Prescription Medication Benefits

$15/25/35/50 COST-SHARING

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 that is identified as a Brand Medication by AvMed. AvMed delegates the determination of Generic Medication/Brand Medication status to our Pharmacy Benefits Manager.

Brand Additional Charge means the additional charge that must be paid if you or your physician choose a Brand Medication when a Generic Medication equivalent is available. The charge is the difference between the cost of the Brand Medication and the Generic Medication. This charge must be paid in addition to the applicable cost-sharing.

Dental-specific Medication is medication used for dental-specific purposes, including but not limited to fluoride medications and medications packaged and labeled for dental-specific purposes.

Formulary List means the listing of preferred and non-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. This multi-tiered list establishes different levels of cost-sharing for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by AvMed's Pharmacy and Therapeutics Committee.

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.

Maintenance Medication is a medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy means a pharmacy (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.

Prescription Medication means a medication that 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 prescribing physician must obtain approval from AvMed. The list of Prescription Medications requiring Prior Authorization is subject to periodic review and modification by AvMed. A copy of the list of Prescription Medications requiring Prior Authorization and the applicable criteria are available from Member Services or from the AvMed website.

Specialty Medications are high cost medications that are self-administered by Members. These medications may be limited in distribution to participating specialty pharmacies and Prior Authorization is often required, limited to 30-day supply.

HOW DOES YOUR RETAIL PRESCRIPTION COVERAGE WORK?

To obtain your Prescription Medication, take your prescription to, or have your physician call, an AvMed Participating Pharmacy. Your physician should submit prescriptions for Specialty Medications to AvMed's specialty pharmacy. Present your prescription along with your AvMed identification card. Pay the cost-sharing shown below (as well as the Brand Additional Charge if you or your physician choose a Brand Medication when a Generic Medication equivalent is available).

ORDERING YOUR PRESCRIPTIONS THROUGH THE MAIL

Mail service is a benefit option for Maintenance Medications needed for chronic or long-term health conditions. It is best to get an initial prescription filled at your retail pharmacy. Ask your physician for an additional prescription for a 90-day supply of your medication to be ordered through mail service. Up to 3 refills are allowed per prescription. Pay the cost-sharing shown below (as well as the Brand Additional Charge if you or your physician choose a Brand Medication when a Generic Medication equivalent is available).

Prescription Medication 30-Day Supply:

Tier 1	Preferred Generic Medications:	$ 15.00 Copayment
Tier 2	Preferred Brand Medications:	$ 25.00 Copayment
Tier 3	Non-Preferred Brand or Generic Medications:	$ 35.00 Copayment
Tier 4	Specialty Medications: limited to 30-day supply	$ 50.00 Copayment

Mail Order 90-Day Supply:

Tier 1	Preferred Generic Medications:	$ 30.00 Copayment
Tier 2	Preferred Brand Medications:	$ 75.00 Copayment
Tier 3	Non-Preferred Brand or Generic Medications:	$ 70.00 Copayment
Tier 4	Specialty Medications are not available through mail service	

Prescription Medication Benefits, continued

WHAT IS COVERED?

- Your Prescription Medication coverage includes outpatient medications (including contraceptives) that 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 Prescription Medication coverage may require Prior Authorization, including the Progressive Medication Program, for certain covered medications. The Progressive Medication Program encourages the use of therapeutically-equivalent lower-cost medications by requiring certain medications to be utilized to treat a medical condition prior to approving another medication for that condition. This includes the first-line use of preferred medications that are proven to be safe and effective for a given condition and can provide the same health benefit as more expensive Non-Preferred Medications at a lower cost.
- Your retail Prescription Medication coverage includes up to a 30-day supply of a medication for the listed cost-sharing. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used and subject to a maximum of 13 refills per year.
- Your retail Prescription Medication coverage includes up to a 90-day supply of a medication for the listed cost-sharing for each

  30-day supply. You may obtain up to a 90-day supply of medications used for chronic conditions including, but not limited to asthma, cardiovascular disease, and diabetes from the retail pharmacy for 2 times the applicable cost-sharing amount shown above. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been used and subject to a maximum of 13 refills per year. However, Prior Authorization may be required for covered medications. Your mail order Prescription Medication coverage includes up to a 60 - 90-day supply of a Maintenance Medication for the listed mail order cost-sharing. If the amount of medication is less than a 90-day supply, you will still be charged the listed mail order cost-sharing.
- Your Specialty Medication coverage extends to many injectable and high-cost oral medications approved by the FDA. These medications must be prescribed by a physician and dispensed by a participating specialty pharmacy. The cost-sharing levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate cost-sharing whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits.
  Specialty . Medications are limited to a 30-day supply.
- 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.
- When ordered by your Physician, and accompanied by a prescription, certain contraceptives are covered under Prescription Medication benefits at no cost. Please refer to the Formulary List on AvMed's website or call Member Engagement for more details.

EXCLUSIONS AND LIMITATIONS

- Medications which do not require a prescription (i.e. over-the-counter medications) or when a non-prescription alternative is available, unless otherwise indicated on AvMed's Formulary List
- Medications not included on AvMed's Formulary List
- 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
- Fertility medications
- Medications or devices for the diagnosis or treatment of sexual dysfunction
- Dental-specific Medications for dental purposes, including fluoride medications
- Prescription and non-prescription vitamins and minerals except prenatal vitamins
- Nutritional supplements
- Immunizations
- Allergy serums, medications administered by the Attending Physician to treat the acute phase of an illness and chemotherapy for cancer patients are covered in accordance with the Summary Plan Description and may be subject to Copayments or Coinsurance as outlined on the Schedule of Benefits
- Investigational and experimental medications (except as required by Federal or Florida law)
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss
- Compounded prescriptions, except pediatric preparations
- Medications and immunizations for non-business related travel, including transdermal scopolamine

QUESTIONS? Call your AvMed Member Engagement Center at: 1-800-68-AvMed (1-800-682-8633)

Any medicines that require Prior Authorization will be treated as a claim for benefits subject to the Claims and Appeals Procedures, as outlined in the Summary Plan Description.