

Drug Benefit Highlights

Equisoft Inc - PPO High Plan

Covered Services

Benefits per Contract Year

Deductible
Out-of-Pocket Maximum
Formulary

Retail Pharmacy

Tier 1 Low-Cost Generic Drugs
Tier 2 Generic Drugs
Tier 3 Preferred Brand Drugs
Tier 4 Non-Preferred Drugs
Tier 5 Self-Administered Specialty Drugs
Dispensing Limits ¹

Mail Order Pharmacy Available for maintenance drugs

Tier 1 Low-Cost Generic Drugs
Tier 2 Generic Drugs
Tier 3 Preferred Brand Drugs
Tier 4 Non-Preferred Drugs
Tier 5 Self-Administered Specialty Drugs
Dispensing Limits

Drug Coverage

ACA Preventive Drugs ²
Compound Medications
Contraceptives
Diabetic Supplies (i.e., test strips)
Glucometers (no copayment/coinsurance required at participating pharmacies)
Insulin
Insulin Needles and Syringes
Lancets (no copayment/coinsurance required at participating pharmacies)
Prescribed Tobacco Cessation Drugs (RX and OTC)
Allergy Serum
Blood, Blood Plasma
Drugs used for Cosmetic Purposes
Injectable Fertility Drugs
Investigational/Experimental Drugs

Your Costs (You pay)

In-Network

\$0/\$0
Combined with Medical
Select

Out-of-Network

\$0/\$0
Combined with Medical

In-Network

\$5
\$20
\$60
\$60
50% up to \$500
30 day supply max

Out-of-Network

30% Reimbursement
30% Reimbursement
30% Reimbursement
30% Reimbursement
Not covered
30 day supply max

In-Network

\$10
\$40
\$120
\$120
Not covered
90 day supply max

Out-of-Network

Not covered

In-Network

Covered
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Out-of-Network

Covered
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Non-Federal Legend Drugs	Not covered	Not covered
Over-The-Counter Drugs (Non-Prescription)	Not covered	Not covered
Weight Control Drugs	Not covered	Not covered

- 1 Up to a 90-day supply of drugs to treat chronic conditions available at designated pharmacies or mail for same cost share.
- 2 Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventative services.

This summary represents only a partial listing of benefits and exclusions of the Prescription Drug Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by pharmacy policy. As a result, this program may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.ibxtpa.com or call 1-844-864-4352 (TTY: 711).

Benefits may be changed by Independence Administrators to comply with applicable federal/state laws and regulations.

Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order are not covered. Devices or supplies except those specifically listed under covered drugs are not covered.

All covered self-administered specialty medications will be provided through the convenient Specialty Pharmacy Program for the appropriate cost sharing indicated above. Benefits are available for up to a thirty (30) days supply.

The pharmacy network includes more than 65,000 retail pharmacies. You can locate a participating pharmacy near you on www.ibxtpa.com by selecting the Find a Participating Pharmacy feature.

Benefits underwritten or administered by Independence Administrators, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. www.ibxtpa.com

Discrimination is Against the Law

Independence Administrators complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Administrators does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Independence Administrators:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that Independence Administrators has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

You can file a grievance in the following ways:

- In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103
- By phone: 1- 844-864-4352 (TTY: 711)
- By fax: 215-761-0920
- By email: IACivilRightsCoordinator@ibxtpa.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at www.ibxtpa.com.

Language Access Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on your ID card (TTY: 711).

Spanish: ATENCIÓN: Si usted habla inglés, tiene a su disposición servicios de asistencia de idiomas sin costo. Llame al número que aparece en su tarjeta de identificación de socio (TTY: 711).

Chinese: 请注意：如果您说[中文]，则可以免费使用语言协助服务。请拨打您身份证上的号码（TTY：711）。

Hmong: LUS CEEB TOOM: Yog tias koj hais LUS HMOOB, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj. Hu rau tus nab npawb xov tooj nyob ntawm koj daim npav ID (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói [người việt nam], bạn sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí. Gọi đến số trên thẻ ID của bạn (TTY: 711).

Somali: FIIRO GAAR AH: Haddii aad ku hadashid luuqada Soomaaliga, adeegyada caawinta luuqada, oobilaash ah, ayaa lagu helayaa. Soo wac lambarka ku qoran kaarkaaga Aqoonsiga (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги переводчика. Позвоните по номеру на ID-карте (TTY: 711).

