

Pharmacy 101

A guide to common pharmacy terms



This guide can help answer your questions and explain some pharmacy terms.

Pharmacy glossary of terms

You may find yourself asking questions about your health care coverage. What is a copayment? How do I know what drugs are covered? What should I ask my doctor when he or she writes me a new prescription? This guide can help answer your questions and clarify some pharmacy terms. If you have any other questions, please visit www.aetna.com. Or call Member Services at the toll-free number on your Aetna Member ID card.

Annual Notice of Change

A letter sent to members in certain plans that tells them about any upcoming changes to their prescription drug plan. The letter is sent at the end of every year and affects drugs in the next plan year.

Benefit

The services, drugs and products covered by your health benefits and health insurance plan. This word is also used to describe your health plan in general.

Brand-name drug

A drug that is marketed under a specific trade name by a drug-maker. In most cases, these drugs are still under patent protection. This means that the drug-maker is the only manufacturer of this medication.

Chronic condition

A condition that lasts or keeps coming back over a long period of time. These conditions may be treated with maintenance medications.

Closed formulary

A prescription benefits plan that does not cover drugs on the Aetna Formulary Exclusions list without a medical exception.

Coinsurance

The percentage of the negotiated cost of your prescription drug you pay after you have finished paying your deductible. Your health plan pays the rest. For example, you might pay 10 percent of the negotiated drug cost.

Complex chronic condition

A chronic condition that may require you to take specialty medications. Examples are medications used to treat rheumatoid arthritis and multiple sclerosis.

Copay/copayment

The dollar amount you pay for your prescriptions after you have finished paying your deductible. For example, your plan might say that you pay \$25 for brand-name drugs.

Deductible

The amount you pay for prescriptions before your health plan begins to pay. For example, your plan might have a \$1,500 deductible.

Dependent

A family member who is covered by your plan. It can be a child, spouse or domestic partner.

Drug

A natural, live, or man-made ingredient used to treat an illness. "Medication" is another commonly used term.

Drug tiers

Tiers are coverage levels. Often, tiers have different out-of-pocket costs. Depending on your plan, you might see the tiers grouped by generic, brand-name, preferred or non-preferred drugs.

Exclusion

A drug, product or service that is not covered by your plan.

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Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy providing prescription services by mail.



Flexible Spending Account (FSA)

A way to set aside money to pay for your health care or prescriptions while saving money on taxes. Money is taken from your paycheck and placed into a fund. You can use the fund to pay for health care costs throughout the plan year. FSAs have a time limit. This means the money must be used in the same plan year.

Formulary

Also known as the "Preferred Drug List." It is a list of medications preferred by Aetna prescription benefit plans. The Preferred Drug List is not a complete list of medications covered under the benefit plan. Some benefit plans may not cover certain medications on this list, such as contraceptives,* infertility drugs and diabetic supplies.*

Generic drug

A "copy" of a brand-name drug. It has the same basic ingredients that a brand drug does. Plus, the Food and Drug Administration has found that it is just as safe and effective as the brand drug. Generic drugs usually cost less than brand drugs, which means you may save money by choosing generics.

Health Reimbursement Arrangement (HRA)**

Part of a health plan that gives you money to pay for prescriptions and other health care costs. Your employer puts money into a fund. You can use the fund to pay out-of-pocket costs, like your copays, or deductibles. Unused money is rolled over and can be used in the next plan year.

Health Savings Account (HSA)***

Part of a health plan that helps you pay for prescriptions and other health care costs. You and your employer can put money into this account. Or you can save money in the account for future health care costs. The account grows interest.

ID card

The card you get that shows you are a member when you join a health plan. Show it to your pharmacist to access your prescription drug benefits.

Limitations

Restrictions put into place based on the coverage options chosen by the plan sponsor. They define what the benefit plan does or doesn't cover or things that must be done before something is covered.

Mail-order pharmacy

A convenient service that lets you get medications through the mail. Aetna Rx Home Delivery® is the name of Aetna's mail-order pharmacy. Often you can save money by using a mail-order pharmacy.

Maintenance medications

Prescription drugs that are taken on a regular basis. These drugs help treat chronic conditions like high blood pressure.

Medicare Part D

A Medicare Prescription drug benefit.

Open enrollment

The time period when you can make choices about your health plan coverage for the next year.

Open formulary

A prescription benefits plan that covers all eligible prescription drugs.

Out-of-pocket costs

Any costs that you must pay a portion of for your health care. Copays, coinsurances and deductibles are examples.

Out-of-pocket maximum

A limit on the costs you must pay for covered services after you meet your deductible. Your plan pays 100 percent of the costs of covered services for you after you reach this amount. The limit usually comes up yearly.

Over-the-counter drugs

Drugs that can be bought without a prescription. They are not covered under most prescription benefits plans. Aspirin, ibuprofen, Prilosec OTC and cold remedies are examples.

Participating pharmacy

A pharmacy that has a contract with your health plan. You can use a participating pharmacy to fill your prescriptions.

*Contraceptives and diabetic supplies will always be covered in a California HMO plan.

