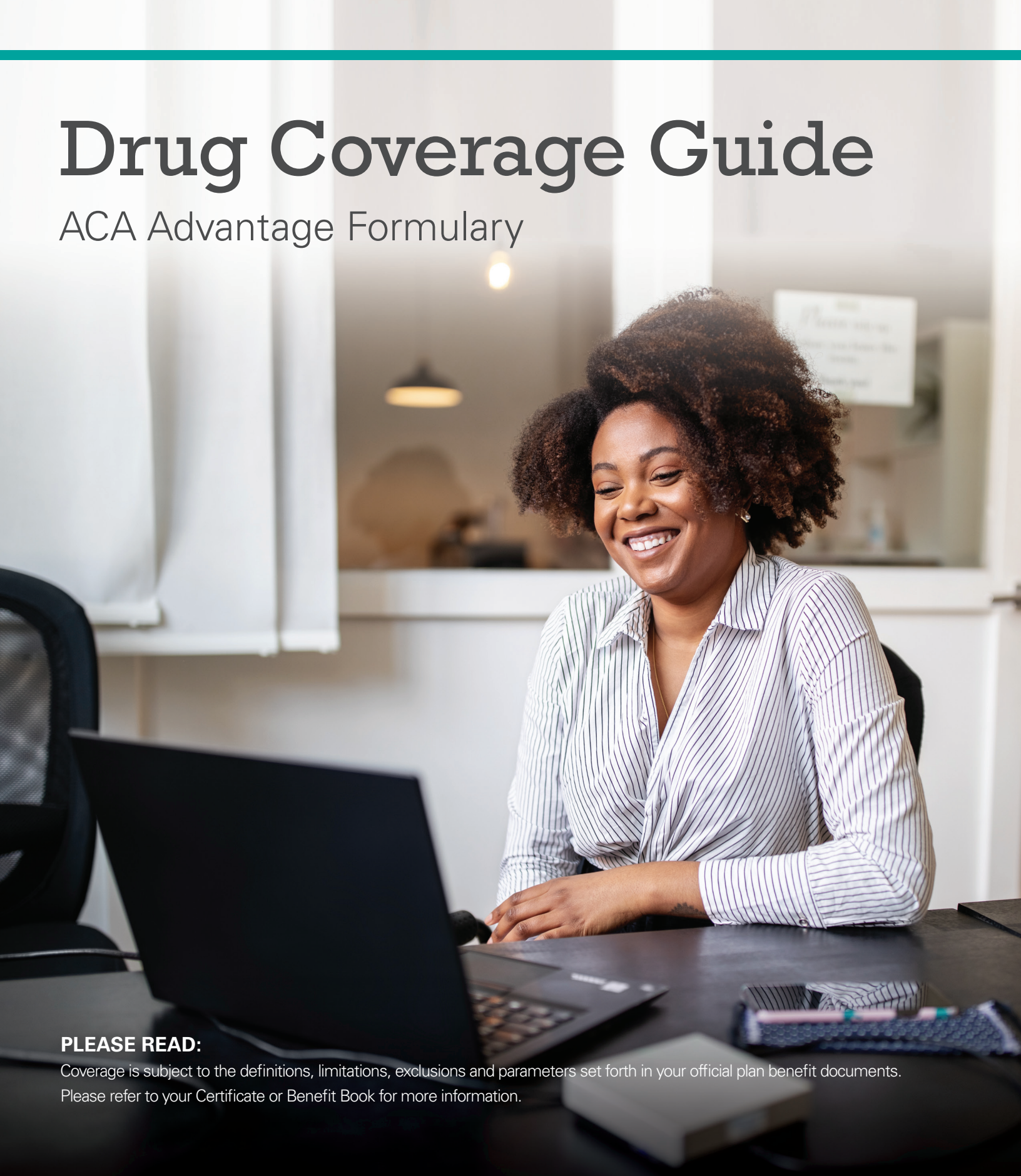
Drug Coverage Guide

ACA Advantage Formulary



PLEASE READ:

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

MEDICAL MUTUAL®

Frequently Asked Questions

What is the ACA Advantage formulary?

The ACA Advantage formulary is a list of medications covered by your plan. The formulary includes generic (typically the lowest out-of-pocket cost), brand and specialty medications.

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and deductibles. If you are an existing member, you may log in to My Health Plan at MedMutual.com/Rx and click "Sign on to Express Scripts." On the Express Scripts® Pharmacy website, select "Price a Medication" under "Prescriptions," enter your medication name and follow the instructions.

Your plan may exclude certain medications. Refer to your Certificate or Benefit Book for more information.

Does the ACA Advantage formulary include generic and brand medications?

Yes. The ACA Advantage formulary includes a variety of generic and brand medications to help you pay less out of pocket. Generics are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand-name counterparts, so you get the same medical benefit, but at a significantly lower cost. Generic medications are identified in the formulary search tool in several places. Please refer to Step 3 to see examples of the brand and generic identifiers.

What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I've exceeded?

Ask your healthcare provider to complete an electronic Prior Authorization request through their electronic health record (EHR) system. For assistance or alternative submission options, have your healthcare provider visit the Express Scripts online portal at ESRX.com/PA or call Express Scripts at 1-800-417-1764 to arrange a review.

