

Amendment to Plan of Benefits

For Employees of: City of Round Rock
Master Services Agreement No.: 819919

Effective April 1, 2015, the following changes have been made to your Booklet.

1. The following Notice replaces the Notice currently appearing in the “How the Pharmacy Plan Works” sub-section of the **Your Pharmacy Benefit** section of your Booklet.

Notice

The plan does not cover all **prescription drugs**, medications and supplies. Refer to the Limitations section of this coverage and *Exclusions* section of your Booklet.

- **Covered expenses** are subject to cost sharing requirements as described in the Cost Sharing sections of this coverage and in your Schedule of Benefits.
- **Prescription drugs** will only be covered when obtained through a **network pharmacy**.
- **Injectable prescription drug** refills will only be covered when obtained through **Aetna’s specialty pharmacy network**.

2. The following item entitled *Network Benefits for Specialty Care Drugs* replaces the item entitled *Specialty Pharmacy Care Drug Benefits* currently appearing in the “Pharmacy Benefit – What the Plan Covers” sub-section of the **Your Pharmacy Benefit** section of your Booklet.

Network Benefits for Specialty Care Drugs

Specialty care drugs are covered at the network level of benefits only when dispensed through a **network retail pharmacy** or **Aetna’s specialty pharmacy network pharmacy**. **Specialty care drugs** often include typically high-cost drugs that require special handling, special storage or monitoring and include but are not limited to oral, topical, inhaled and injected routes of administration. Refer to **Aetna’s** website, www.aetna.com to review the list of **specialty care drugs** required to be dispensed through a **network pharmacy** or **specialty pharmacy network pharmacy**. The list may be updated from time to time.

The initial prescription for **specialty care drugs** must be filled at a **network retail pharmacy** or at **Aetna’s specialty pharmacy network**.

You are required to obtain **specialty care drugs** at **Aetna’s specialty pharmacy network** for all prescription drug refills after the initial fill.

3. The following Pharmacy Benefit Exclusion for *Injectables* replaces the exclusion by the same name currently appearing in the **Your Pharmacy Benefit** section of your Booklet.

Injectables:

- Any charges for the administration or injection of **prescription drugs** or injectable insulin and other injectable drugs covered by the Plan;
- Injectable drugs dispensed by **out-of-network pharmacies**;
- Needles and syringes, except for diabetic needles and syringes;

- Injectable drugs if an alternative oral drug is available;
- For any refill of a designated self-injectable drug not dispensed by or obtained through the **specialty pharmacy network**. An updated copy of the list of self-injectable drugs designated by this plan to be refilled by or obtained through the **specialty pharmacy network** is available upon request. You may also get a copy of the list on **Aetna's** website at www.aetna.com;
- For any drug, which due to its characteristics as determined by us must typically be administered or supervised by a qualified **provider** or licensed certified **health professional** in an outpatient setting. This exception does not apply to Depo Provera and other injectable drugs used for contraception.