

## MEDICARE ELIGIBLE RETIREE HIGH OPTION WITH PRESCRIPTION DRUG COVERAGE

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### DEFINITIONS

**Brand Medication** means a Prescription Medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer or a medication which is identified as a Brand Medication by AvMed. AvMed delegates the determination of Generic Medication/Brand Medication status to our Pharmacy Benefits Manager.

**Generic Medication** means a medication that has the same active ingredient as a Brand Medication or is identified as a Generic Medication by AvMed's Pharmacy Benefits Manager.

**Injectable Medication** is a medication that has been approved by the FDA for administration by one or more of the following routes: intramuscular injection, intravenous injection, intravenous infusion, subcutaneous injection, intrathecal injection, intra-articular injection, intracavernous injection or intraocular injection. Pre-Authorization is required for all Injectable Medications.

**Participating Pharmacy** means a pharmacy (including retail, mail order or specialty pharmacy) that has entered into an agreement with AvMed to provide Prescription Medications to AvMed Members and has been designated by AvMed as a Participating Pharmacy.

**Preferred Medication List** means the Preferred Medications as determined by AvMed's Pharmacy and Therapeutics Committee based on clinical efficacy, relative safety and cost, in comparison to similar medications within a therapeutic class. Therapeutic classes not regulated by a three-tier schedule are considered open. As new medications in a regulated therapeutic class become available, they may be considered excluded until they have been reviewed by AvMed's Pharmacy and Therapeutics Committee.

**Prescription Medication** means a medication which has been approved by the FDA, and that can only be dispensed pursuant to a prescription according to state and federal law.

**Prior Authorization** means the process of obtaining approval for certain Prescription Medications (prior to dispensing) according to AvMed's guidelines. The approval must be obtained from AvMed by the prescribing Physician. The list of Prescription Medications requiring Prior Authorization is subject to periodic review and modification by AvMed. A copy of the list of medications requiring authorization and the applicable criteria are available from Member Services.

**Self-Administered Injectable Medication** is a medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection, or for which there are instructions to the patient for self-injection in the manufacturer's prescribing information (package insert). Pre-Authorization is required for most Self-Administered Injectable Medications. Please note, some Self-Administered Injectable Medications such as insulin do not require prior authorization and are covered under your Retail Prescription Coverage and through AvMed's Mail Order Pharmacy.

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### HOW DOES RETAIL PRESCRIPTION COVERAGE WORK?

To obtain your Prescription Medication, take your written prescription or have your physician call in your prescription to an AvMed Participating Pharmacy. Your physician should submit prescriptions for Self-Administered Injectable Medications to AvMed's specialty pharmacy. Present your prescription along with your AvMed identification card. Pay the following Coinsurance, once you have met your \$200 calendar year deductible.

Tier 1	Preferred Generic Medications:	20% after deductible
Tier 2	Preferred Brand Medications:	20% after deductible
Tier 3	Non-Preferred Brand or Generic Medications	20% after deductible

### HOW DOES SPECIALTY PRESCRIPTION COVERAGE WORK?

Your Specialty Medication coverage extends to many injectable and high-costs oral medications approved by the FDA. These medications must be prescribed by a physician and dispensed by a participating specialty pharmacy. Specialty Medications are limited to a 30-day supply. To obtain your Specialty Prescription Medication, have your physician call or fax in your prescription to AvMed's Participating Specialty Pharmacy. You should also contact the pharmacy to provide pertinent personal information, AvMed identification number, and to schedule delivery of your medication. Pay the following Copayment:

\$100 copayment per prescription for Specialty Drugs

### ORDERING YOUR PRESCRIPTIONS THROUGH THE MAIL

Mail service is a benefit option for maintenance medications needed for chronic or long-term health conditions. Ask your physician for an additional prescription for up to a 90-day supply of your medication to be ordered through mail service. Up to 3 refills are allowed per prescription. Pay the following Copayment. Please note, your deductible does not apply to medications filled through mail-order.

Tier 1	Preferred Generic Medication:	\$ 10.00
Tier 2	Preferred Brand Medications:	\$ 20.00
Tier 3	Non-Preferred Brand or Generic Medications:	\$ 30.00

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### WHAT IS COVERED?

- Your Prescription Medication coverage includes outpatient medications (including oral contraceptives) which require a prescription and are prescribed by your AvMed physician in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.
- Your retail Prescription Medication coverage includes up to a 30-day supply of a medication for the listed Coinsurance. The pharmacy will dispense the quantity sufficient to treat an acute phase of illness, or within the pharmaceutical manufacturer's recommended dosages, but not more than a 30-day supply per Coinsurance. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used. Prior authorization may be required for certain covered medications.
- Your mail order Prescription Medication coverage includes up to a 90-day supply of a routine maintenance medication for the listed Copayment. If the amount of medication is less than a 90-day supply, you will still be charged the listed mail order Copayment.
- Your Self-Administered Injectable Medication coverage extends to many Injectable medications approved by the FDA. These medications must be prescribed by a physician and dispensed by a retail or specialty pharmacy. The cost-sharing levels for Self-Administered Injectable Medications apply regardless of provider, and are listed in the Preferred Medication List. This means that you are responsible for the appropriate cost-sharing whether you receive your Self-Administered Injectable Medication from the pharmacy, at the doctor's office, or during home health visits. Self-Administered Injectable Medications, when filled by AvMed's specialty pharmacy, are covered according to your Specialty Pharmacy benefits limited to a 30-day supply.
- Your Prescription Medication coverage includes coverage for Depo-Provera, which is an injectable contraceptive. There is a Copayment of \$30 for each injection. If there is an office visit associated with the injection, there will be an additional Copayment required for the office visit.
- Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid clinical studies without published conflicting data. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a Member to experience an adverse effect at higher doses.
- If you have Questions call your AvMed Member Engagement Center at: 1-800-682-8633.

## LIMITATIONS & EXCLUSIONS

- Drugs or medications which do not require a prescription (i.e. over-the-counter medications) or when a non-prescription alternative is available
- Medical supplies, including therapeutic devices, dressings, appliances, and support garments
- Replacement Prescription Medication Products resulting from a lost, stolen, expired, broken, or destroyed Prescription Order or Refill
- Medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals except prenatal vitamins
- Nutritional supplements
- Blood, biologicals and immunizations as these are covered under your Medical Benefit
- Injectable medication products that are not usually self-administered, as these are covered under your Medical benefit
- Investigational and experimental medications (except as required by Federal or Florida law)
- Cosmetic products, including hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss

*Filling a prescription at a pharmacy is not a claim for benefits and is not subject to the Claims and Appeals procedures. However, any medications that require Prior Authorization will be treated as a claim for benefits subject to the Claims and Appeals Procedures, as outlined in your Summary Plan Description.*