

PRESCRIPTION DRUG PROGRAM

If you enroll in the **POS** option or **Traditional Indemnity** option, you are automatically **covered** under the **Prescription Drug Program**.

If you select an **HMO** for your medical option, you do not receive benefits from the **Prescription Drug Program**. Instead, you will receive the prescription drug benefits available through your **HMO**. Contact your **HMO** for specific information about prescription drug benefits.

How the Prescription Drug Program Works

The **Prescription Drug Program** offers you the following three ways to fill prescriptions:

- At your local **participating pharmacy**,
- At your local non-participating pharmacy, or
- Through Aetna Rx Home DeliverySM.

Use a local pharmacy for short-term prescriptions of up to 30 days (or a 90-day supply of insulin). For a prescription drug you use on an ongoing basis, Aetna Rx Home Delivery provides prescriptions up to a 90-day supply each time. *You must use Aetna Rx Home Delivery for maintenance drugs after 3 consecutive fills for the same dosage at the retail level.* Otherwise, the prescription drug will not be covered.

Your cost varies depending on how you get your prescriptions filled.

Participating Pharmacy

When you go to a **participating pharmacy**, present the pharmacist your medical ID card. The pharmacist will charge you the appropriate **copayment** for your prescription. That is the only amount you will pay.

To find a **participating pharmacy** near you:

- Visit Aetna Navigator at www.AetnaNavigator.com (in DocFind under Select a Plan, select General Card Program),
- Call **Aetna** (see “Important Contacts”), or
- Ask your local pharmacy if it is a **participating pharmacy**.

Non-Participating Pharmacy

When you use a non-participating retail pharmacy to fill a prescription, you pay the entire cost at the time of purchase. Then you file a claim with **Aetna** for reimbursement. After you meet the **Prescription Drug Program's** annual **deductible**, you will be reimbursed 80% of the **allowable amount** for **covered** medications. The **deductible** is \$50 for yourself and each of your **covered dependents**, up to a maximum of \$150 for your family. This **deductible** is in addition to any **deductibles** you may be required to pay under the **POS** or **Traditional Indemnity** option and the **Mental Health and Chemical Dependency Program**. Non-participating pharmacy benefits do not apply to mail order prescriptions filled by a company other than **Aetna**.

Call **Aetna** (see "Important Contacts") or go online through the Avaya Healthy Decisions Web site at www.AvayaHealthyDecisions.com (click on "Reference Materials & Forms") to obtain claim forms.

Filling Prescriptions by Mail, Phone or Fax

Aetna Rx Home Delivery is a great way to fill prescriptions if you regularly take the same medication on an ongoing basis. Up to a 90-day supply is available. To fill a prescription by mail, simply get an order form from **Aetna** or print a form from the Avaya Healthy Decisions Web site at www.AvayaHealthyDecisions.com (look for the claim form under "Reference Materials & Forms"), follow the instructions and return the completed form to the address indicated along with the appropriate **copayment** and the written prescription. Generally, your prescription will be delivered to you, postage-paid, within 14 days from when your order is received.

Alternatively, your doctor can call (1-800-823-7252) or fax (1-866-681-5166) a new prescription directly to **Aetna**.

Refills are even easier. You can order a refill by mail, call the phone number on your prescription label or visit www.aetna.com/aetnarxhomedelivery. You can use your credit card to pay.

Prescriptions can be filled with senior-friendly, child-resistant bottles. Each new prescription will include an informative insert about the medication.

Covered Prescription Drug Items

Generally, the **Prescription Drug Program** covers:

- Drugs provided by a pharmacist and prescribed by a **physician** (see "Exclusions" for exceptions)

- Prescription birth control medications or contraceptive devices (including oral contraceptives or injections)
- Insulin
- Disposable supplies ordered by a **physician** for a diabetic patient including:
 - Insulin needles and syringes
 - Blood and urine testing supplies
- Prescription (not over-the-counter) smoking deterrents (including nicotine products such as gums and patches)
- Yohimbine

Diabetic testing equipment may be **covered** under the durable medical equipment benefit of your **POS** or **Traditional Indemnity** option.

