

# Standard notices

## What is an exception?

An exception is a verbal or written request you can make to Community CCRx to change our drug coverage rules.

How can you request an exception to Community CCRx's formulary? As a beneficiary, there are several types of exceptions that you have a right to request:

- You can ask us to cover your medicine even if it is not listed on the formulary.
- You can ask us to waive coverage restrictions and limits on a medicine. For example, for certain medicines, Community CCRx limits the amount that we will cover. If you have a medicine with a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your medicine. For example, if you take a medicine that is considered a brand-name medicine, you can ask us to cover it as a preferred brand instead. This would lower your co-pay or coinsurance for that particular medicine.

Generally, Community CCRx will only approve your exception request if the preferred-brand tiered medicine or alternative medicine on the formulary would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

Once an exception request has been approved, it will be valid for the remainder of the plan year, as long as your physician continues to prescribe the medicine for you, and it continues to be safe and effective for treating your condition.

If you join Community CCRx and learn that the plan does not cover a medicine you were taking prior to joining, you may be able to receive a one-time fill of that prescription.

## What are appeals and grievances?

As a beneficiary, you have the right to make a complaint if you have concerns or problems related to your coverage or your care. Appeals and grievances are the two types of complaints that can be made.

### What is an appeal?

An appeal is the type of complaint beneficiaries make when they want us to reconsider and change a decision we have made about what prescription medicine benefits are covered, or what we will pay for a particular medicine.

When you may want to consider filing an appeal:

- If we refuse to cover or pay for a prescription medicine you think we should cover
- If you think we are incorrectly reducing or stopping your prescription medicine coverage
- If you disagree with the amount of your co-pay for a prescription medicine
- If your requested exception to our formulary or for the co-pay of a medicine has been denied
- If there is a requirement for you to try another medicine before we pay for the medicine your doctor prescribed and you disagree
- If there is a limit on the quantity (or dose) of the medicine you are taking and you disagree

### What is a grievance?

A grievance is the type of complaint that beneficiaries make when they have any other type of problem with Community CCRx or one of our network pharmacies.

When you may want to consider filing a grievance:

- If you have a problem with waiting times when filling a prescription at a network pharmacy
- If you believe the behavior at a network pharmacy is inappropriate

- If you are having difficulty reaching someone by phone or getting information you requested
- If you have a problem with the cleanliness or conditions of a network pharmacy

### **Drugs or categories of drugs not covered by law**

There is a Federal law which sets forth certain types of drugs that cannot be covered by Medicare Prescription Drug Plans. These drugs or categories of drugs are called Excluded Drugs, and include:

- Nonprescription drugs, unless they are a part of step therapy
- Drugs when used for anorexia, weight loss, or weight gain
- Drugs when used to promote fertility
- Drugs when used for cosmetic or hair growth purposes
- Drugs when used for symptomatic relief of cough or colds
- Prescription vitamins and minerals with the exception of prenatal vitamins and fluoride preparations
- Drugs when used for the treatment of sexual or erectile dysfunction
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of the sale
- Barbiturates
- Benzodiazepines
- Drug efficacy study implementation (DESI) drugs

In addition, a Medicare Prescription Drug Plan is unable to cover a drug if the drug would be available under Medicare Part A or Part B. Some drugs are covered under Medicare Part B in certain cases and under Medicare Part D in others. In general, your pharmacist or provider will determine whether to appropriately bill Part B or Part D for the drug in question.

### **Contract notice**

Community CCRx is a Medicare-approved Prescription Drug Plan offered through Pennsylvania Life Insurance Company and American Progressive Life & Health Insurance Company of New York, both members of the Universal American family of companies.

If the Community CCRx Plan Sponsor is no longer contracting with Medicare or leaves your service area: In the unlikely event your Plan Sponsor leaves the Medicare program, or no longer offers prescription drug coverage in the service area where you live, we will notify you in writing.

If this happens, your membership in Community CCRx will end, and you will need to enroll in another Medicare Prescription Drug Plan to continue your prescription drug coverage. All of the benefits and rules of Community CCRx would continue until the effective date your membership in Community CCRx ends. You also would continue to receive your prescription drugs in the usual way through Community CCRx's network pharmacies.

If Community CCRx leaves the Medicare program or your service area, you would need to select another plan. Your choices would include joining another Medicare Prescription Drug Plan (PDP) or a Medicare Advantage Plan with prescription drug coverage (MA-PD), if these plans are available in your area and are accepting new members. As soon as Community CCRx has notified you in writing that we are leaving the Medicare program or the area where you live, you may enroll in another plan.

The Plan Sponsor is contracted with the Centers for Medicare & Medicaid Services (CMS), the government agency that runs Medicare. This contract is subject to renewal each year. However, the Plan Sponsor or CMS can decide to end the contract at any time. You will generally be notified 90 days in advance if this situation occurs. However, your advance notice may be as little as 30 days or fewer if CMS must end the contract in the middle of the year.