Once complete, Express Scripts will notify you and your healthcare provider, confirming if coverage has been approved (usually within two business days of receiving the necessary information).

- If you ordered your prescription through home delivery, Express Scripts will automatically send it to you once coverage is approved if they already have your shipping and payment information on file. Call Express Scripts at the Rx Information number on your ID card to ensure that they have everything needed to process your order.
- If you tried to fill your prescription at a retail pharmacy, you will need to return to the pharmacy to pick up your medication. Contact your pharmacy in advance to make sure your prescription has been processed and is ready for pickup when you arrive.

Why did the pharmacy give me a brand-name medication instead of a generic?

In certain circumstances, brand-name medications have the same price as their generic equivalents; therefore, we may allow you to fill a brand medication instead of its generic. In these cases, you will pay your applicable generic copay/cost share even though you will receive a brand-name medication.

Does the ACA Advantage formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Specialty medications are identified in the formulary search tool in several places. Please refer to Step 6, to see examples of the specialty identifiers. Many plans limit you to a 30-day supply for most specialty medications and/or require the use of a network specialty pharmacy for specialty medications. Exclusive network specialty pharmacies include Accredo (an Express Scripts specialty pharmacy), Gentry Health Services or University Hospitals of Cleveland Specialty Pharmacy.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty medications.

Please check your Certificate or Benefit Book for more details about specialty medication coverage.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan's benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, ask your healthcare provider to complete an electronic Prior Authorization request through their electronic health record (EHR) system. For assistance or alternative submission options, have your healthcare provider visit the Express Scripts online portal at ESRX.com/PA or call Express Scripts at 1-800-417-1764 to arrange a review.

How can I save money on my prescriptions?

Always discuss using generics first with your healthcare provider. Generic medications approved by the FDA are just as safe and strong as the corresponding brand-name medications. Depending on your plan, you will typically have a lower cost share for generic medications as well as preferred brand medications when compared to non-preferred brand medications. The formulary search tool helps you identify medications that have an approved generic. If you search for a brand medication that has a generic available, you will be asked for a reason you have selected a brand-name medication. To see the lowest-cost options, select "I have no preference". Steps 1 through 3 below show you how to make generic selections. Generic medications will be identified when you search the formulary.

If you are an existing member, you can check medication coverage and pricing information (for both home delivery and retail pharmacies) by logging in to My Health Plan at MedMutual.com/Rx and signing in to Express Scripts. You can also contact Express Scripts by calling the Rx Information number on your ID card.

Check your benefit materials for more details.

Do I have to use home delivery for my maintenance medications?

Depending on your plan, you may be required to use home delivery for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. Note: If you are a member of a CLE-Care plan, you must fill home-delivery medications through the MetroHealth Mail Order Pharmacy. Visit MetroHealth.org/Pharmacy for more information and to download a form.

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. You may be able to enroll in Express Scripts' Extended Payment Program with no additional fees. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply). To learn more about the Extended Payment Program, call the Rx Information number on your ID card.

To get started using home delivery, ask your healthcare provider to write a prescription for up to the maximum days' supply allowed by your plan, plus refills for up to one year, if appropriate.

Your healthcare provider can e-prescribe or fax your prescription directly to Express Scripts, or you can mail your prescription with a completed home delivery form and payment to Express Scripts. You can also contact the Express Scripts Member number on your ID card.

A Member Services representative can help you transfer your prescriptions to home delivery. You can also transfer your existing prescription to home delivery online through the Express Scripts website. Existing members should log in to My Health Plan at MedMutual.com/Rx and click Sign on to Express Scripts. On the Express Scripts website, select Pharmacy Options under the Prescriptions menu and select the medication(s) you want to include in home delivery.

When ordering through home delivery, your medication should be delivered in about eight days (10–14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. Once your prescription has been sent, call the Rx Information number on your Medical Mutual ID card to confirm your prescription was received and to provide additional payment and allergy information. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your ID card.

Terminology you should know

ACA
Affordable Care Act

OTC
Over the counter

Coverage Review
Medical Mutual uses coverage management programs to make sure you get the right medication for your condition at the best value. This means that certain medications may not be covered until a review of your medical information has been approved. Some medications require a review of your medical information to determine coverage. There are different types of coverage reviews:

Prior authorization (PA) is a check to make sure your drug is prescribed appropriately and is proven effective and safe for your condition. If you do not get prior authorization before filling your prescription, your medication will not be covered.

Step therapy (ST) rules promote the use of lower-cost drugs in place of more costly medications.

