Aetna Health of California Inc. Rider

Prescription drug plan

Rider effective date: June 01, 2026

This **prescription** drug plan rider is added to your evidence of coverage (EOC). It describes your **prescription** drug benefits. This rider is subject to all other requirements described in your EOC, including general exclusions and defined terms.

How to access your benefit

Read this section carefully. This plan doesn't cover all **prescription** drugs and some coverage may be limited. This doesn't mean you can't get **prescription** drugs that aren't covered; you can, but you have to pay for them yourself. For more information, about **prescription** drug benefits, including limits, see the schedule of benefits.

Important note:
A pharmacist may refuse to fill or refill a **prescription** when, in the professional judgement of the pharmacist, it should not be filled or refilled.

Your plan provides standard safety checks to encourage safe and appropriate use of medications. These checks are intended to avoid adverse events and align with the medication's U.S. Food and Drug Administration (FDA) approved prescribing information and current published clinical guidelines and treatment standards. These checks are routinely updated as new medications come to market and as guidelines and standards are updated.

Covered benefits are based on the drugs in the **drug guide**. We exclude **prescription** drugs listed on the formulary exclusions list unless we approve a medical exception. The formulary exclusions list is a list of **prescription** drugs not covered under the plan. This list is subject to change. If it is **medically necessary** for you to use a **prescription** drug that is not on this **drug guide**, you or your **health care provider** must request a medical exception. See the *Requesting a medical exception* section for more information.

Your **health care provider** can give you a **prescription** in different ways including:

- A written **prescription** that you take to a network pharmacy
- Calling or e-mailing a **prescription** to a network pharmacy
- Submitting the **prescription** to a network pharmacy electronically

The pharmacy may substitute a **generic prescription drug** for a **brand-name prescription drug**. Your cost share may be less if you use a generic drug when it is available. If there is a generic equivalent to a brand name drug, you will pay the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary.

Any **prescription** drug made to work beyond one month shall require the **copayment** amount that equals the expected duration of the medication.

Prescription drug synchronization

If you are prescribed multiple maintenance medications and would like to have them each dispensed on the same fill date for your convenience, your network pharmacy may be able to coordinate that for you. This is called synchronization. We will apply a prorated daily cost share rate, to a partial fill of a maintenance drug, if needed, to synchronize your **prescription** drugs.

How to access network pharmacies

A network pharmacy will submit your claim. You will pay your cost share to the pharmacy. You can find a network pharmacy online or by phone. See the *Contact us* section in your certificate for how. You may go to any of our network pharmacies. If you don't get your **prescription** at a network pharmacy, it will not be a **covered benefit** under the plan, except for medically necessary treatment of a mental health or substance use disorder, including but not limited to, behavioral health crisis services, provided by a 988 center or mobile crisis team or treatment provided by a CARE agreement or plan approved by a court are covered by an out-of-network pharmacy. You can access a list of preferred network pharmacies by contacting us.

Pharmacy types

Retail pharmacy

A **retail pharmacy** may be used for up to a 90 day supply of a **prescription** drug.

Mail order pharmacy

The drugs available through mail order are maintenance drugs that you take on a regular basis for a chronic or long-term medical condition. A **mail order pharmacy** may be used for up to a 90 day supply of a **prescription** drug.

Specialty pharmacy

A **specialty pharmacy** may be used for up to a 30 day supply of a **specialty prescription drug**. You can view the list of **specialty prescription drugs**. See the *Contact us* section for how.

All **specialty prescription drug** fills including the first fill must be filled at a network **specialty pharmacy** unless it is an urgent situation.

Partial fills

A partial fill of a Schedule II controlled substance may be dispensed when you or your prescriber request it. Your cost share will be prorated accordingly.

When the pharmacy you use leaves the network

Sometimes a pharmacy might leave the network. If this happens, you will have to get your **prescriptions** filled at another network pharmacy. You can use your **health care provider** directory or call us to find another network pharmacy in your area.

How to get an emergency prescription filled

You may not have access to a network pharmacy in an emergency or urgent situation or you may be traveling outside of your plan's **service area**. If you must fill a **prescription** in any of these situations, we will reimburse you as shown in the table below:

Type of pharmacy	Your cost share will be
A network pharmacy	The plan cost share
An out-of-network pharmacy	The full cost of the **prescription**

When you pay the full cost of the **prescription** at an out-of-network pharmacy:

- You will fill out and send a **prescription** drug refund form to us, including all itemized pharmacy receipts
- Coverage will be limited to items obtained in connection with the out-of-area emergency or urgent situation
- Submission of the refund form doesn't guarantee a refund. If approved, you will be reimbursed the cost of the **prescription** less your network cost share

Other covered benefits

Abortion drugs

Covered benefits include **prescription** drugs used for elective termination of pregnancy.

