your doctor obtain prior authorization through CareFirst before they can be filled. These drug guidelines are indicated on the formulary found at carefirst.com/rx.

- Quantity limits are placed on selected drugs for safety, quality or utilization reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. If your doctor decides that a different quantity of medication is right for you, your doctor can request prior authorization for coverage.
- Prior authorization is required before you fill prescriptions for certain drugs. Your doctor must obtain prior authorization before they can be filled. Without prior authorization approval, your drugs may not be covered.
- Step therapy ensures you receive a lower-cost drug option as the first step in treating certain health conditions. When similar drugs are available, step therapy guides your doctor to prescribe the lower-cost option first. You may then move up the cost levels until you find the drug that works best for you. Higher-step drugs may require prior authorization by your doctor before they can be covered.