**HRAs are currently not available to HMO members in IL and Small Group members in FL.

***HSAs are currently not available to HMO members in IL and CA.

Pharmacy network

Each participating pharmacy belongs to a pharmacy network. A network is a group of pharmacies that has a contract with your health plan. A network pharmacy provides services at a special reduced rate for our members.

Prescription

Instructions given by a doctor or other health care provider that directs the care for a patient. Prescriptions may include direction for the patient, caregiver, nurse, pharmacist or other therapist.

Prescription drug

A drug that is regulated by the Food and Drug Administration that requires a prescription before it can be bought. The term is used to separate it from over-the-counter drugs, which don't require a prescription.

Retail pharmacy

A community pharmacy where you can order and pick up prescription drugs.

Rx

A symbol that means "prescription" or "pharmacy."

Specialty medications

Drugs taken for complex chronic conditions like rheumatoid arthritis or HIV. These drugs are most often injected, given through an IV or taken by mouth.

These drugs can cost more and require more monitoring than other types of drugs. And they may not be available at retail pharmacies.

Specialty pharmacy*

A type of pharmacy that dispenses specialty medications. Aetna Specialty Pharmacy® is the name of Aetna's specialty pharmacy. It delivers specialty medications by mail and offers in-depth patient support from a team of nurses and pharmacists.

*Specialty medications through Aetna Specialty Pharmacy and the Specialty Pharmacy Network may not be available to California HMO members. Talk to your doctor about the appropriate way to get the specialty medications you need. Doctors may have agreed to dispense and administer these drugs to you themselves. Or they may write a prescription so you can fill them at any participating retail or mail-order pharmacy.

Precertification

A process in which you must get prior approval before certain drugs or services are covered.

Quantity Limits

Limits placed on drugs so that they are not taken in amounts that are higher than recommended by medical guidelines or the Food and Drug Administration.

Step-therapy

With this program, trying one or more prerequisite drugs is required before other medications will be covered.

Therapeutic duplication

This happens when two drugs of the same type are prescribed at the same time. Rarely are two drugs from the same category necessary to treat a medical condition. Taking these drugs at the same time may be harmful to your health.



Aetna terms

Aetna Formulary Exclusions List

The part of a prescription benefits and insurance plan that names drugs that are only covered if you have a medical exception.

Aetna Pharmacy Management

The division that manages Aetna prescription benefits and insurance plans.

Aetna Preferred Drug List

Also known as a "formulary." This is a list of medications preferred by Aetna prescription benefit plans. The Preferred Drug List is not a complete list of covered medications. Some plans may not cover certain medications on this list, such as infertility drugs.

Aetna Rx Home Delivery

Aetna's mail-service pharmacy. Members may be able to order up to a 90-day supply of maintenance mail-service medications at a time.

Aetna Specialty Pharmacy

Aetna Specialty Pharmacy is available for members to fill their specialty medications. It provides self-injectable, infused, and select oral drugs. Patients also get in-depth support throughout their treatment.

Secure Member Website

Visit www.aetna.com and log in to your secure member website, Aetna Navigator®. You'll find tools and resources to help you learn more about your pharmacy benefits and claims.



Pharmacy benefits in action

Pharmacy — the most accessed health benefit

Chances are you use your pharmacy benefits more than any other part of your health plan. You may need to take medication every day for high blood pressure. Or you may need to pick up antibiotics for your child's ear infection. Either way, when medical issues come up, you may need prescription drugs. When this happens, you need to consider a few things:

- What should you know about these medications before you get them from a pharmacy?
- How should you take your medication? By mouth? Before bed? With food?
- Should you fill your prescriptions through the mail?
- Should you get a generic drug?
- Are you paying the lowest possible cost?

As you can see, understanding how your benefits work is important to know how to get the most out of them.

What prescription drugs are covered?

Many Aetna prescription drug plans offer coverage based on our Preferred Drug List (also known as a formulary). It is meant to give you a general view of drugs covered by your plan. Depending upon the benefit plan, the Preferred Drug List may provide different levels of coverage for preferred and non-preferred drugs. The Preferred Drug List includes both generic and brand-name drugs. The list is regularly reviewed and may change in response to new drugs to the market, medical guidelines and information from the Food and Drug Administration (FDA) and drug-makers.

To see what your plan covers, log in to www.aetna.com. Then look for Medication Search. From there, you can enter the name of a brand-name or generic drug. You can see if your drug is covered, the tier your drug is on and if a generic equivalent is available.

What should you do if your doctor prescribes a drug that isn't covered by your plan or is too costly?

When your doctor gives you a prescription, ask him or her a few questions about it.

- What does this drug do?
- Is it right for you?
- Would a generic be appropriate?
- Is there a less costly alternative?

Choosing a drug that is on a lower tier, or that is generic, may help save you money. If your plan has one, you may want to bring a copy of your Aetna Preferred Drug guide to your doctor's office. That way, you can see if the drug is covered. Ultimately, decisions about your care are up to you and your doctor.

Are generic drugs right for me?