Anti-cancer drugs taken by mouth

Covered benefits include any drug prescribed for cancer treatment, including chemotherapy drugs. The drug must be recognized for treating cancer in standard reference materials or medical literature even if it isn't approved by the FDA for this treatment.

Contraceptives (birth control)

For females who are able to become pregnant, your **prescription** drug plan covers certain drugs and devices that the FDA has approved to prevent pregnancy. You will need a **prescription** from your **health care provider** and must fill it at a network pharmacy. At least one form of each FDA-approved contraception methods is a **covered benefit**. You can access a list of covered drugs and devices. See the *Contact us* section for how.

We also cover over-the-counter (OTC) and **generic prescription drugs** and devices for each method of birth control approved by the FDA at no cost to you. If a generic drug or device is not available for a certain method, we will cover the **brand name prescription drug** or device at no cost share.

Preventive contraceptives important note:
You may qualify for a medical exception if your **health care provider** determines that the contraceptives covered as preventive **covered benefits** under the plan are not medically appropriate for you. Your **health care provider** may request a medical exception and submit it to us for review. If the exception is approved, the **brand-name prescription drug** contraceptive will be covered at 100%.

Diabetic supplies

Covered benefits include items such as:

- Alcohol swabs
- Blood glucose calibration liquid
- Diabetic syringes, needles and pens
- Continuous glucose monitors
- Insulin infusion disposable pumps
- Lancet devices and kits
- Test strips for blood glucose, ketones, urine

See the *Diabetic services, supplies, equipment, and self-care programs* section of the certificate for medical **covered benefits**.

Immunizations
Covered benefits include preventive immunizations as required by the ACA when given by a network pharmacy. You can find a participating network pharmacy by contacting us. Check with the pharmacy before you go to make sure the vaccine you need is in stock. Not all pharmacies carry all available vaccines.

Infertility drugs
Covered benefits include oral and injectable **prescription** drugs.

Off-label use
Covered benefits may include off-label use of FDA-approved prescription drugs when it is not approved for your condition. Eligibility for coverage is subject to the following:

- The drug must be accepted as safe and effective to treat your condition as stated in:
  - American Society of Health-System Pharmacists Drug Information (AHFS Drug Information)
  - Thomson Micromedex DrugDex System (DrugDex)
  - Clinical Pharmacology (Gold Standard, Inc.)
  - The National Comprehensive Cancer Network (NCCN) Drug and Biologics Compendium
- Use for your condition and the dosage has been proven as safe and effective by at least one well-designed controlled clinical trial, and published in a peer reviewed medical journal known throughout the U.S.
- Your dosage of a drug is equal to the dosage for the same condition as suggested in the FDA-approved labeling or by one of the standard references stated above

Services related to off-label use of these drugs may:

- Require precertification
- Require **step therapy**
- Have additional requirements
- Have limits

Over-the-counter (OTC) drugs
Covered benefits include certain OTC medications when you have a **prescription** from your **health care provider**. You can see a list of covered OTC drugs by logging on to your member website.

Preventive care drugs and supplements
Covered benefits include preventive care drugs and supplements, including OTC drugs and supplements, as required by the ACA.

Risk reducing breast cancer prescription drugs
Covered benefits include **prescription** drugs used to treat people who are at:

- Increased risk for breast cancer
- Low risk for adverse medication side effects

Sexual dysfunction or enhancement drugs
Covered benefits include **prescription** drugs for the treatment of sexual dysfunction or enhancement for medically necessary services to treat a mental health disorder or substance use disorder. **Covered benefits** include **prescription** drugs for the treatment of sexual dysfunction or enhancement for other reasons. See the *Contact us* section for how to find the most up-to-date information on dosing.

Tobacco cessation prescription and OTC drugs

Covered benefits include FDA approved **prescription** and OTC drugs to help stop the use of tobacco products. You must receive a **prescription** from your **health care provider** and submit the **prescription** to the pharmacy for processing.

Weight loss drugs

Covered benefits include **prescription** drugs when prescribed solely for the treatment of Class III or severe obesity. Enrollment in a comprehensive weight loss program, if covered by the plan, may be required for a reasonable period of time prior to or concurrent with receiving the **prescription** drug.