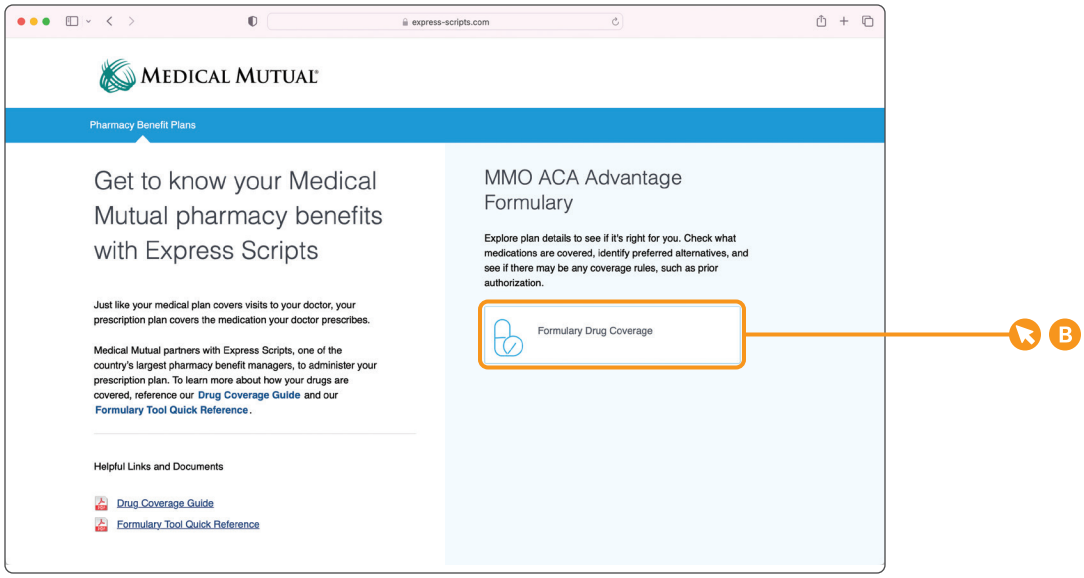
Quantity limit (QL) rules define the amount of the medication your plan will cover. Your plan may only cover a certain quantity per fill (such as six tablets at a time) or a certain quantity over a specific time (for example, 30 tablets within a 90-day period).

Using the Formulary Search Tool

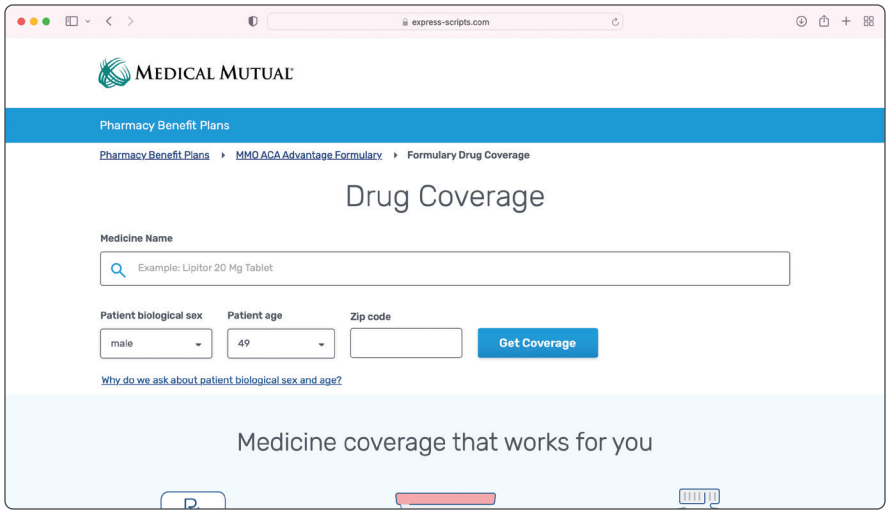
Step 1: Visit the MMO ACA Advantage Formulary search tool.

A Click this link: Express-Scripts.com/MMOACA.

B Click on Formulary Drug Coverage.



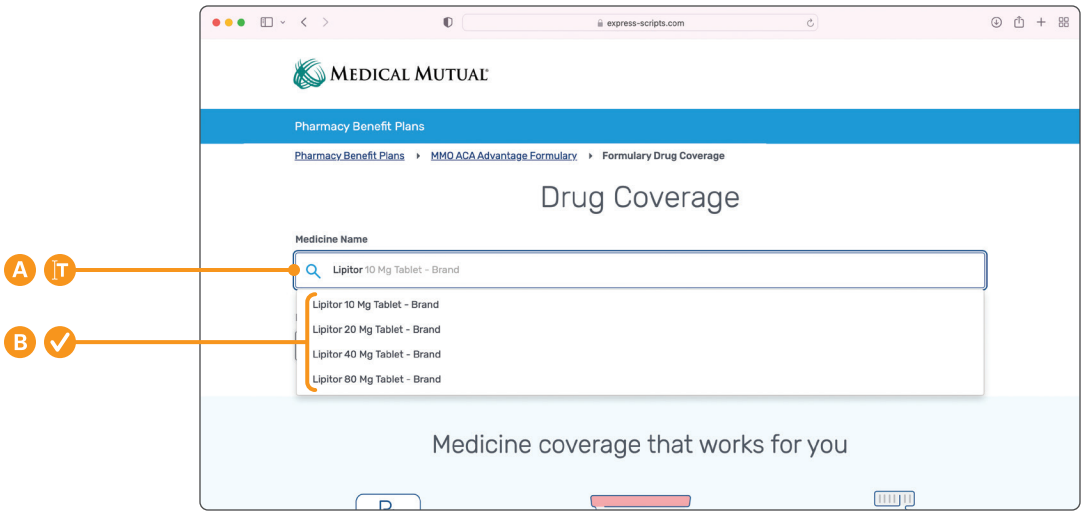
C After selecting Formulary Drug Coverage, you will be directed to the Drug Coverage search menu.



