


# Low Option Plan Pharmacy Program Summary of Benefits

Formulary 2 ■ 5-Tier ■ Minimum Value ■ \$500 Deductible ■ \$15/35/60 ■ Specialty 50%/50%

Plan Feature	Amount You Pay	Description
<b>Individual Deductible</b>	\$500	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.
<b>Family Deductible</b>	\$1,000	If your family has met the deductible, all members will pay the copays associated with the drugs prescribed. No one family member may contribute more than the individual deductible amount to the family deductible.
<b>Out-of-Pocket Maximum</b>	Individual: \$6,350 Family: \$12,700	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.
<b>Preventive Drugs</b> (up to a 30-day supply)	\$0 (not subject to deductible)	A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*
<b>Generic Drugs (Tier 1)</b> (up to a 30-day supply)	\$15	Generic drugs are covered at this copay level.
<b>Preferred Brand Drugs (Tier 2)</b> (up to a 30-day supply)	\$35	All preferred brand drugs are covered at this copay level.
<b>Non-preferred Brand Drugs (Tier 3)</b> (up to a 30-day supply)	\$60	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
<b>Preferred Specialty Drugs (Tier 4)</b> (up to a 30-day supply)	50% up to a \$150 maximum	You pay 50% coinsurance up to a maximum of \$150 for all preferred specialty drugs. <b>Must be filled through Exclusive Specialty Pharmacy Network.</b>
<b>Non-preferred Specialty Drugs (Tier 5)</b> (up to a 30-day supply)	50% up to a \$150 maximum	You pay 50% coinsurance up to a maximum of \$150 for all non-preferred specialty drugs. <b>Must be filled through Exclusive Specialty Pharmacy Network.</b>
<b>Maintenance Drugs</b> (up to a 90-day supply)	Generic: \$30 Preferred Brand: \$70 Non-preferred Brand: \$120 Preferred Specialty: 50% up to a \$300 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 twice the copay through Maintenance Choice at a CVS retail pharmacy or through Mail Service Pharmacy. Maintenance preferred and non-preferred specialty drugs up to a 90-day supply <b>must be filled through Exclusive Specialty Pharmacy Network</b> and you pay 50% coinsurance up to a maximum copay.
<b>Refill Limit</b>	One initial fill plus one refill for long term medications at a retail pharmacy	Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through Mail Service or at a CVS retail pharmacy.
<b>Restricted Generic Substitution</b>		If a provider 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.



Visit [carefirst.com/aacps](http://carefirst.com/aacps) 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.

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

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESC DRUG (R. 1/18) • MD/CF/RX (R. 1/18)

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