

**This Prescription Drug Coverage Rider is part of your Plan. Please place this Prescription Drug Coverage Rider with your Certificate of Coverage and Benefits Chart for future reference.**

**Federal Employee Health Benefit**  
**High Option**  
**AultCare Prescription Drug Program**

Welcome to the AultCare Prescription Drug Program. This program offers savings, convenience and service for you and your eligible dependents.

**SCHEDULE OF BENEFITS**

<b><u>Tier</u></b>	<b><u>Retail Copay</u> <u>1-34 Day Supply</u></b>	<b><u>Mail Order Copay</u> <u>90 Day Supply</u></b>
1 <sup>st</sup> Tier	\$10.00 or 20% whichever is greater	\$30.00 or 20% whichever is greater
2 <sup>nd</sup> Tier	\$20.00 or 30% whichever is greater \$350 maximum copay	\$55.00 or 25% whichever is greater \$350 maximum copay
3 <sup>rd</sup> Tier	\$45.00 or 40% whichever is greater \$350 maximum copay	\$125.00 or 35% whichever is greater \$350 maximum copay
4 <sup>th</sup> Tier	\$50.00 or 50% whichever is greater \$350 maximum copay	\$150.00 or 50% whichever is greater \$350 maximum copay
<b>Co-payment after your plan out-of-pocket maximum of \$6,850/single or \$13,700/family is met = \$0</b>		
A 34 day supply is available at the retail pharmacy. A 90 day supply may be obtained through the mail order program.		

**Tier Definitions**

**The medication tier may change due to new drugs and generic availability.**

1<sup>st</sup> Tier is defined as Most Preferred Generic drugs.

2<sup>nd</sup> Tier is defined as Preferred Brand and Preferred Generic drugs.

3<sup>rd</sup> Tier is defined as Non-Preferred Brand and Non-Preferred Generic drugs.

4<sup>th</sup> Tier is defined as Brand and Generic Specialty Medications that are treatments for chronic illnesses. Prior Authorization is required and will limit the day supply.

**ADDITIONAL PLAN SPECIFICATIONS**

**Network Pharmacies**

You can enjoy the convenience of local and national pharmacy service at discounted network pricing. Please remember to present your card at the pharmacy for your prescriptions. If a prescription is purchased without using your card, you must purchase the prescription and mail into AultCare for reimbursement. For a pharmacy listing please visit the AultCare website or contact the AultCare Service Center.

**Non-Network Pharmacies**

If you use a Non-Network pharmacy, you must purchase the prescription and mail into AultCare for reimbursement. We will reimburse up to the maximum amount we would pay if you used a Network pharmacy. The above co-payments and co-insurance will not apply.

**Formulary**

AultCare's formulary is designed to provide value. Only specific drugs in each therapeutic class are covered. The formulary design provides adequate options in each therapeutic category and includes most generics and selected brands. Medications on this formulary list may not be covered by the plan you select. Please consult the list of exclusions contained in your plan booklet. Medications not listed on our formulary are not covered under the plan.

**Long term ongoing prescriptions**

For long term ongoing prescription drug needs, you can receive up to a 90-day supply through your mail order prescription program. When participating in the mail order program, you pay the appropriate co-payment per 90-day supply. The mail order pharmacy must fill your prescription for the exact quantity of medications prescribed by your doctor, up to the 90-day plan limit. "30 days plus 2 refills" does not equal one prescription written for "90 days".

### **RxEOB**

AultCare's Personalized Prescription Information Website (also known as RxEOB) is a free Internet resource that is offered to our members. It gives valuable information to help you make informed decisions about your drug purchase. You may access RxEOB through the AultCare website at [www.aultcare.com](http://www.aultcare.com).

### **Oral Cancer Medication**

Please note that orally administered cancer medication coverage shall be no less favorable than coverage for intravenous and injected cancer medications in accordance with state law.