Step 2: Drug search criteria

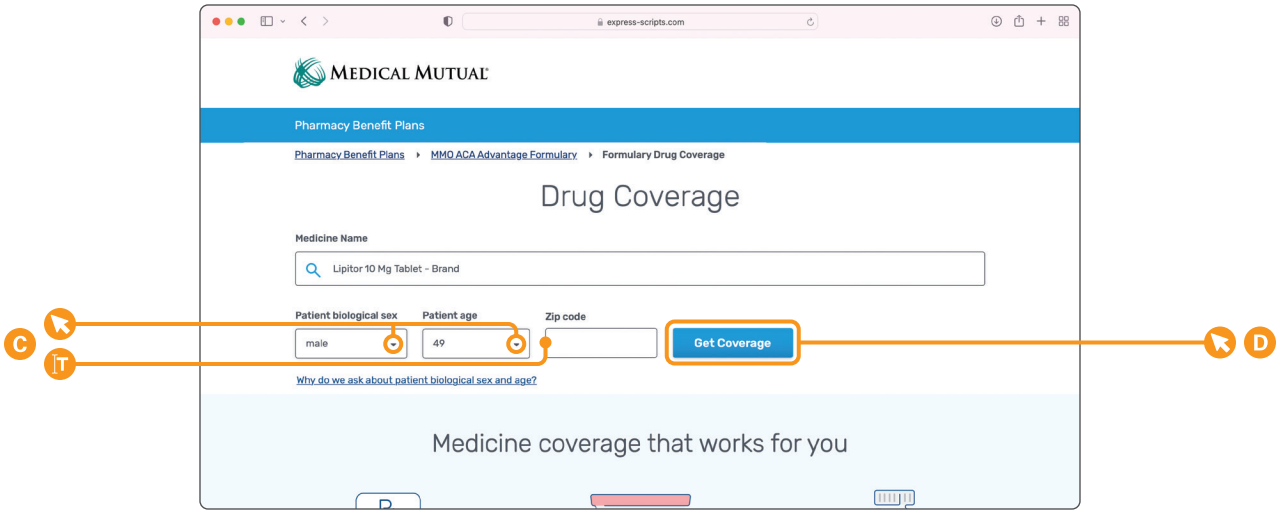
A Enter the name of the medication and select the applicable medication name and strength.

B This screen has helpful information showing if the medication you entered is a brand, generic or OTC medication.



C Proceed to enter biological sex, patient age and ZIP code.

D Click Get Coverage.



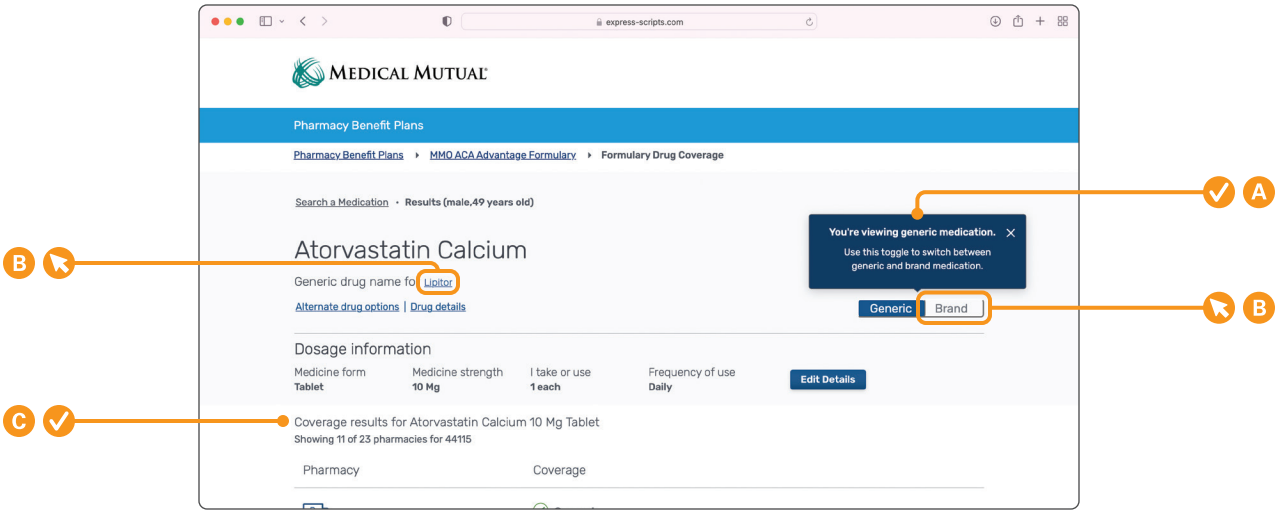
Step 3: Drug coverage information

Information about the coverage of the medication you selected will appear on this screen.

A If there is a generic equivalent available, a notification will appear.

B In this case where there is a generic medication available, information regarding the brand-name medication can be found by clicking the medication name next to "Generic drug name for" or by selecting the "Brand" option from the Generic/Brand toggle switch.

