

# Active Choice Prescription Drugs and Biologics Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all provisions. Please refer to all sections of your Contract, including your *Outline of Coverage*, for guidelines on coverage and Cost-Sharing details.

## 1. Covered Services

The chapter in your Certificate entitled “Covered Services” is hereby amended.

The following covered language is *ADDED*:

### Active Choice Maintenance Drugs and Biologics Enrollment and Coverage

If you take certain medications on an ongoing basis, your Plan now requires you to make an active choice regarding the way you obtain your Prescription Drugs and Biologics.

After your group’s renewal, or when you start taking a new medication, you must make a choice to either opt-in to our home delivery program or opt-out to continue filling your prescriptions at a Network retail pharmacy.

### Active Choice Timeline

1. After your first prescription drug fill at your retail pharmacy, you’ll receive a letter and a telephone call informing you that you need to make a decision.
2. After your second prescription drug fill at your retail pharmacy, you’ll receive a letter and a telephone call informing you that you need to make a decision.
3. Before your third fill, you must decide whether you want to continue using a Network retail pharmacy, or opt-in to the ease of our home delivery program.

***If you don’t make a choice before your third fill, your prescription will not be covered and you will pay 100 percent for your maintenance drugs until you contact us and make your choice.***

If you’d like to continue to use a retail pharmacy to fill your maintenance drugs, please call the pharmacy number listed on the back of your ID card.



Don C. George  
President and CEO