### **Specialty/Limited Distribution Medications**

Specialty/Limited Distribution medications are treatments for chronic illnesses that require special handling techniques, careful administration, and a unique ordering process. Some Specialty medications are considered Limited Distribution and are only available at certain pharmacies. For a complete list of the Specialty/Limited Distribution Medications, please visit the AultCare website at [www.aultcare.com](http://www.aultcare.com) or call the AultCare Service Center at 330-363-3630 or 1-800-344-8858.

### **Health Care Reform/Preventive Care Guidelines**

In response to the Patient Protection and Affordable Care Act and Preventive Care Guidelines, certain medications will be covered at 100%, with no cost to You.

In order to receive a medication at no cost, the following criteria must be met as it applies to You:

- Obtain a written prescription from Your physician, even if over-the-counter.
- If a Generic version is available, the Generic version will be covered at no cost to You, however, the Brand version will be subject to Your Plan's Cost Sharing.
- If a Generic version is not available, the Name Brand will be covered at 100%.
- If You are unable to take a Generic version, Prior Authorization is required for the Name Brand medication. If approved, the Name Brand will be covered at 100%.

For a complete list of these medications please visit the AultCare website at [www.aultcare.com](http://www.aultcare.com) or call the AultCare Service Center at 330-363-6360 or 1-800-344-8858

### **Covered Services**

- Federal Legend medications – A drug that, by law, can be obtained only by prescription and bears the label, "Caution: Federal law prohibits dispensing without a prescription."
- Compound medication
- Diabetic supplies: including control solution, glucose test strips, urine test strips, acetone test strips, lancet devices, and lancets
- Insulin (prescription only), Insulin syringes/needles (prescription only)
- Injectable medications
- Over-the counter medications required under Health Care Reform/Preventive Care Guidelines
- Tobacco cessation medications, aids, and devices required under Health Care Reform/Preventive Care Guidelines
- Contraceptive medications, injectables, and devices
- Migraine medications
- Prenatal vitamins only. All others are a plan exclusion
- Retin-A and Differin Gel
- Allergy Sera
- Immunosuppressives
- Vaccines – Flu, Pneumonia, & Shingles are covered at 100% at the pharmacy. The Shingles vaccine is available for enrollees age 50 or older.

## Services Not Covered

- Lost, Stolen, or Damaged medications
- Experimental, investigation or unproven drugs
- Blood or Plasma
- Therapeutic devices or appliances, including support garments and other non-medical substances, unless otherwise specified.
- Charges for injections or administration of a drug
- A prescription that may be received without charge under Worker's Compensation Laws or other local, state, or federal programs. This would include medications taken for occupational injury/disease.
- Prescriptions that are not self-administered or medication that is to be taken or administered to an individual in a licensed hospital, nursing home, physician's office/clinic or similar institution where such medications are normally provided by the facility on an in-patient basis.
- Prescription refills in excess of the number specified or dispensed more than one year from the date of the original order.
- Needles and syringes, other than for insulin
- Durable medical equipment including glucose monitors
- Over-the-counter medications, except for Insulin and Loratadine. All medications required under Health Care Reform/Preventive Care Guidelines are covered.
- Medical supplies except for Diabetic supplies
- Replacement prescriptions (lost, stolen or broken)
- Impotence medications
- Fertility Medications
- Vitamins, except Prenatal
- Drugs for cosmetic purposes only
- Weight loss medications
- Immunizing agents and Biological Sera
- Lucentis (covered under medical and does not require prior authorization)
- Medicinal Foods

Certain medications may be covered under medical, require prior authorization, have step therapy, and/or may have plan limitations. Prior Authorization may limit the number of days supply for certain medications. Medications not on our formulary must meet criteria through an exception process in order to be considered for coverage under plan benefits. If a non covered medication is approved, the copay/co-insurance will be at the Non-Preferred benefit. Tier exceptions are not applicable. For example, a higher tier (Non-Preferred) medication may not be requested at a lower tier (Preferred) copay. Please visit the AultCare website at [www.aultcare.com](http://www.aultcare.com) or call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 for any questions regarding these processes.

When this plan is the secondary insurance, you will be required to file prescription expenses with the primary plan first, and then submit to AultCare for secondary payment.