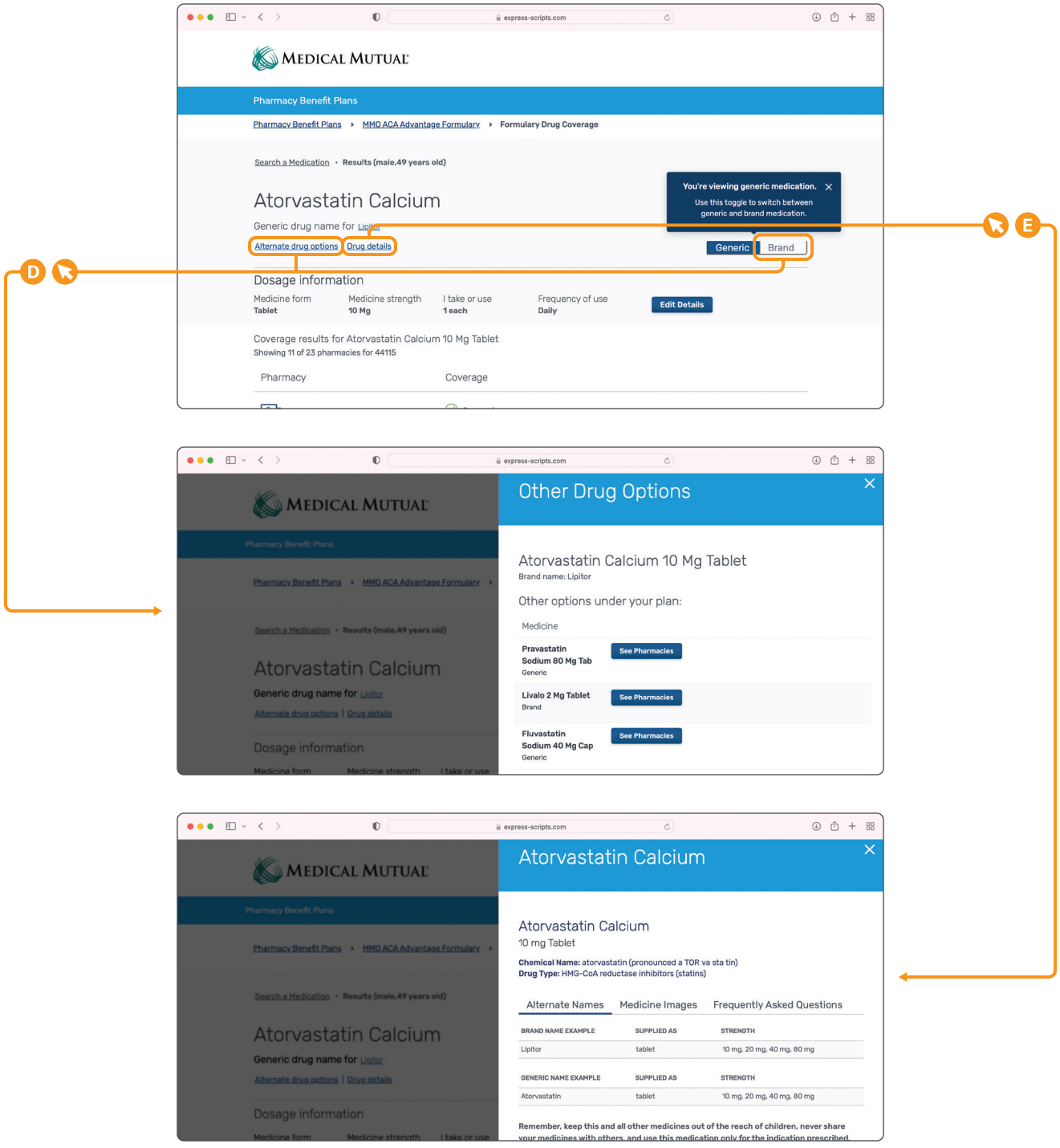
C View coverage results for Home Delivery and Retail pharmacies.



Step 3: Drug coverage information (continued)

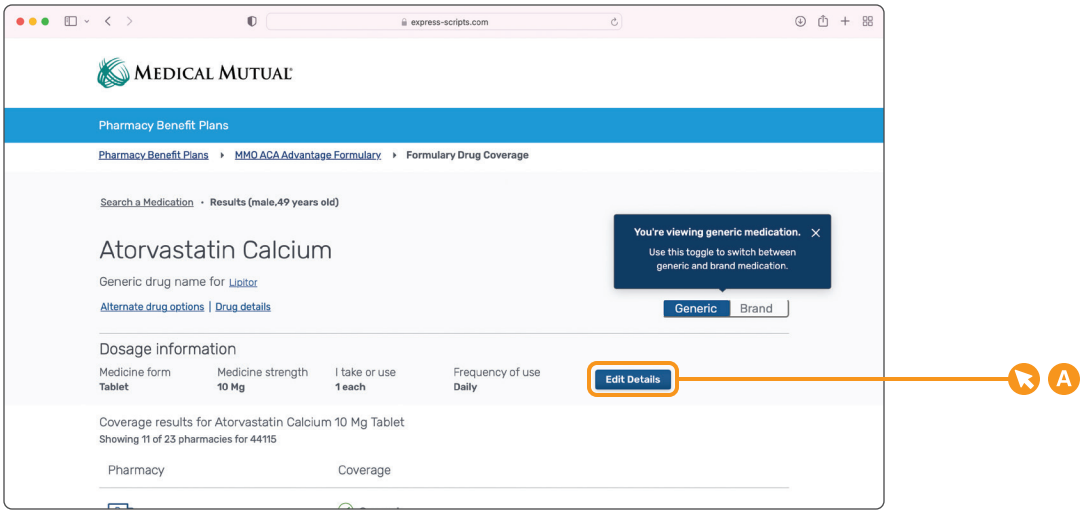
D To view formulary alternatives for a brand-name drug, select Brand on the right hand side then click on Alternative Drug Options.