Arabic: انتبه: إذا كنت تتحدث اللغة العربية، تم توفير خدمات المساعدة اللغوية مجانًا، اتصل بالرقم الموجود على بطاقة الهوية الخاصة بك (TTY: 711).

French : ATTENTION : Si vous parlez le français, des services d'assistance linguistique gratuits, vous sont proposés. Appelez le numéro sur votre carte d'identité (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Sprachassistent zur Verfügung. Rufen Sie die Nummer auf Ihrem Ausweis an (TTY: 711).

Amharic: ትኩረት: [አማርኛ] የሚናገሩ ከሆነ ከክፍያ ነፃ የሆነ የቋንቋ አገልግሎቶች በነጻ ያገኛሉ። ሁሉም ቁጥሮች ID ካርዶች (TTY: 711) ላይ ይገኛሉ።

Korean: 주의: [한국어]를 사용하는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. ID 카드에 적힌 번호로 전화해주십시오. (TTY:711).

Lao: ສິ່ງທີ່ຄວນຈື່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າ. ໂທຫາເບີໂທລະສັບທີ່ຢູ່ເທິງບັດ ID ຂອງທ່ານ (TTY: 711).

Tagalog: PANSININ: Kung nagsasalita ka ng Tagalog, libre na available sa iyo ang mga serbisyo sa tulong sa wika. Tumawag sa numero sa iyong ID card (TTY: 711).

Navajo: T'ÁÁ HÓZHÓ'ÓGO: Yíí t'íish Diné bizaad bíhíhózhó'ógi diné d'íí bizaad daaztsáni dineé t'íish t'áá hwó ají t'éego. Hózhó'ógi diníítiin bee ID káálkáás altsééji (TTY: 711).

Khmer: ប្រុងប្រយ័ត្ន៖ ប្រសិនបើអ្នកនិយាយភាសា [ខ្មែរ] មានផ្តល់សេវាកម្មជំនួយភាសាដល់អ្នកគ្រប់គ្រាន់ឥតគិតថ្លៃជូនអ្នក។ ហៅទូរសព្ទទៅលេខនៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

Italian: ATTENZIONE: Per coloro che parlano italiano, sono disponibili i servizi di assistenza linguistica gratuiti. Chiamare al numero indicato sulla carta ID (TTY: 711).

Guajarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. તમારા ID કાર્ડ પર નંબર (TTY: 711) પર કોલ કરો.

Polish: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług pomocy językowej. Zadzwoń pod numer znajdujący się na karcie (telefon tekstowy: 711).

Creole: ATANSYON: Si ou pale kreyòl, sèvis asistans lang yo gratis, e yo disponib pou ou. Rele nan 1-888-356-7899 (TTY: 711). Rele nimewo ki sou kat idantite ou an (TTY: 711).

Portuguese: ATENÇÃO: Se você fala português, os serviços de assistência linguística, gratuitos, estão disponíveis para você. Ligue para o número em seu cartão de identificação (TTY: 711).

Japanese: 注記: [日本語] 話者向けの無料の言語支援サービスを利用できます。IDカードの番号に電話してください (TTY: 711)。

Farsi: توجه: اگر زبان شما فارسی است، خدمات کمک زبانی، به صورت رایگان در دسترس شما است. با شماره روی کارت شناساییتان تماس بگیرید. (TTY: 711).

Urdu: متوجہ ہوں: اگر آپ اردو بولتے ہیں، تو زبان کی معاونت کی خدمات، آپ کے لیے مفت دستیاب ہیں۔ اپنے ID کارڈ پر موجود نمبر (TTY: 711) پر کال کریں۔

Hindi: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। अपने ID कार्ड पर दिए गए नंबर (TTY: 711) पर कॉल करें।

Telugu: ధ్యాన పెట్టండి: మీరు తెలుగు మాట్లాడగలిగితే, భాషా సహాయక సేవలు మీకు ఉచితంగా లభిస్తాయి. మీ ఐడి కార్డుపై ఉండే నెంబర్ కు కాల్ చేయండి (TTY: 711).

Swahili: KUMBUKA: Iwapo unazungumza Kiswahili, utapata huduma za usaidizi wa lugha bila malipo. Piga simu kwa nambari iliyo kwenye kitambulisho chako (TTY: 711).

Ojibwe: AMBE: Giishipin wii'wiidookaagooyan ji-noondam Ojibwemowin, ganoozhishinaam Gawain gidaw-diba'anziin. Inganoonaa asigibii'igann bimibizoo-mazina'igaans. (TTY: 711)