Exclusions

The plan does not cover the following prescription drugs, except as described in this EOC in Other covered benefits or as required by law:

- Cosmetic drugs including medication and preparations used for cosmetic purposes
- **Prescription drugs** when prescribed by non-contracting providers for non-covered procedures and which are not authorized by a plan or a plan provider, except when coverage is otherwise required in the context of **emergency services and care.**
- **Prescription drugs** available over the counter or for which there is an over-the-counter equivalent (the same active ingredient, strength, and dosage form as the **prescription drug**). This exclusion does not apply to:
    - Insulin
    - Over-the-counter drugs as covered under preventive services, e.g., over-the-counter FDA-approved contraceptive drugs),
    - Over-the-counter drugs for reversal of an opioid overdose, or
    - An entire class of **prescription drugs** when one drug within that class becomes available over the counter.
- Replacement of lost or stolen drugs
- When prescribed for cosmetic services. For purposes of this exclusion, cosmetic means drugs solely prescribed for the purpose of altering or affecting normal structure of the body to improve appearance rather than function.
- When prescribed solely for the treatment of hair loss, sexual dysfunction, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. The exclusion does not apply to drugs for mental performance when they are **medically necessary** to treat diagnosed mental illness or medical conditions affecting memory, including, but not limited to, treatment of the conditions or symptoms of dementia or Alzheimer's disease.
- When prescribed solely for the purpose of losing weight, except when **medically necessary** for the treatment of Class III or severe obesity. Enrollment in a comprehensive weight loss program, if covered by the Plan, may be required for a reasonable period of time prior to or concurrent with receiving the **prescription drug**.
- When prescribed solely for the purpose of shortening the duration of the common cold.
- **Prescription drugs** that have been prescribed for one or more uses that are different from the use for which the drug is approved for marketing by the FDA (i.e., off-label use), if the conditions required by law are not met.

Where your schedule of benefits fits in

This schedule of benefits (schedule) lists the **deductibles**, **copayments** or **coinsurance**, if any apply to the **covered benefits** you receive under the **prescription** drug plan. You should review this schedule to become aware of these and any limits that apply to these services.

Your **prescription** drug costs are based on:

- The type of **prescription** you're prescribed
- Where you fill the **prescription**

The plan may make some **brand-name prescription drugs** available to you at the **generic prescription drug** cost share.

Precertification requirements that apply

For certain drugs, your **health care provider** needs to get approval from us before we will cover the drug. This is called **precertification**. The requirement for getting approval in advance guides appropriate use of certain drugs and makes sure they are **medically necessary**. We will tell your **health care provider** the decision within 72 hours or within 24 hours when you have an **emergency medical condition.**

Step therapy is a type of **precertification** where you must try one or more prerequisite drugs before a step therapy drug is covered. A 'prerequisite' is something that is required before something else. Prerequisite drugs are FDA-approved, may cost less and treat the same condition. If you don't try the prerequisite drugs first, the step therapy drug may not be covered.

Contact us or go online to get the most up-to-date **precertification** requirements and list of step therapy drugs.

Utilization review

Prescription drugs covered under the plan are subject to misuse, waste or abuse utilization review by us, your **health care provider** or your network pharmacy. The outcome of the review may include:

- Limiting coverage of a drug to one prescribing **health care provider** or one network pharmacy
- Quantity, dosage or day supply limits
- Requiring a partial fill or denial of coverage

Requesting a medical exception

Sometimes you or your **health care provider** may ask for a medical exception for drugs that are not covered or for which coverage was denied. You, someone who represents you, or your **health care provider** can contact us. You will need to provide us with clinical documentation. Any exception granted is based upon an individual and is a case-by-case decision that will not apply to other members. For directions on how you can submit a request for a review:

- Call the toll-free number on your ID card
- Log in to your member website at https://www.aetna.com/
- Submit the request in writing to CVS Health ATTN: Aetna PA, 1300 E Campbell Road, Richardson, TX, 75081

You, someone who represents you, or your **health care provider** may seek a quicker medical exception when the situation is urgent. It's an urgent situation when you have a health condition that may seriously affect your life, health, or ability to get back maximum function. It can also be when you are going through a current course of treatment using a non-covered drug.

We will make a coverage decision within 24 hours after we receive your request. We will tell you, someone who represents you and your **health care provider** of our decision. You can refer to the *Grievance and appeal procedure* section for more information on denial of coverage.

If you had approval for a **prescription** drug under a prior plan, your prescriber can continue to prescribe the same **prescription** drug for your medical condition under this plan.

Your cost share will not be more than the retail drug price. The amount you pay for the **prescription** drug will apply to your **maximum out-of-pocket limit** and **deductible** if you have one.