E To view additional medication details, select Drug Details. A pop-up window will appear that includes alternate medication names, medicine images, and frequently asked questions.



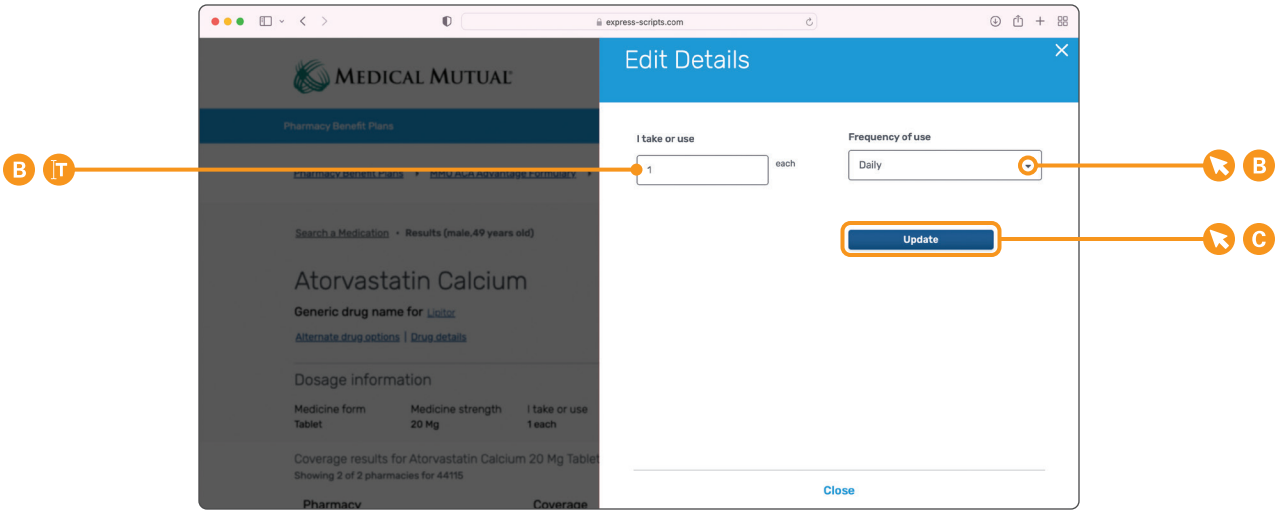
Step 4: Quantity and days' supply

A To adjust the quantity and frequency, click Edit Details.



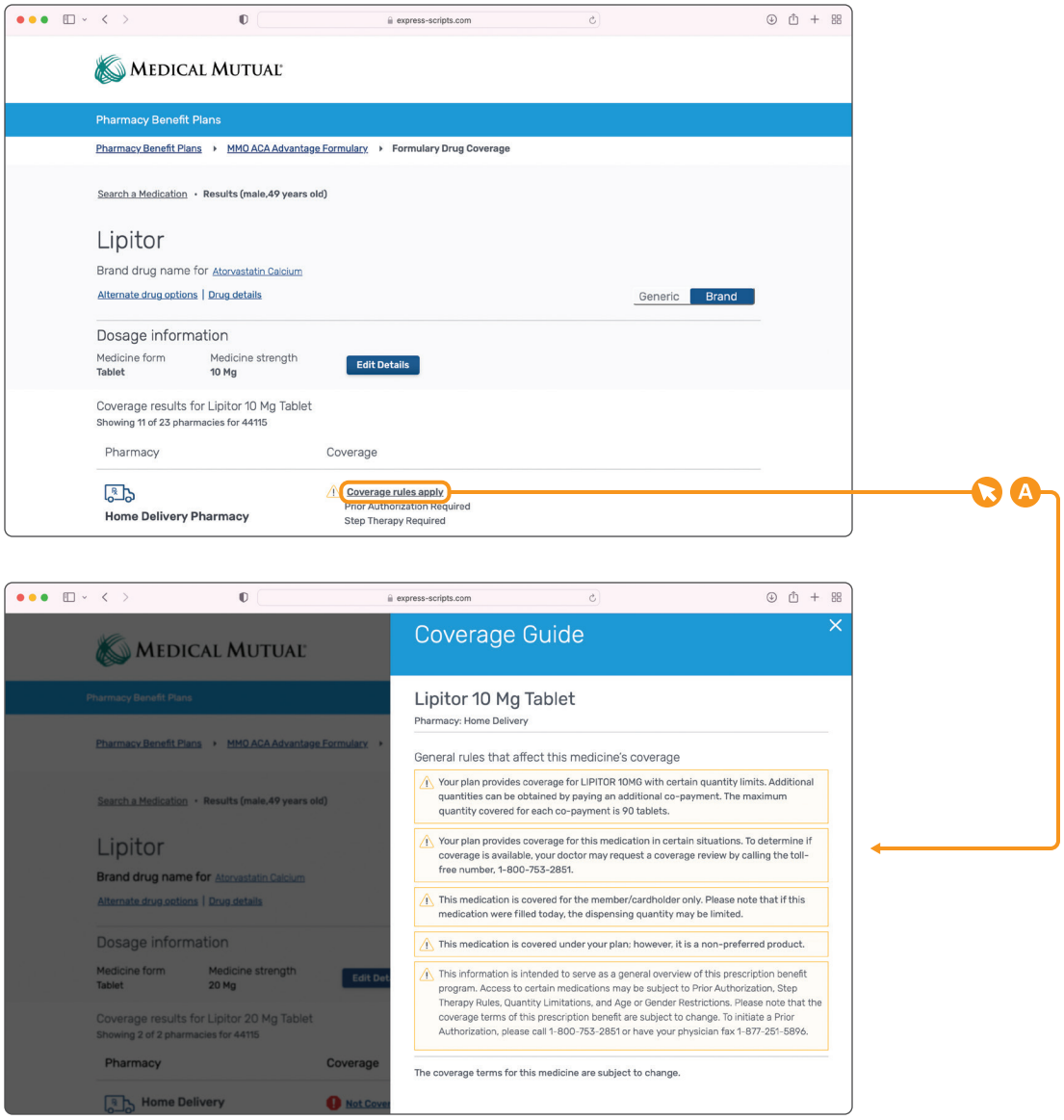
B Enter the quantity and select the frequency. The frequency indicates how often you take the medication (daily, every other day, weekly, monthly, every 3 months, yearly).

