

2010 Plan Finder Footnotes

¹ This drug may be subject to prior authorization, step therapy or quantity limits. View plan details or contact the plan for more information.

² By law, this drug is excluded from being covered under the Medicare program. Certain plans, including this one, cover this drug as a supplemental benefit to their plan. However, any amount you spend for this drug is not counted toward any deductibles, initial coverage or out-of-pocket limits.

³ This drug may be covered under Medicare Part B. If covered under Medicare Part B, the coverage of this drug will be through Medicare and not your prescription drug plan. You will typically pay 20% of the Medicare-approved amount for the drug instead of the amount listed above. Please contact your drug plan or local Durable Medical Equipment Regional Carrier for additional information regarding your coverage of this drug.

⁴ By law, this drug is excluded from being covered under the Medicare program. Some other plans may cover this drug as a supplemental benefit to their plan. However, any amount you spend for this non-formulary drug is not counted toward any deductibles, initial coverage or out-of-pocket limits.

⁵ The quantity you entered is for less than a month supply. The cost information on this page tells you what you'll pay for a drug in the month you fill the prescription. The estimated annual cost takes into account how much of each drug you'll need each year.

⁶ The initial fill of a prescription for this drug is available at a reduced or \$0.00 cost share. Please contact your plan for details.

⁷ The price displayed on this website for this drug during this period may be lower than what you would typically pay. Please check back on or after 11/12/2008 for updated pricing.

⁹ This drug may only be covered under the plan when purchased at certain pharmacies within the plan's network. Please contact the plan for details.

¹⁰ An enhanced Medicare drug plan (Part D) may limit its coverage, up to a certain quantity, for drugs that aren't generally covered by Medicare prescription drug coverage (like drugs for weight loss or gain or for erectile dysfunction). These coverage limits are not subject to exception.

¹¹ If you get the vaccine administered at a network pharmacy, the maximum amount that you can be charged per administration is \$[Vaccine Administration fee]. Not all network pharmacies provide and/or administer vaccines. If you will not be getting the vaccine administered at a network pharmacy, please contact your plan for more information about applicable vaccine administration charges. Please contact your pharmacy and/or the plan for more information about vaccine administration.

¹² This is a home infusion drug and is covered under enhanced medical (Part C) benefits. Please contact the plan for details.

¹⁴ If you use a mail order pharmacy, try to always choose "Every Month" in the Refill Frequency box. The other choices in this box will only allow us to provide you with retail pharmacy cost estimates for your drugs instead of mail order pharmacy costs. You should contact the plan (see Contact Information section above) to find out the estimated mail order cost for this drug.

¹⁵ Any amount you spend for a non-formulary drug is not counted towards the deductible, initial coverage limit or out-of-pocket costs UNLESS the plan approves a formulary exception. If an exception is approved, the non-formulary drug will be covered at Tier XX. Please contact the plan for more information.