

Understanding Your Pharmacy Benefits

Welcome to your prescription drug plan!

We're committed to providing the best prescription drug plan possible.

Understanding your pharmacy benefits can be daunting, which is why Health First Health Plans has designed this booklet to help you find what works best for your health — and your wallet.

We invite you to review this booklet, which breaks down what your plan has to offer. The pages that follow provide details on:

- Prescription drug tiers and costs, depending on your plan and the pharmacy you use
- Understanding Preferred Pharmacies
- What “formularies” are and how they work
- Understanding the Medicare drug coverage gap, also known as the “donut hole”
- Accessing your benefits online, including by smartphone
- Covered immunizations
- Referrals and prior authorizations
- Our pharmacy network, including our mail-order service, which delivers your maintenance medications right to your home
- A Medication Therapy Management Program designed to help members with multiple health conditions get the care and treatment needed — for the lowest out-of-pocket cost for you

Formularies

What is the Health First Health Plans formulary?

There are thousands of prescription drugs on the market. Several are made to treat the same medical condition. Our goal is to make your pharmacy experience easy and cost effective, and ensure you are getting the care you need. We maintain a “formulary” list of both generic and brand-name prescription drugs that are covered under your plan.

Health First Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health First Health Plans network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

All covered drugs are grouped into “tiers.” What you pay for the drug depends on the tier in which your drug is listed. Use Tier 1 or 5 medications when possible. Tier 1 medications are offered at no cost to you.

Reference 2022 Benefits
and Provider information
myHFHP.org



Coverage gap (or “donut hole”)

In 2022, the coverage gap begins after the total cost for your covered medications reaches \$4,430; that includes what you pay and what we pay. When this out-of-pocket total for covered drugs reaches \$7,050, “Catastrophic” coverage begins.

These costs all count toward getting you out of the coverage gap:

- The amount you contributed for all covered drugs in your initial coverage stage, including your deductible, coinsurance and copayments
- The amount paid on your behalf by the drug manufacturer for covered brand-name drugs while in the coverage gap
- The amount you pay for all covered drugs in the coverage gap, including coinsurance and copayments

The drug-plan premium and what you pay for drugs that aren’t covered don’t count toward getting you out of the coverage gap. Refer to your Explanation of Benefits (EOB) to see how much you have spent on your prescription drugs during that month.

Steps on how to use the formulary:

For the most up-to-date formulary, contact Customer Service or go online to myHFHP.org.

There are two ways to find your drug within the formulary:

- **Prescription drug classes:** The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For

example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents.” If you know what condition your drug is used for, look for the category name on the formulary list. Then, look under the category name for your drug.

- **Alphabetical listing:** If you are not sure which category to search, look for your medication in the index on the formulary list. The index provides an alphabetical listing of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your medication. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find your medication name in the first column of the list.

Medical Drugs

Medicare Part B prescription drugs

These drugs are covered under Part B of Original Medicare, which are also covered by your Medicare Advantage plan. Covered drugs include, but are not limited to:

- Drugs that the patient typically does not self-administer but are injected or infused in conjunction with a doctor or hospital outpatient or ambulatory surgical center services
- Drugs administered using durable medical equipment (such as nebulizers) that are authorized by the plan
- Clotting agents self-administered via injection (for hemophilia)

- Immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of organ transplantation
- Injectable osteoporosis drugs for those who are homebound, have a bone fracture related to post-menopausal osteoporosis (which has been certified by a physician), and are unable to self-administer the drug
- Antigens
- Certain oral anti-cancer drugs and anti-nausea drugs
- Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics and erythropoiesis-stimulating agents (such as Epogen®, Procrit®, Epoetin Alfa, Aranesp® or Darbepoetin Alfa)
- Intravenous Immune Globulin (IVIG) for the home treatment of primary immune deficiency diseases

Medicare Advantage members are responsible for 20% of the cost of Medicare-covered Part B medications.

Certain drugs require prior authorization (approval in advance). Your primary care provider (PCP) or specialist's office will coordinate this.

Pharmacy Network

Our network of pharmacies spans nine counties in Central Florida. For the most current list of in-network pharmacies, visit myHFHP.org and select the searchable 2022 Provider/Pharmacy Directory.

We refer to the pharmacies listed in our Provider Directory as our “network pharmacies” because we have made arrangements with them to provide prescription drugs to plan members. These arrangements include contracts with pharmacies that equal or exceed CMS requirements for pharmacy access in your area. In most cases, your prescriptions are covered under Health First Health Plans only if they are filled at a network pharmacy or through our mail-order pharmacy service.

We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage. To submit a claim for prescriptions that you had to fill at a non-network pharmacy, fill out the reimbursement form found at myHFHP.org.

Free Mail-Order Delivery

To save you money and offer added convenience, you can choose to have a 90-day supply of your medications delivered directly to your home.

There is one option to fill your prescriptions through the mail:

- Call Health First Family Pharmacy at 321.434.7355 (TTY/TDD 1.800.955.8771) and select option 3 or visit HF.org/familypharmacy

Remember to refill your order at least seven days in advance to ensure your medicine arrives on time.

Medication Therapy Management (MTM) Program

The MTM Program is a service for members with multiple health conditions who take multiple medications. The program helps you and your doctor make sure that your medications are working together to improve your health.

