MARYMOUNT UNIVERSITY

Pharmacy Program

Integrated Deductible

See Annual Deductible on Medical Summary of Benefits

Summary of Benefits

Plan Feature	Amount	Description
Deductible	See medical summary of benefit for annual deductible amount	If you meet your combined medical and drug deductible, you will pay a different copay or coinsurance depending on the drug tier. Drugs not subject to any medical or drug deductible are noted below.
Out-of-Pocket Maximum	See medical summary of benefit for annual out-of-pocket amount	If you reach your out-of-pocket maximum, 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 (Affordable Care Act) (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 (ACA)* (examples: Folic Acid, Fluoride, and FDA approved contraceptives for women).
Oral Chemotherapy Drugs Diabetic Supplies (up to a 34-day supply)	$0 (not subject to deductible except for HSA plans)	Diabetic supplies include needles, lancets, test strips and alcohol swabs.
Generic Drugs (Tier 1) (up to a 34-day supply)	20% coinsurance minimum $10/ maximum $20	Generic drugs are covered at this copay level.
Preferred Brand Drugs (Tier 2) (up to a 34-day supply)	20% coinsurance minimum $25/ maximum $50	Preferred brand drugs are covered at this copay level.
Non-preferred Brand Drugs (Tier 3) (up to a 34-day supply)	20% coinsurance minimum $40/ maximum $80	All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.
Self-administered Injectable (excluding insulin) **(Tier 4)** (up to a 34-day supply)	50% Coinsurance up to a maximum of $100	All self-administered injectable drugs (excluding insulin) are covered at this payment level. Insulin is covered at appropriate copay level.
Maintenance Drugs (up to a 90-day supply)	Generic: 20% coinsurance $20 minimum/ $40 maximum Pref. Brand: 20% coinsurance $50 minimum/ $100 maximum Non-Pref. Brand: 20%coinsurance $80 minimum/ $160 maximum Self-Administered Injectables: 50% coinsurance, up to a maximum payment of $200	Maintenance drugs of up to a 90-day supply are available for twice the copay through Mail Service Pharmacy or a retail pharmacy. Injectables (excluding insulin) are covered at 50% coinsurance up to a maximum payment of $200.
Restricted Generic Substitution	Yes	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.

Access the drug search tool at* ***www.carefirst.com/rx* *for the most up-to-date Preferred Drug List, Preventive Drug List (ACA) and care management criteria. Care management criteria are applied so that some medications can be used in limited quantities; others require that your doctor obtain prior authorization from CareFirst before they can be filled.*

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

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