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• The exclusion for hormone treatments for Sex-Trait Modification for gender dysphoria only pertains to chemical and surgical modification of an individual's sex traits (including as part of "gender transition" services). We do not exclude coverage for entire classes of pharmaceuticals, e.g., GnRH agonists may be prescribed during IVF, for reduction of endometriosis or fibroids, and for cancer treatment or prostate cancer/tumor growth prevention.

We will send each new enrollee an FEP Blue Focus identification card, which covers pharmacy and medical benefits.

There are important features you should be aware of. These include:

- Who can write your prescriptions. A physician or dentist licensed in the United States,
  Puerto Rico, or the U.S. Virgin Islands, or, in states that permit it, a licensed/certified provider
  with prescriptive authority prescribing within their scope of practice must write your
  prescriptions. See Section 5(i) for drugs purchased overseas.
- Where you can obtain them.

You must fill prescriptions only at a Preferred retail pharmacy or through the Specialty Drug Pharmacy Program, in order to receive benefits. See Section 10 for the definition of "specialty drugs." For information about prescriptions obtained from an overseas retail pharmacy, see Section 5(i).

The Retail Pharmacy Program is administered by CVS Caremark. For a listing of Preferred retail pharmacies, call the Retail Pharmacy Program at 800-624-5060, TTY: 711, or visit our website, www.fepblue.org.

Note: If your prescription requires prior approval and you have not yet obtained prior approval, you must pay the full cost of the drug or supply at the time of purchase and file a claim with the Retail Pharmacy Program to be reimbursed. Please refer to Section 7 for instructions on how to file prescription drug claims.

The Specialty Drug Pharmacy Program is administered by CVS Caremark.

Notes:

 The Specialty Drug Pharmacy Program will not fill your prescription until you have obtained prior approval. CVS Caremark, the program administrator, will hold your prescription for up to 30 days. If prior approval is not obtained within 30 days, your prescription will be returned to you along with a letter explaining the prior approval procedures.

- Preferred retail pharmacies may offer options for ordering prescription drugs online.
   Drugs ordered online may be delivered to your home and these online orders are a part of the Retail Prescription Drug Program.
- Due to manufacturer restrictions, a small number of specialty drugs used to treat rare or uncommon conditions may be available only through a Preferred retail pharmacy. See Specialty Drug Pharmacy Program in this section for information about your cost-share for specialty drugs purchased at a Preferred retail pharmacy that are affected by these restrictions.

## • What is covered.

**We use a closed formulary.** Please see our online formulary and drug pricing search tools at www.fepblue.org or call 800-624-5060, TTY: 711.

If you purchase a drug that is not on the formulary, you will pay the full cost of that drug.

The FEP Blue Focus Formulary includes a list of preferred drugs that are safe, effective and appropriate for our members and are available at lower costs than other drugs.

Some drugs, nutritional supplements, and supplies are not covered; we may also exclude certain U.S. FDA-approved drugs when multiple generic equivalents/alternative medications are available. If you purchase a drug, nutritional supplement, or supply that is not covered, you will be responsible for the full cost of the item.

Notes:

 Before filling your prescription, please check the FEP Blue Focus Formulary drug list and tier assignment of the drug. Other than changes resulting from new drugs or safety issues, the preferred drug list is updated periodically during the year and not considered a benefit change.