C Click Update.



Step 5: Coverage rules

A If a coverage review is required for the specific medication you chose or if there are additional requirements related to that medication, a Coverage Rules Apply indicator will appear under Coverage. Select Coverage Rules Apply for further detail.

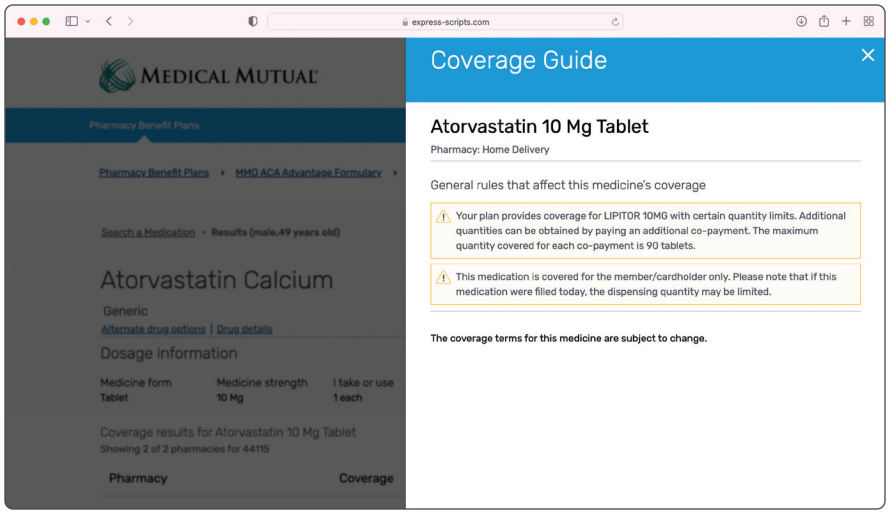


Please review the information in the coverage guide carefully.

Refer to section "What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I've exceeded?" for instructions on how to obtain an approval.

