

Prescription Drug Benefits

Plus-\$500 Deductible

DEFINITIONS

“**Brand**” medication means a Prescription Drug 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 determination of Generic/Brand 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 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 Non-Preferred Brand Co-payment and Deductible.

“**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.

“**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 Food and Drug Administration (FDA) for administration by one or more of the following routes: intramuscular injection, intravenous injection, intravenous infusion, subcutaneous injection, intrathecal injection, intrarticular injection, intracavernous injection or intraocular injection. Pre-Authorization is required for all Injectable Medications.

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

“**Preferred Medication List**” means the listing of 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 Co-payment 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.

“**Prescription Drug**” 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.

“**Pre-Authorization**” means the process of obtaining approval for certain Prescription Drugs (prior to dispensing) according to AvMed’s guidelines. The prescribing physician must obtain approval through AvMed’s Pre-Authorization process. The list of Prescription Drugs requiring Pre-Authorization is subject to periodic review and modification by AvMed. A copy of the list of medications requiring Pre-Authorization and the applicable criteria are available from Member Services or from the AvMed website.

“**Self-Administered Injectable Medication**” is a medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection or a medication 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.

HOW DOES YOUR RETAIL PRESCRIPTION COVERAGE WORK?

Present your prescription along with your AvMed Identification card. Pay the following Calendar Year Deductible and Co-payment (as well as the Brand Additional Charge if you or your physician choose a Brand product when a Generic equivalent is available).

Pharmacy Deductible (per Member): \$500.00 per Calendar Year

In-Network (Participating Pharmacy)

Tier 1	Preferred Generic Medications:	\$ 20.00 Co-payment
Tier 2	Preferred Brand Medications:	\$ 40.00 Co-payment after Deductible
Tier 3	Non-Preferred Brand or Generic Medications:	\$ 60.00 Co-payment after Deductible
Tier 4	Self-Administered Injectable Medications:	25% Co-insurance after Deductible

Out-of-Network

You are responsible for the applicable In-Network Co-payment or 25% of the cost of the Medication after the Deductible is met, whichever is greater.

Note: Your Prescription Co-payments do not apply toward the Calendar Year Deductible.

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 up to a 90-day supply of your medication to be ordered through mail service. Pay the following Co-payment (as well as the Brand Additional Charge if you or your physician chooses a Brand product when a Generic equivalent is available).

Tier 1	Preferred Generic Medications:	\$ 40.00 Co-payment
Tier 2	Preferred Brand Medications:	\$ 80.00 Co-payment after Deductible
Tier 3	Non-Preferred Brand or Generic Medications:	\$120.00 Co-payment after Deductible
Tier 4	Self-Administered Injectable Medications are not available through mail service	

Note: Your Prescription co-payments do not apply toward the Calendar Year Deductible.

Prescription Drug Benefits, continued

WHAT IS COVERED?

- Your Prescription Drug coverage includes outpatient medications (including oral 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 retail Prescription Drug coverage includes up to a 30-day supply of a medication for the listed Co-payment. Your prescription may be refilled via retail or mail order after 75% of your previous fill has been. You also have the opportunity to obtain a 90-day supply of maintenance medications used for chronic conditions including, but not limited to asthma, cardiovascular disease and diabetes, from the retail pharmacy for the applicable Co-payment per 30-day supply. However, Pre-Authorization may be required for covered medications.
- Your mail-order Prescription Drug coverage includes a 90-day supply of a routine maintenance medication for the listed Co-payment.
- 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 Co-insurance levels for Self-Administered Injectable Medications apply regardless of provider. This means that you are responsible for the appropriate Co-insurance whether you receive your Self-Administered Injectable Medication from the pharmacy, at the physician's office or during home health visits. Self-Administered Injectable 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.

QUESTIONS?

Call your AvMed Member Services Department at: 1-800-477-8768

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 specified in the Preferred Medication List
 - Medical supplies, including therapeutic devices, dressings, appliances and support garments
 - Replacement Prescription Drug products resulting from a lost, stolen, expired, broken or destroyed prescription order or refill
 - Diaphragms and other contraceptive devices/implants/injectables. Only oral contraceptives are covered.
 - Fertility drugs
 - 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
 - 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 Group Medical and Hospital Service Contract and may be subject to Co-payments or Co-insurance as outlined on the Schedule of Benefits
 - Investigational and experimental medications (except as required by Florida statute)
 - Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications
 - Nicotine suppressants and smoking cessation products and services
 - 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
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