Drugs Requiring Precertification

The Prescription Drug Utilization Management Program requires **precertification** for certain medications before coverage will be provided under the Medical Plan. **Aetna** must approve the **precertification**. To request approval, your doctor must call or fax a form to **Aetna** with the relevant information. **Aetna** will confirm that the drugs are being used for specific conditions, and will work with you, your pharmacist and your **physician** to secure the necessary confirmation. If you have any questions on this approval process, you or your doctor should call **Aetna** Member Services. If the request is approved, your doctor is notified and the coverage is provided. If the request is denied, you and your doctor will be notified.

The listing below includes the drugs that require approval from **Aetna** prior to being covered under the Medical Plan. Discuss **precertification** and the best medication for your care with your doctor.

Non-Sedating Antihistamines*

Allegra/Allegra-D
 Clarinex/Clarinex-D
 Fexofenadine
 Senprex-D
 Xyzal

Proton Pump Inhibitors**

Aciphex
 Nexium
 Omeprazole
 Prevacid
 Prilosec
 Protonix
 Zegerid

Antifungals

Diflucan***
 Fluconazole***
 Itraconazole
 Lamisil
 Noxafil
 Penlac Nail Laquer
 Sporonox
 Vfend

Migraine Medications

Amerge
 Axert
 Frova
 Imitrex
 Maxalt/Maxalt MLT
 Migranal
 Relpax
 Zomig/Zomig ZMT

<u>Acne Products</u>	<u>Growth Hormones</u>	<u>Weight Loss Products</u>	<u>Pain Medications</u>
Accutane	Genotropin	Bontril	Butorphanol NS
Avita	Humatrope	Didrex	Stadol NS
Isotretinoin	Norditropin	Diethylpropion	
Retin-A	Nutropin/Nutropin AQ	Fastin	
Tretinoin	Protropin	Ionamin	<u>Flu Medications</u>
Ziana	Saizen	Meridia	Relenza
	Serostim	Phendimetrazine	Tamiflu
	Tev-Tropin	Phentermine	
		Prelu-2	
		Tenuate	<u>COX II's</u>
		Xenical	Celebrex

* Requires a two-week trial of Claritin

** Requires a two-week trial of Prilosec over-the-counter for certain diagnoses

*** Excludes 150 mg strength

Drugs with Coverage Limitations

The **Prescription Drug Program** allows limited coverage for certain drugs. The following list of drugs or drug categories have coverage limitations.

- Butorphanol (quantity limit of 2 vials per 30-day supply)
- Male Erectile Dysfunctions (8 tablets/injections/units per 30-day supply)
- Migraine Medications: Amerge, Axert, Frova, Imitrex (tablets, nasal spray, injections, kits), Maxalt, Migranal, Relpax, Zomig (tablets, nasal spray) – quantity limits vary; determined by **Aetna**
- Relenza (limited to two treatments per year)
- Stadol NS (quantity limit of 2 vials per 30-day supply)
- Tamiflu (limited to two treatments per year)

Amount of Copayment/Coinsurance*

Retail Pharmacies	Home Delivery
<p>At participating pharmacies, you pay:</p> <ul style="list-style-type: none"> • \$10 for generic drugs • \$25 for brand name drugs • \$50 for insulin (90-day supply) <p>At non-participating pharmacies, you pay:</p> <ul style="list-style-type: none"> • 20% of the reasonable and customary cost of the prescription after you satisfy the annual deductible (\$50 per individual or \$150 per family) 	<p>You pay:</p> <ul style="list-style-type: none"> • \$20 for generic drugs • \$50 for brand name drugs
<p>* No copayment is required for chemotherapy drugs.</p>	

Out-of-Pocket Maximum

The **out-of-pocket maximum** only applies to **copayments** for prescription drugs filled through **participating pharmacies** and **Aetna Rx Home Delivery**. It does not apply to prescriptions filled at non-participating pharmacies.