Generic drugs can help you get more for your health care dollars. They are generally less expensive than brand-name drugs, but they do the same job. That's why we encourage you and your doctor to consider them whenever possible.

Generic drugs are approved by the FDA to be as safe and effective as their brand-name counterparts. They have the same active ingredients in the same dose. The difference is that they may be another shape, size or color.



What do I have to do at the pharmacy to get the generic version of a drug?

Most pharmacies can substitute a generic drug for a brand-name drug. In fact, many will make the switch automatically, unless your state law says they can't.

However, your doctor may have written "DAW" on your prescription. This stands for "dispense as written." It means that the pharmacy can't give you a generic drug instead of a brand-name one without calling your doctor. Your doctor may do this if he or she believes that the generic drug is not right for you.

How can I find out how much a drug will cost?

Most people like to know how much their medicine is going to cost them before they get to the pharmacy. If you have Internet access, you can use our Price-A-DrugSM tool on your secure member website to find out your estimated drug costs.

Log in at www.aetna.com and click on "Prescription Drug Costs". From there, enter the name of your drug and your dose. The tool will also show you how much you could save by using our Aetna Rx Home Delivery mail-service pharmacy.

If you don't have access to the Internet, you can always call Member Services. The toll-free number is on your Aetna Member ID card.

How do I start using Aetna Rx Home Delivery?

Aetna Rx Home Delivery is a convenient, cost-effective way to get medicine you take regularly sent to you by mail. And it might be part of your plan. To start taking advantage of Aetna Rx Home Delivery, just follow these easy steps:

- Step 1: Ask your doctor for a prescription for each maintenance medication you or a family member is taking (typically a 90-day supply).
- Step 2: Complete and mail an order form, along with your new prescriptions and method of payment, to Aetna Rx Home Delivery.
- Or: Have your doctor fax your prescriptions to Aetna Rx Home Delivery.

For forms, mailing information and telephone numbers, please go to www.aetna.com and log in to your secure member website, Aetna Navigator. Or call Member Services toll-free at the number on your Aetna Member ID card.

How do I start using Aetna Specialty Pharmacy?

If your plan includes Aetna Specialty Pharmacy, you can get specialty drugs through the mail. You can also get extra support throughout your treatment from specially trained nurses and pharmacists. They are available by phone 24 hours a day, 7 days a week.

There are a few ways to get started:

- Fill out a Patient Profile Form. Then send it in along with your prescription. Visit www.AetnaSpecialtyRx.com and click "Enroll" to access this form and directions to submit it; or

- Ask your doctor to fill out a Medication Request form. Then ask him or her to fax it with your prescription to **1-866-FAX-ASRX (1-866-329-2779)**. Doctors can visit www.AetnaSpecialtyPharmacy.com and click "Find our forms" to access the needed form; or
- To transfer a prescription to Aetna Specialty Pharmacy, have your current pharmacy call our pharmacy toll-free at **1-866-782-2779**. Or, ask your doctor to call or fax in your specialty prescriptions to us.

What online tools can I use to manage my prescription drug benefits?

Your secure member website has many different tools to use to take care of your family's prescription drug needs:

- **Benefits Summary** — Look through your prescription benefits to find out what's covered.
- **Claim Search** — Locate drug claims and cost information in one place.
- **Price-A-Drug** — Find cost information with just a few clicks.
- **Medication Search** — Look up coverage information about your drug.
- **Find a Pharmacy** — Enter your ZIP code to find a participating pharmacy near you.
- **SmartSourceSM** — Find personalized information about your conditions, treatments and costs.



The term precertification means the utilization review process used to determine whether the requested service, procedure, prescription drug or medical device meets Aetna's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members. Step-therapy and precertification may not apply in all service areas. For example, step-therapy and precertification programs do not apply to fully insured members in Indiana. Step-therapy is also not available for fully funded groups in New Jersey. California HMO members who are receiving coverage for medications that are added to the precertification or step-therapy lists will continue to have those medications covered for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

This material is for information only and is not an offer or invitation to contract. Health benefits and health insurance plans contain exclusions and limitations. Aetna HealthFund HRAs are subject to employer-defined use and forfeiture rules and are unfunded liabilities of your employer. Fund balances are not vested benefits. Investment services are independently offered through JPMorgan Institutional Investors, Inc., a subsidiary of JPMorgan Chase Bank. For Small Group, investments are independently offered through HealthEquity, Inc. Aetna receives rebates from the manufacturers of many drugs, including many that are on the Preferred Drug List. These rebates do not reduce the amount you pay for an individual prescription drug. However, they help control the overall costs of prescription drug coverage. Your pharmacy benefit provides coverage for many drugs that are not on this list. Also, in some cases, if you need to pay a percentage of the cost of the drug or an amount to meet a deductible, your costs may be higher for a "preferred drug" than they would be for a "non-preferred drug." You can find out more about the terms and limitations on your plan by reading your plan documents. You can also contact Member Services.

Policy forms issued in OK include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/Gr-29N.

Information is believed to be accurate as of the production date. However, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

