

Prescription Drug Program

The Prescription Drug Program covers FDA approved legend drugs. A prescription order from a physician is required for drugs to be eligible. Prescriptions may be refilled within one year of the original prescription date, when authorized by the physician and permitted by law. Any limitations that apply to an original prescription also apply to the refills.

Type of Program	Generic Drugs	Brand Name Drugs
Two Tier Copayment Plan:		
Retail: Up to a 90 day supply (1 retail copay applies per 30-day supply)	\$10	\$20
Mail Order: Up to 90 day supply (1 mail order copay applies for the 90-day supply)	\$20	\$40
Front End Deductible:		
Amount excluding copayments/co-insurance, which must be incurred per member in a benefit period before benefits are paid.		Not Applicable
Benefit Period Maximum		Unlimited
Plan includes:		
	Contraceptive drugs & devices obtained at a pharmacy Diabetic supplies Erectile Dysfunction drugs - limit of 4 per month Fertility Drugs	
Mandatory Generic:		Not Applicable
Specialty Pharmacy Program:		
Certain specialty pharmaceuticals must be obtained from one of the contracted pharmacies. Specialty pharmaceuticals are typically used to treat conditions such as: Adenosine Deaminase Deficiency, Allergic Asthma, Alpha-1 Proteinase Inhibitor Deficiency, Anemia, Crohn's Disease, Cytomegalovirus, Fabry's Disease, Gaucher Disease, Hypercalcemia of Malignancy, Neutropenia, Prostate Cancer, Psoriasis, Pulmonary Hypertension, Respiratory Syncytial Virus, and Rheumatoid Arthritis.	<ul style="list-style-type: none"> • Personal attention from a pharmacist-led team that provides condition-specific education, medication administration instruction and expert advice to help manage therapy. • Claims assistance to help determine individual coverage and file the necessary paperwork. • Easy access to pharmacists and other health experts 24 hours a day, seven days a week. • Single, reliable source for specialty medication needs. • Easy ordering with a dedicated toll-free number. • Confidential and convenient delivery to the location of choice (i.e., home, physician's office.) • Helpful follow-up care calls to remind when it's time to refill a prescription, check on therapy progress and answer any questions. • NOTE: Specialty pharmacies are considered "retail" pharmacies and are always subject to the retail copayment levels, even if the specialty pharmaceutical is obtained through the mail. 	
Exclusions:		
	Anti-Obesity Drugs Over The Counter Vitamins & Minerals Growth Hormones (unless prior authorized) Drugs for Cosmetic Purposes Immunization Agents and Allergy Serum	

Children are covered to the end of the calendar year in which they turn age 19. Full-time students are covered until the end of the calendar year in which they reach age 25 or until the end of the month during which their full-time student status ends. Handicapped dependents are covered beyond the child removal age, if the handicap occurred prior to the child removal age. Under certain conditions, coverage may be extended for qualified dependents up to age 30.

For more information about your prescription drug plan, please refer to our website at www.horizon-bcbsnj.com under Member Information. Should you have any additional questions, please feel free to contact Member Services at the phone number listed on

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Three Penn Plaza East, Newark, New Jersey 07105