The **out-of-pocket maximum** works like this. Once your **copayments** for prescriptions filled through **participating pharmacies** and **Aetna Rx Home Delivery** total \$1,000 per individual with a \$3,000 limit per family in a calendar year, you will not be required to pay any additional **copayments** for prescriptions filled through **participating pharmacies** or **Aetna Rx Home Delivery** for the rest of that calendar year.

Mandatory Generic Drug Provision

A mandatory generic provision applies to the **Prescription Drug Program**. In cases where you select a **brand name drug** when a generic equivalent is available, you will be required to pay the generic brand copayment *plus* the difference in cost between the **brand name drug** and the **generic drug**. This cost differential requirement is waived if the **physician** indicates that the **brand name drug** is medically necessary.

Mandatory Home Delivery

A mandatory home delivery provision applies to maintenance drugs. After a prescription for a maintenance drug is filled three consecutive times for the same dosage at a retail pharmacy, you must obtain the drug via **Aetna Rx Home Delivery** in order to receive coverage for the drug. See "Filling Prescriptions by Mail, Phone or Fax."

Aetna Specialty Pharmacy

Aetna Specialty Pharmacy works to support the unique needs of patients with chronic illnesses, who require specialty medications including injectables. These drugs often aren't available at retail pharmacies. They also often require special storage and handling, fast delivery, and expert support to monitor their use. **Aetna** Specialty Pharmacy offers specialty medications and accompanying support to manage more than 20 different disease states. You are supported by a health care team, including patient care coordinators, registered nurses and pharmacists, and insurance and claims specialists.

To learn more about specialty drugs, call **Aetna** Member Services at the toll-free number on your member ID card or visit Aetna's secure member Web site, Aetna Navigator™, at www.AetnaNavigator.com.

Additional Pharmacy Services

You are entitled to the following additional pharmacy services under the **Prescription Drug Program**:

- *Drug Utilization Review.* Prescriptions filled through the program become part of a computerized database that alerts the **participating pharmacy** or home delivery pharmacists to potential drug interactions each time you have a prescription filled.
- *Toll-Free Prescription Drug Customer Service.* **Aetna** maintains a special toll-free customer service number you can call with questions about the **Prescription Drug Program**, for help locating a **participating pharmacy**, or to get an order form for **Aetna** Rx Home Delivery or a claim form for a prescription filled at a non-participating pharmacy. To help locate a **participating pharmacy**, you may also search online using **Aetna** Navigator available at www.AetnaNavigator.com. See "Important Contacts."

Other special services available by calling **Aetna** (see "Important Contacts") include:

- **Emergency** pharmacist consultations, 24 hours a day, seven days a week
- Large print or Braille labels on medications filled through **Aetna** Rx Home Delivery, upon request

Special telephone numbers are also available for hearing impaired employees and for those overseas. See "Important Contacts."

Filing a Claim

You do not need to file a claim if you use a **participating pharmacy**. You will only need to complete a home delivery order form when you use **Aetna** Rx Home Delivery.

On a refill, it is even easier; you can visit www.aetna.com/aetnarxhomedelivery or call **Aetna** Rx Home Delivery with your credit card number.

If you use a non-participating pharmacy, you will need to pay the full cost for the prescription and file a claim for reimbursement.

For more information, see “Filling Prescriptions by Mail, Phone or Fax” and “Non-Participating Pharmacy.”

Claim Appeals

To appeal a decision for denied Preauthorization or Quantity Limited claims under the **Prescription Drug Program**, contact **Aetna** (see “Important Contacts”). Your concern will be investigated and you will be contacted. If you are not satisfied, you can appeal the decision. For more information, see “Claim Procedures.”