

Transition Policy for New Enrollees of our Medicare Part D Prescription Drug Plan

We want to make sure that all new enrollees have a smooth and safe transition to their Medicare Part D prescription benefit. Upon enrollment, new enrollees receive benefit information including:

1. A list of medications on the formulary.
2. Plan requirements and coverage limits.
3. Information on the process for requesting a formulary exception.

This information provides details on formulary medication and coverage requirements.

Prior authorization or a formulary exception may be needed for medications that:

- Have other available options that are similarly effective, safe, and are less expensive.
- Have limited uses or dosing based upon scientific studies or FDA approval.
- May be prescribed for conditions that are not a covered Part D benefit.
- Drugs that are not on our formulary

If you are a new enrollee and currently taking a medication that requires a formulary exception or prior authorization, we realize that you may need time to work with your healthcare provider in considering formulary alternatives or requesting authorization for coverage. Working with your doctor or healthcare provider is your best way of getting the most value from your Medicare Part D prescription benefit. You'll avoid expensive prescription costs by considering available formulary options that have been proven to be equally effective and safe, but less expensive.

During your first 90 days of eligibility:

- For **new members**, you can receive a temporary supply, (up to 30-day supply) for the prescribed Part D medications during the first 90 days of eligibility, (unless the prescription is written by the prescriber for less than 30 days). After your first 30 day supply, we will not pay for these drugs even if you have been a member of our plan for less than 90 days.
- For enrollees in **long-term care** facilities, you can fill a temporary supply, (up to a 31-day supply) for the prescribed Part D medication during the first 90 days of eligibility, (unless the prescription is written by the prescriber for less than 31 days). Also, additional refills during your 90-day transition may be provided, so you can work with your healthcare provider to find formulary medication options or request a coverage exception.
- If you are an enrollee in a long-term care facility and you are past the first 90 days of eligibility with our plan and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

- If you receive coverage for a temporary medication fill, we will notify you if a formulary exception determination or prior authorization is needed for continued coverage of your medication.

If you are a **current member** and have a change in treatment setting due to a change in the level of care you require, or your drug is no longer covered for the upcoming benefit year, you can ask us to make a formulary exception.

Examples of level of care changes might include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from Hospice Status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens,

For these unplanned transitions, you can ask us to make a formulary exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in their level of care and are stabilized on drug regimens that if altered, are known to have risks. You can also ask us to make a formulary exception if your drug is not covered for the upcoming benefit year.

Additional information about the drugs we cover and the formulary exceptions and appeal process, is available on our website or by calling Customer Service at 1-800-541-8981, from November 15 through March 1 our telephone hours are 8 a.m. to 8 p.m. seven days a week. After March 1 our telephone hours are 8 a.m. to 8 p.m., Monday through Friday, and you may leave a message on Saturdays, Sundays and holidays. We will return your call on the next business day. (TTY/TDD users should call 711.)

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

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