How to read your schedule of benefits

How your cost share works

- The **deductibles**, **copayments** and **coinsurance**, if any, listed in the schedule below are the amounts that you pay for **covered benefits**.
- You are responsible to pay any **deductibles**, **copayments** and **coinsurance**, if they apply and before the plan will pay for any **covered benefits**.
- Your **copayment** or **coinsurance** is the amount you pay for each **prescription** fill or refill. The schedule of benefits shows you the cost share you need to pay for a specific **prescription** fill or refill.
- This plan doesn't cover every **prescription** drug. You pay the full amount of any **prescription** drug you get that is not a **covered benefit**.
- This plan has limits for some **covered benefits**. For example, these could be visit, day or dollar limits.
- Your cost share may vary if the **covered benefit** is preventive or not. Ask your **health care provider** or contact us if you have a question about what your cost share will be.

Important note:
All **covered benefits** are subject to the calendar year **deductible**, maximum out-of-pocket, limits, **copayment** or **coinsurance** described in the medical plan schedule of benefits unless otherwise stated in this schedule.

General coverage provisions

Prescription drug maximum out-of-pocket limit provisions

Covered benefits that are subject to the **maximum out-of-pocket limit** include **covered benefits** provided under the medical plan and the **prescription** drug plan.

Certain costs that you have do not apply toward the **maximum out-of-pocket limit**. These include:

- All costs for non-**covered benefits**

Covered benefits

Generic prescription drugs

Description	In-network
30 day supply at a **retail pharmacy**	$10
90 day supply at **retail pharmacy**	3 times the 30 day amount
90 day supply at **mail order pharmacy**	$20

Preferred brand-name prescription drugs

Description	In-network
30 day supply at **retail pharmacy**	$30
90 day supply at **retail pharmacy**	3 times the 30 day amount
90 day supply at **mail order pharmacy**	$60

Non-preferred brand-name prescription drugs

Description	In-network
30 day supply at **retail pharmacy**	$50
90 day supply at **retail pharmacy**	3 times the 30 day amount
90 day supply at a **mail order pharmacy**	$100

Specialty prescription drugs

Description	In-network
30 day supply at a **specialty pharmacy** or a **retail pharmacy**	30% but no more than $250

Anti-cancer drugs taken by mouth

Description	In-network
30 day supply	$0
90 day supply	$0
90 day supply at **mail order pharmacy**	$0

Contraceptives (birth control)

Brand-name prescription drugs and devices are covered at 100% when a generic is not available

Description	In-network
90 day supply or up to 12 month supply of generic and OTC drugs and devices	$0
90 day supply or up to 12 month supply of **brand-name prescription drugs** and devices	Paid based on the tier of drug in the schedule

Diabetic supplies, drugs

Description	In-network
30 day supply at a **retail pharmacy**	Paid based on the tier of drug in the schedule
90 day supply at a **retail pharmacy**	Paid based on the tier of drug in the schedule
90 day supply at **mail order pharmacy**	Paid based on the tier of drug in the schedule

Preferred generic and brand name insulin

Description	In-network
30 day supply at a **retail pharmacy**	$25, no **deductible** applies
90 day supply at a **retail pharmacy**	3 times the 30 day amount
90 day supply at **mail order pharmacy**	$75, no **deductible** applies

Diabetic supplies, drugs, and insulin important note:
Your cost share will not exceed $35 per 30 day supply of a covered **prescription** insulin drug filled at a network pharmacy. No **deductible** applies for diabetic supplies and insulin.

Preventive care drugs and supplements

Description	In-network
Preventive care drugs and supplements	$0
Limits	Subject to any sex, age, medical condition, family history and frequency guidelines as recommended by the U.S. Preventive Services Task Force (USPSTF). For a current list of covered drugs and supplements or more information see the *Contact us* section.

Risk reducing breast cancer prescription drugs

Description	In-network
Risk reducing breast cancer **prescription** drugs	$0
Limits	Subject to any sex, age, medical condition, family history and frequency guidelines as recommended by the USPSTF. For a current list of covered risk reducing breast cancer drugs or more information, see the *Contact us* section.

Tobacco cessation prescription and OTC drugs

Description	In-network
Tobacco cessation **prescription** and OTC drugs	$0
Limits	Subject to any sex, age, medical condition, family history and frequency guidelines in the recommendations of the USPSTF. For a current list of covered tobacco cessation drugs or more information, see the *Contact us* section.

Prescription drug important note:
If a **health care provider** prescribes a covered **brand-name prescription drug** when a **generic prescription drug** equivalent is available and specifies "Dispense As Written" (DAW), you will pay the cost share for the brand-name drug. If a **health care provider** does not specify DAW and you request a covered **brand-name prescription drug**, you will be responsible for the cost share that applies to the brand-name drug plus the cost difference between the generic drug and the brand-name drug.