Through this program, you will be able to speak with a dedicated Health First Health Plans pharmacist over the phone. He or she will talk about all the prescription medicines you are taking, making sure you're getting the best treatment for the lowest cost possible. The pharmacist can:

- Help with any medication-related health problems that may not have been discussed with your doctor
- Offer helpful guidelines about your medications
- Counsel you on ways to minimize any side effects or other medication-related issues
- Provide information about over-the-counter drugs and how they may interact with your prescribed medications

To participate in our MTM Program, call 321.434.4396 (TTY/TDD 1.800.955.8771) and schedule a phone consultation.

Contact Us

We're here to help and are committed to providing you easy-to-navigate access to quality care. For more information, we encourage you to call Customer Service at **1.800.716.7737** from 8 a.m. to 8 p.m. weekdays and from 8 a.m. to noon Saturdays. From October 1 to March 31, we're available from 8 a.m. to 8 p.m., seven days a week. TTY/TDD users call 1.800.955.8771.

Immunizations

Covered Medicare Part B services include:

- Pneumococcal vaccine
- Annual influenza vaccines (flu shots) administered in either the fall or winter
- Hepatitis B vaccine if you are determined to be at high or intermediate risk of getting hepatitis B
- Other vaccines for conditions for which you are considered to be at risk; these immunizations must meet Medicare Part B coverage rules found in your Evidence of Coverage.

There is no coinsurance, copayment or deductible for the pneumonia, influenza and hepatitis B vaccines.

Prior Authorizations

Referrals or Prior Authorizations

Some specialized medications may require prior authorization (approval before you receive care) by the

Health Plan to ensure the right medication is provided in the right setting. Local participating physicians are familiar with this process and can contact us for approval. If you see non-participating (out-of-network) providers, they may not be familiar with this process, but you are still responsible for making sure you receive any required authorizations.

All decisions involving coverage are based on medical necessity of care.

Tip: To access the Prior Authorization Request Form, visit myHFHP.org. You may also contact Customer Service for assistance filling out the form or to discuss your appeal rights following a denial.

The 51 prescription drugs below are a Tier 1 (\$0 copay), which means NO COST to you!

These drugs are the common generics to manage high blood pressure, high cholesterol or diabetes.

Cholesterol Medications

Atorvastatin
Gemfibrozil
Lovastatin
Pravastatin
Rosuvastatin
Simvastatin

Oral Diabetes Medications

Glimepiride
Glipizide
Glipizide-metformin
Glyburide
Glyburide-metformin
Metformin
Nateglinide
Novolin 70/30
Novolin N NPH
Novolin R regular

Pioglitazone
Pioglitazone-glimepiride
Repaglinide
Tolazamide

Blood Pressure Medications

Amlodipine
Atenolol
Amiloride
Benazepril
Benazepril-hydrochlorothiazide
Candesartan
Captopril
Carvedilol
Clonidine HCl
Diltiazem
Enalapril
Enalapril-hydrochlorothiazide
Fosinopril
Fosinopril-hydrochlorothiazide
Hydrochlorothiazide

Irbesartan
Lisinopril
Lisinopril-hydrochlorothiazide
Losartan
Losartan-hydrochlorothiazide
Metoprolol
Tartrate
Moexipril
Olmesartan
Quinapril
Quinapril-hydrochlorothiazide
Ramipril
Telmisartan
Trandolapril
Valsartan
Verapamil

Retail Network Pharmacy		Preferred Retail Network
Tier 1 Preferred Generic Drugs	30-day supply: \$0 90-day supply: \$0	30-day supply: \$0 90-day supply: \$0 90-day mail order: \$0
Tier 2 Generic Drugs	30-day supply: \$15 90-day supply: \$45	30-day supply: \$10 90-day supply: \$30 90-day mail order: \$30
Tier 3 Preferred Brand Drugs	30-day supply: \$45 90-day supply: \$135	30-day supply: \$40 90-day supply: \$120 90-day mail order: \$112.50
Tier 4 Non-preferred Drugs	30-day supply: \$90 90-day supply: \$270	30-day supply: \$80 90-day supply: \$240 90-day mail order: \$225
Tier 5 Specialty Tier Drugs	30-day supply: 33% 90-day supply: N/A	30-day supply: 33% 90-day supply: N/A 90-day mail order: N/A

Tier 1 All Formulary Insulins - \$0

Tier 3 All Formulary Insulins - \$35 for 30 day supply and \$105 for 90 day supply

Initial Coverage Stage

You will be responsible for paying the cost share according to your plan until your yearly drug costs reach \$4,430. Costs will vary based on the medication tier and quantity.

Coverage Gap Stage (Donut Hole)

After your total yearly drug costs reach \$4,430, you will receive limited coverage by the plan on certain drugs. You will continue to receive your normal coverage for Tiers 1 and 2 and all Formulary Insulins while in the coverage gap. You will pay no more than 25% on brand-name drugs and 25% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$7,050. For all other drugs, you will pay 25% of the cost for generic and brand-name drugs.

If you have a low-income subsidy, you will not enter the coverage gap stage.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs reach \$7,050, you pay a \$3.95 copay for generic and \$9.85 copay for all other drugs, or 5% coinsurance, whichever is greater.

Preferred Retail Network

Within our Medicare Preferred Pharmacy Retail Network, you also have access to preferred pharmacies where your prescriptions can be filled at a lower cost. Our preferred pharmacies include CVS, Publix, Target and Health First Family Pharmacies. For the most current list of network pharmacies, please visit your Provider Directory at myHFHP.org/directory.