Step 6: Examples of various coverage alert messages or drug coverage messages

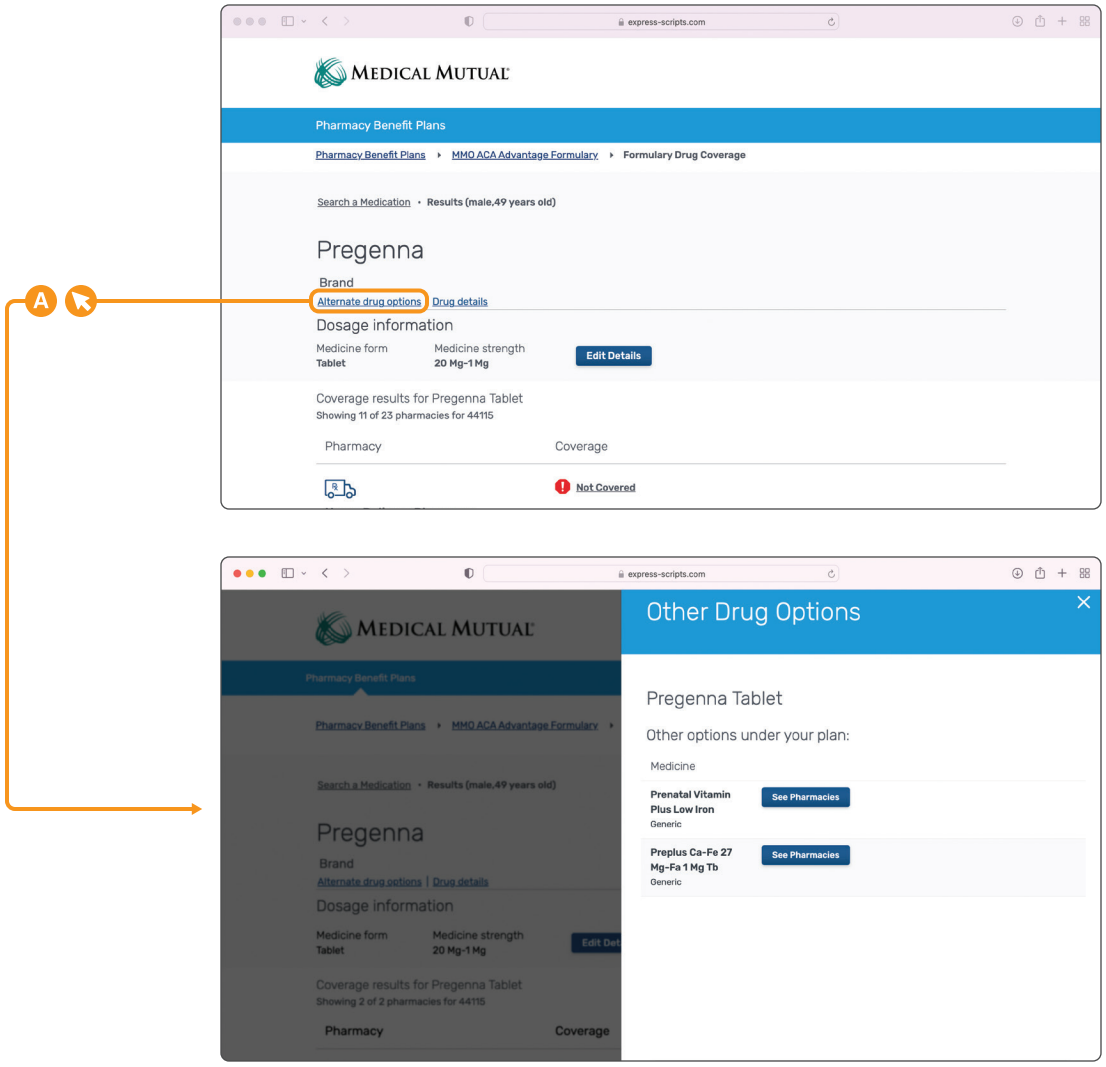
Quantity limits (QL) coverage alert



Review the coverage alert carefully for the quantity allowed prior to coverage review. Refer to the section "What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I've exceeded?" for instructions on how to obtain an approval for a higher quantity.

Non-covered drug coverage alert

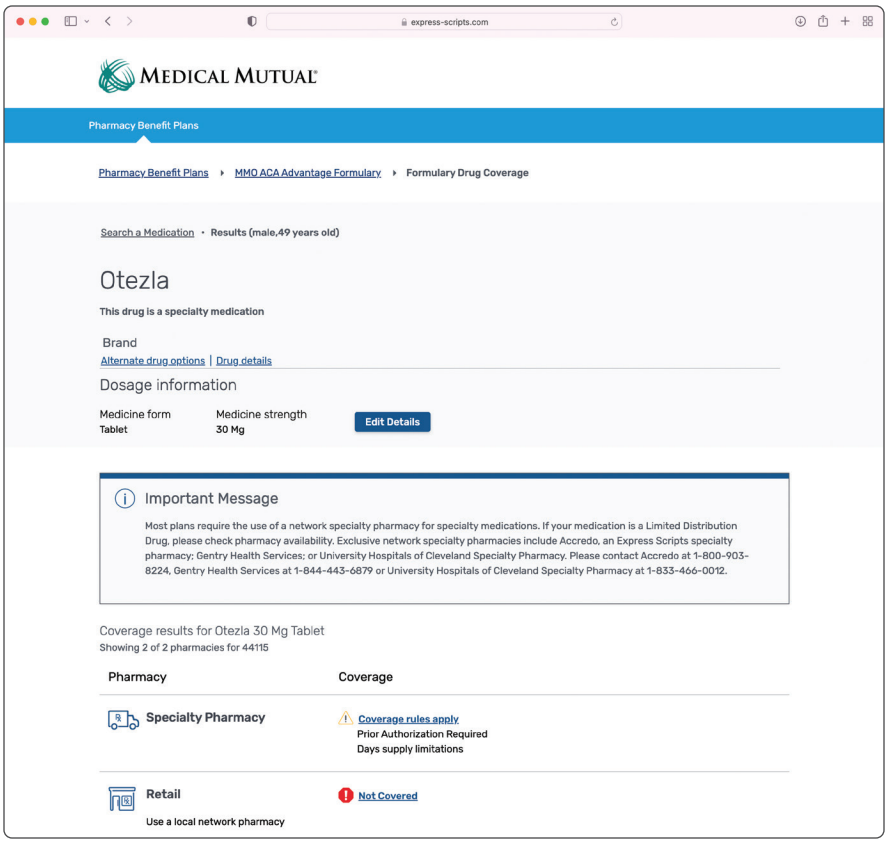
A On the main Formulary Drug Coverage screen, select Alternate Drug Options for covered medications.



Review these medications with your healthcare provider to find an appropriate covered alternative.

Specialty drug indicator

Most plans require the use of a network specialty pharmacy for specialty medications. If your medication is a Limited Distribution Drug, please check pharmacy availability. Exclusive network specialty pharmacies include Accredo (an Express Scripts specialty pharmacy), Gentry Health Services or University Hospitals of Cleveland Specialty Pharmacy. Please contact Accredo at 1-800-903-8224, Gentry Health Services at 1-844-443-6879 or University Hospitals of Cleveland Specialty Pharmacy at 1-833-466-0012 to get started with your medication.



If you have questions, please call the Rx Information number listed on your member ID card.

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