

## **Exclusions and Limitations**

- This plan uses a prescription drug formulary. Benefits are limited to the drugs on this formulary unless an exception is approved by the plan.
- Drugs that are excluded include:
  - Drugs used for anorexia, weight loss, or weight gain
  - Drugs used to promote fertility
  - Drugs used for cosmetic purposes or hair growth
  - Drugs used for the symptomatic relief of cough and colds
  - Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
  - Non-prescription drugs
  - Inpatient drugs
  - Barbiturates (sleeping pills)
  - Benzodiazepines (central nervous system depressants)
  - Drugs used to treat sexual or erectile dysfunction
- Certain drugs will have maximum quantity limits.
- Certain drugs require prior authorization.
- Drugs covered by Medicare Part B are not payable as Part D benefits. (Refer to your Medicare Part B coverage documents for Part B drug coverage)
- Members must use network pharmacies to receive full benefits.
- Drug benefits or services not described in the plan formulary or the Evidence of Coverage, or not required by law or regulations, are not covered.
- Prescriptions filled by pharmacies outside the United States, even for a medical emergency are not covered.
- Cosmetic products, or any drug used for cosmetic purposes (such as Rogaine, Renova, Propecia, Avage, Botox Cosmetic, Vaniqa) are not covered
- Over-the-counter (OTC) medications and any prescription medication that contains the same active ingredient(s) as an existing over-the-counter medication are not covered.
- Replacement of lost or stolen prescriptions are not covered.
- Prescriptions filled prior to effective date of coverage or after disenrollment date are not covered.
- Enhanced Plan Only – In the coverage gap, coverage is limited to generic drugs. (With Standard Plan, there is no drug coverage in the coverage gap)

- Coverage is not available for refill medications before 75% of the time period for the supply has passed. For example, if the prescription is written for a 30-day supply, then you may obtain a refill beginning on the 23<sup>rd</sup> day.
- An exception request for drugs on the Brand Name or Specialty Tiers to be paid at the generic cost sharing level is not permissible under this plan.
- An exception request for a Tier 3 (Specialty Tier) drug to be paid at the brand or generic cost sharing level is not permissible under this plan.
- Drugs with Quantity Limitations may not be refilled until 100% of the time period for the supply has passed. For example, if the prescription is written for a supply of 10 tablets to be used in a 30-day period, then you may obtain a refill beginning on the 31<sup>st</sup> day.
- A Medicare beneficiary must be entitled to Part A and enrolled in Part B to enroll in a Medicare Advantage plan.
- In order to enroll in the Blue Medicare Rx, you must reside within North Carolina. If you are in prison, you cannot join this plan.
- After the initial enrollment period, you may not be able to switch plans until the next open enrollment period.
- If you are eligible for Part D, and don't sign up in your initial enrollment period, you may have to pay more if you sign up later, due to a Medicare late enrollment penalty.
- The plan's contract may be canceled by either the plan or the Centers for Medicare & Medicaid Services.
- Members enrolled under this plan may not have drug coverage through both a Medicare Part D prescription drug plan and a Medicare supplemental plan.
- Plan benefits and premium are subject to change annually.
- All claims must be received within 12 months of the fill date or 3 months after benefit period end date, whichever is earliest. For example, if a drug is purchased on January 31, 2008, the claim must be received no later than January 31, 2009. However, if a drug is purchased on May 31, 2008, the claim must be received no later than March 31, 2009. Claims received after this time frame will not be eligible for coverage.