

2009 Medica Part D Transition of Care Policy

What if my current prescription drugs are not on the formulary or are limited on the formulary?

New Members

As a new member in our plan in 2009, you may currently be taking drugs that are not on our formulary or are on our formulary but your ability to get them is limited. In instances like these, you need to talk with your doctor about appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request a formulary exception. If the exception is approved, you will be able to obtain the drug you are taking for a specified period of time. While you are talking with your doctor to determine your course of action, you may be eligible to receive an initial one month transition supply of the medication anytime during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or for situations where your ability to get your drugs is limited, we will cover up to a temporary one month supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first one month transition supply, we may not continue to pay for these drugs under the transition policy. You will be reminded with a written letter from Medica when you receive a medication under the transition supply policy. When you receive a transition supply notice, you should discuss with your doctor appropriate alternative therapies on our formulary and if there are none, you or your doctor can request a formulary exception.

If you are a resident of a long-term care facility at the time of your enrollment in the 2009 plan year, we will cover up to a temporary 31 day transition supply (unless you have a prescription written for fewer days). We will cover up to two additional refills during the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or your ability to get your medications is limited, but you are past the first 90 days of membership in our plan, we will cover up to a 31 day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Long Term Care Admissions

If you are admitted to a long-term care facility at anytime during your membership, we will cover up to a temporary 31 day transition supply (unless you have a prescription written for fewer days). We will cover up to two

additional refills during the first 90 days after you have been admitted to a long-term care facility as a member of our plan. If you need a drug that is not on our formulary or your ability to get your medications is limited, you are eligible for up to the same 31 day emergency supply as described above.

Continuing Members

As a continuing member in our plan from 2008 into 2009, you have received your Annual Notice of Change (ANOC) around Nov 1, 2008. You may notice that a formulary medication which you are currently taking is either not on the 2009 formulary or its cost sharing or coverage is limited in the upcoming year. If our records indicate that you have received a covered prescription between Aug 1st, 2008 and Nov 1st, 2008, we have sent you a letter around Nov 15th, 2008 notifying you of the specific negative change that may affect you beginning Jan 1, 2009. As described in your negative formulary change notice letter, you or your doctor must request a coverage determination for Medica to review prior to Jan 1, 2009 to continue your current level of coverage.

How Does the Transition of Care Policy Work?

Medica's transition of care policy will allow members to receive coverage for medications that are not on our formulary or will temporarily allow medications in which we have limitations such as step therapy required, quantity limits, or requiring prior authorization. Our transition of care policy does not provide an automatic lower tier copayment for your medications if they are covered under the 2009 formulary, but at a higher tier level than in 2008. Formulary coverage and exceptions to a formulary tier placement will require you or your physician to submit a coverage determination request.

Are all Drugs Eligible for Transition of Care Supplies?

A drug is eligible for the transition of care policy if it is a Medicare Part D approved drug only. Part D drugs include medications that are not on our formulary or medications that are on our formulary with a restriction such as quantity limits, step therapy, or requiring prior authorization. Medications that are specifically excluded from Medicare Part D (examples included, but are not limited to: over the counter medications, drugs for treating erectile dysfunction, benzodiazepines, drugs for cosmetic indications, Part B drugs, etc) are not covered under this transition of care policy.

If you have any questions about Medica's Part D transition policy or need help asking for a coverage determination or formulary exception, please call Customer Service at 1-800-234-8755 or 1-952-992-2300. Our hours are 8 a.m. to 8 p.m., CST, seven days a week. Please note that access to representatives may be limited on weekends/holidays during certain times of the year. If you call during off hours, your voice message will be returned the next business day. TTY/TDD users should call 1-800-234-8819 or 952-992-3650. Or, visit www.medica.com.