If coverage under your medical plan terminates, your prescription drug benefit will also terminate. If a covered person continues to use their prescription drug benefit, they will be held responsible for payment of any bills on or after the termination date.

### Definitions

**GENERIC DRUG** (generic drugs, short: generics) means a drug defined as "a drug product that is comparable to a brand/reference listed drug product in dosage form, strength, quality and performance characteristics, and intended use." It has also been defined as a term referring to any drug marketed under its chemical name without advertising.

**BRAND NAME DRUG** means a medication sold by a pharmaceutical company under a trademark-protected name. Brand name medications can only be produced and sold by the company that holds the patent for the drug. Brand name drugs may be available by prescription or over the counter.

**SPECIALTY/LIMITED DISTRIBUTION** means a medication or treatment for chronic illnesses that require special handling techniques, careful administration, and a unique ordering process. Some Specialty medications are considered Limited Distribution and are only available at certain pharmacies. (SP)

**PREFERRED STATUS** means that the product is a more cost effective choice within a therapeutic category.

**NON PREFERRED STATUS** means that the product is not a more cost effective choice within a therapeutic category.

## AultCare/Aultra Notice Tag Lines for the State of Ohio

### English

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare/Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 330.363.2393 Outside Stark County: 1.866.633.4752**

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### Spanish

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 330.363.2393 Fuera del condado de Stark : 1.866.633.4752**

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### Chinese

中文  
本通知有重要的訊息。本通知有關於您透過**AultCare/Aultra**保險公司提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地： **330.363.6360 斯塔克縣外： 1.800.344.8858 TTY線 本地： 330.363.2393 斯塔克縣外： 1.866.633.4752。**

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### German

Deutsche  
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

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### Arabic

العربية  
يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين AultCare/Aultra. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 330.363.6360 خارج مقاطعة ستارك 1.800.344.8858 لخط TTY المحلي: 330.363.2393 خارج مقاطعة ستارك 1.866.633.4752:

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### Pennsylvania Dutch

Deitsch  
Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, odder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY – Linie Local: 330.363.2393 Außerhalb von Stark County : 1.866.633.4752.**

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### Russian

русский  
Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 330.363.2393 Вне Старка County : 1.866.633.4752.**

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### French

Français  
Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 330.363.2393 En dehors du comté de Stark : 1.866.633.4752**

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### Vietnamese

Việt Nam  
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 330.363.2393 Bên ngoài của Stark County : 1.866.633.4752.**

## Cushite-Oromo

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 330.363.2393 Outside of Stark County: 1.866.633.4752** tii bilbilaa.

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## Korean

한국어  
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra** 보험 회사계획을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 지역 : **330.363.6360** 스타크 카운티의 외부 : **1.800.344.8858 TTY 라인 지역 : 330.363.2393** 스타크 카운티의 외부 : **1.866.633.4752** 로 전화하십시오.

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## Italian

Italiano  
Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 330.363.2393 Al di fuori di Stark County : 1.866.633.4752**.

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## Japanese

日本語  
この通知には重要な情報が含まれています。この通知には**AultCare/Aultra**保険会社の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。**330.363.6360** スターク郡の外 : **1.800.344.8858 TTYライン ローカル : 330.363.2393** スターク郡の外 : **1.866.633.4752**までお電話ください。

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## Dutch

Nederlands  
Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare/Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360 Buiten Stark County : 1.800.344.8858 TTY Line Local : 330.363.2393 Buiten Stark County : 1.866.633.4752**.

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## Ukrainian

український  
Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону **Місцевий : 330.363.6360 Поза Старка County : 1.800.344.8858 TTY лінія Місцевий : 330.363.2393 Поза Старка County : 1.866.633.4752**.

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## Romanian

Română  
Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurari AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360 In afara Stark Judet : 1.800.344.8858 TTY linie Locale : 330.363.2393 In afara Stark Judet : 1.866.633.4752**.

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### Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456, [CivilRightsCoordinator@aultcare.com](mailto:CivilRightsCoordinator@aultcare.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.