

Transition Policy Statement

Under certain circumstances, TexanPlus® HMO, TexanPlus® HMO-POS, TexanPlus® HMO-SNP, Today's Options® PFFS, Today's Options® PPO, and Today's Options® HMO (hereinafter, the Plan) can offer a temporary supply of a drug to you when your drug is not on the Drug List or when it is restricted in some way. Doing this gives you time to talk with your provider about the change in coverage and figure out what to do.

To be eligible for a temporary supply, you must meet the two requirements below:

1. The change to your drug coverage must be one of the following types of changes:

The drug you have been taking is **no longer on the plan's Drug List.**

- or -

The drug you have been taking is **now restricted in some way.**

2. You must be in one of the situations described below:

- For those members who are new or who were in the plan last year and are not in a long-term care (LTC) facility:
 - We will cover a temporary supply of your drug during the first 90 days of your membership in the plan if you were new and during the first 90 days of the calendar year if you were in the plan last year. This temporary supply will be for a maximum of a 30-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 30-day supply of medication at retail and up to a maximum of a 90-day supply of medication at mail-order. The prescription must be filled at a network pharmacy.
- For those members who are new or who were in the plan last year and are in a long-term care (LTC) facility:
 - We will cover a temporary supply of your drug during the first 90 days of your membership in the plan if you are new and during the first 90 days of the calendar year if you were in the plan last year. The total supply will be for a maximum of a 98-day supply. If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of a 98-day supply of medication. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste).
- For those members who have been in the plan for more than 90 days and reside in a long-term care (LTC) facility and need a supply right away:

- We will cover one 34-day supply of a particular drug, or less if your prescription is written for fewer days. This is in addition to the above long-term care transition supply.
- If you are a current member in our plan, we will also cover a temporary transition supply if you have a change in your medications because of a level-of-care change. This may include unplanned changes in treatment settings, such as being discharged from an acute care (hospital) setting or being admitted to, or discharged from, a long-term care facility. For each drug that is not in our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (up to a 34-day supply if you are a resident of a long-term care facility) when you go to a network pharmacy.

To ask for a temporary supply, please call Member Services at the number on the back of your Member ID card.

During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you receive a transition supply, you will also receive a letter notifying you that you have received a temporary supply of your medication.

If you are already a member of the Plan, you will receive your Annual Notice of Change (ANOC) and a 2018 Comprehensive Formulary by September 30, 2017. You may notice that a medication you currently take is either not on the upcoming plan year's formulary, or now has a coverage restriction. You may also have a current formulary exception that will end before the new plan year. In either of these scenarios, you should talk to your doctor about formulary alternatives. If your doctor believes that your medical condition cannot be treated by the alternative medications on our formulary, you or your doctor can request a formulary exception.

If you have any questions about our transition policy or need help asking for a formulary exception, contact us at the number on the back of your Member ID card.

TexanPlus® HMO, TexanPlus® HMO-POS, Today's Options® PPO, Today's Options® PFFS, and Today's Options® HMO are Medicare Advantage plans with a Medicare contract. Enrollment in these plans depends on contract renewal. A Private Fee-for-Service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency. TexanPlus® HMO-SNP is a Medicare Advantage plan with a Medicare contract and a contract with the State Medicaid Program. Enrollment in TexanPlus® HMO-SNP depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare.