

This Prescription Drug Rider describes your Prescription Drug coverage provided by Hometown Health.

Prescription Drug Coverage. Members must utilize the Hometown Health Pharmacy Network. This Policy does not cover drugs which are purchased from pharmacies that are not part of the Hometown Health Pharmacy Network. Members must work with their doctors to select drugs that are included in the Hometown Health Commercial Prescription Drug List. This Policy does not cover drugs which are not included in the Hometown Health Commercial Prescription Drug List.

Additional Requirements. This Prescription Drug Rider describes benefits, exclusions, limitations, and applicable administrative policies, rights, responsibilities, and procedures. This document is summary in nature. It does not contain all of the Prior Authorization requirements and specific restrictions, exclusions and limitations associated with this Prescription Drug Rider. Refer to the Evidence of Coverage (EOC) for a more comprehensive list of Prior Authorization requirements and specific cost sharing information, restrictions, exclusions and limitations. In case of conflicts between the EOC and this Prescription Drug Rider, the EOC shall be the document that determines the benefits or interpretation of those documents. Copies of EOCs, Schedules of Benefits, Prescription Drug Rider, attachments, Preferred Provider lists and other associated documents are available online at www.hometownhealth.com. We will provide you with paper copies of these documents without charge upon your request to our customer services department.

Ongoing Regulation. This Prescription Drug Rider complies with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, referred together as the Affordable Care Act (ACA), and all other applicable state and federal insurance laws, regulations and guidance effective on the date of publication of this Prescription Drug Rider. These laws, regulations and supporting guidance may change. We will provide coverage under this Rider in accordance with these laws regulations and guidance as changes are issued.

Definitions. Specific terms used throughout the PPO Prescription Drug Rider are defined as follows. For additional definitions and information, see the EOC that governs this Rider.

Ancillary Charge – An additional cost-sharing charge borne by the Member and calculated as the difference between the contracted reimbursement rate for participating pharmacies for the medication dispensed and the generic-drug product equivalent. Ancillary Charges do not apply toward your Deductible or Out-of-Pocket Maximum. The contracted reimbursement rate for participating pharmacies does not include amounts that Hometown Health may receive under rebate programs offered by pharmaceutical manufacturers.

Brand-Name Prescription Drug or Brand Drug – A prescription drug, including insulin, typically protected under patent by the drug's original manufacturer or developer with a proprietary trademarked name

Coinsurance – The percentage of the contracted reimbursement rate for a covered service that is due and payable by the Member to a Provider upon receipt of the service. There may be separate coinsurance for medical, pharmacy and other benefits according to the Benefit Plan that is in place. Coinsurance applies after all Deductibles have been paid, unless otherwise stated within the Summary of Benefits, EOC, or this Prescription Drug Rider. Coinsurance paid by the Member applies to the Out-of-Pocket Maximums.

Copayment – The dollar amount that a Member must pay to a Provider upon receipt of certain covered services. Copayments apply after all deductibles have been paid, unless otherwise stated within the Schedule of Benefits or EOC. If there is no Deductible for a particular service or the applicable Deductible has been reached, and a Copayment is listed, the Member’s cost sharing for that service will be that Copayment. Copayments paid by the Member apply to the In-Network Out-of-Pocket Maximums.

Deductible – The amount that must be paid by a Member each plan year before Hometown Health pays for certain covered services, other than preventive care. There may be separate Deductibles for medical, pharmacy and other benefits according to the Benefit Plan that is in place, or they may be combined. Services subject to the Deductible will be annotated with “CYD” in the Benefit Summary Table. Generally, Copayments or Coinsurance are payable once the member or family has reached the applicable Deductible. Amounts paid by the Member that are applied to the In-Network Deductible are also applied to the In-Network Out-of-Pocket Maximum.

The family Deductible is set at two to three times the individual Deductible. Once the family has reached the family Deductible, benefits are payable to all Members of the family regardless of whether the Member has met the individual Deductible. For plans with an Embedded Deductible, one individual family member cannot contribute more than the individual Deductible amount. For plans with an Umbrella Deductible, the family must satisfy the family Deductible each plan year before benefits are payable for any individual family Member. See the definition of Deductible in your applicable medical Schedule of Benefits to see which definition of Deductible applies to you.

Diabetic Services – Products for the management and treatment of diabetes, including infusion pumps and related supplies, medication, equipment, supplies and appliances for the treatment of diabetes.

Drug Formulary – A comprehensive list of Brand Drugs and Generic Drugs, approved by the U.S. Food and Drug Administration (FDA), covered under this Benefit Plan. The medications covered under this formulary may be substantially different from other Hometown Health drug formularies

Formulary Drug – A Brand Drug or Generic Drug included in the Drug Formulary.

Generic Prescription Drug or Generic Drug – A prescription drug, whether identified by its chemical, proprietary or nonproprietary name, that is accepted by the FDA as therapeutically equivalent and interchangeable with a drug having an identical amount of the same active ingredient(s) in the same proportions, that have the same information printed on the label and that perform in the same manner as the trademarked, brand-name version of the drug.

Injectable Drugs – A prescription drug dispensed from a pharmacy (including combination therapy kits) that are injected directly into the body by the Member or the Member’s Provider.

Maximum Allowed Amount – The lowest available cost to Hometown Health for a Generic Drug, a prescription drug product or a Brand Drug without a generic drug equivalent available at the time a prescription is filled.

Non-Covered Drug – A drug not listed in the Drug Formulary. There is no coverage for drugs not listed in the Hometown Health Drug Formulary.

Non-Formulary Drug – A drug not listed in the Drug Formulary that has either a generic or a brand alternative drug that is listed in the Drug Formulary. There is no coverage for drugs that are not listed in the Hometown Health Drug Formulary.

Non-Participating Pharmacy – A pharmacy with which Hometown Health is not contracted to provide discounted covered prescription drug products to its Members

Out-of-Pocket Maximum – The most a Member will pay during a plan year for covered health benefits. Copayments, Coinsurance and Deductibles paid by Members count towards the In-Network Out-of-Pocket Maximum. The Out-of-Pocket Maximum does not include premiums, cost-sharing for non-covered services, expenses associated with denied claims and Ancillary Charges.

Participating Mail Order Pharmacy – A pharmacy with which Hometown Health has contracted to provide Prescription Drugs, including insulin, to its Members by mail.

Participating Retail Pharmacy – A pharmacy with which Hometown Health has contracted to provide discounted Prescription Drugs to its Members.

Preferred Drug – A Prescription Drug that is usually covered at a lower cost to the Member than a non-Preferred Drug.

Prescription Drug – A medication, product or device approved by the FDA and dispensed under state or federal law pursuant to a prescription order (script) or refill.

Prior Authorization – Approval from Hometown Health that may be required before you get a service or fill a prescription in order for the service or prescription to be covered by Hometown Health. Prior Authorizations protect you from expenses that result from receiving services that are not covered, not medically necessary or are otherwise excluded from coverage under this plan. You may find a full list of services that require prior authorization in the EOC or by visiting our website at www.hometownhealth.com.

Specialty Pharmaceuticals – Prescription Drugs having one or more of the following characteristics: expensive (typically greater than \$300 per dosage unit or per prescription); limited access; complicated treatment regimens; compliance issues; special storage requirements; or manufacturer reporting requirements.

Benefit Summary Table. The following Benefit Summary Table lists the Member's responsibility. Items marked with "CYD" are subject to the Plan Year Deductible which resets each January 1.

Benefit Summary Table	
Benefit Category	<u>Member Responsibility</u>
Plan Year Deductibles and Out-of-Pocket Maximums	
Individual Medical & Pharmacy Combined Deductible	See your Schedule of Benefits
Family Medical & Pharmacy Combined Deductible	See your Schedule of Benefits
Individual Combined Medical and Pharmacy Out-of-Pocket Maximum	See your Schedule of Benefits
Family Combined Medical and Pharmacy Out-of-Pocket Maximum	See your Schedule of Benefits
Formulary Drugs	
Tier 1 (T1) – Generic Drugs	\$7 copay / script
Tier 2 (T2) – Preferred Brand Drugs	\$40 copay / script
Tier 2 (T2) – Preferred Brand Drugs with a Formulary Generic Drug alternative	\$40 copay / script plus the Ancillary Charge
Tier 3 (T3) – Non-Preferred Drug	The greater of \$75 copay / script or 40% plus the Ancillary Charge
Tier 4 (T4) – Specialty Pharmaceuticals (<i>Specialty Pharmaceuticals require Prior Authorization. Most Specialty Pharmaceuticals must be obtained through a specialty pharmacy designated by Hometown Health and are limited to a 30-day supply per fill.</i>)	30%
Non-Formulary Drugs	
Generic and Brand Drugs that are not excluded from coverage	The greater of \$75 copay / script or 40% plus the Ancillary Charge
Excluded Generic and Brand Drugs	Not Covered
Diabetic Supplies	
Diabetic Supplies (<i>Includes insulin, insulin syringes with needles, glucose blood-testing strips, glucose urine-testing strips, ketone testing strips, lancets and lancet devices. Diabetic supplies are classified consistently with prescription drugs as being Formulary Generic, Formulary Brand, Formulary Brand with a Formulary Generic alternative, or Non-Formulary Generic or Brand without a Formulary alternative.</i>)	Based on classification of items

Other Pharmacy Information

Drug Formulary – The Hometown Health Pharmacy and Therapeutics Committee developed the Drug Formulary. This committee, which is comprised of physicians from various medical specialties, reviews medications in all therapeutic categories and selects the agent(s) in each class that meet its criteria for safety, effectiveness, and cost. The Pharmacy and Therapeutics Committee meets twice a year to review new and existing medications to ensure that the Drug Formulary remains responsive to the needs of Hometown Health Members and Providers. A copy of the Drug Formulary is available upon request by the Member or may be accessed at www.hometownhealth.com. Information regarding the Drug Formulary can be obtained by contacting Hometown Health's at 775-982-3232 or 800-336-0123. Inclusion of a drug in the Drug Formulary does not guarantee that a Provider will prescribe that drug for a particular medical condition. The Drug Formulary is subject to change at the sole discretion of Hometown Health.

Prior Authorizations – For certain outpatient Prescription Drugs, a prescribing physician must contact Hometown Health or the Pharmacy Benefit Manager (PBM) to request and obtain coverage for such Drugs. Hometown Health or the PBM will respond to the physician by telephone or other telecommunication device once authorization has been determined. The list of Prescription Drugs requiring Prior Authorization is subject to change by Hometown Health. An updated copy of the list of Prescription Drugs requiring Prior Authorization shall be available upon request by the Member or may be accessed at www.hometownhealth.com.

If Prior Authorization is not obtained, the Member must pay the Participating Retail or Mail Order Pharmacy directly and in full for the cost of the Prescription Drug. To be eligible for reimbursement, the Member is responsible for submitting a request for reimbursement in writing to Hometown Health. The request must include a copy of the receipt for the cost of the Prescription Drug and documentation from the prescribing physician that the Prescription Drug is Medically Necessary for the Member's medical condition. If the claim is approved, Hometown Health will directly reimburse the Member the cost of the Prescription Drug, less the applicable Deductible, Copayments or Coinsurance specified in this Prescription Drug Rider.

90-Day Supplies – Original and refill prescriptions are limited to a 90-day supply at a Participating Retail Pharmacy unless otherwise limited by Hometown Health or the drug manufacturer. Note: A 30-day filled prescription is required prior to a 90-day filled prescription.

Mail Order – Some covered Prescription Drug products are available through a Participating Mail Order Pharmacy. Mail order prescriptions are limited to a 90-day supply unless otherwise limited by Hometown Health, the drug manufacturer or the FDA. A 30-day filled prescription is required prior to a 90-day filled prescription. You may be required to fill the prescription at a Participating Retail Pharmacy before utilizing the mail order service.

A Copayment for a Formulary Drug prescription filled through a Participating Mail Order Pharmacy is two times the Copayment of a Formulary Drug prescription (30-day supply) filled through a Participating Retail Pharmacy. The Member payment responsibility for a Non-Formulary Drug prescription filled through a Participating Mail Order Pharmacy is two times the Copayment of a Non-Formulary Drug prescription (30-day supply) filled through a Participating Retail Pharmacy or, if applicable, the greater of the mail order Copayment or 40% Coinsurance.

Member Responsibility – Benefits are provided for outpatient prescription drugs that meet the requirements specified in this Prescription Drug Rider and are subject to the provisions of the EOC. Members are responsible for paying their Deductible, Copayments, Coinsurance and/or Ancillary Charge to the pharmacy at the time their prescriptions are filled. For Prescription Drug products covered under a Copayment benefit, the member is responsible for paying the lesser of the Copayment or the actual retail price of the Prescription Drug product.

Hometown Health is not responsible for the cost of any Prescription Drug for which the actual charge to the Member is less than the required Copayment or payment that applies to the Deductible or for any drug for which no charge is made to the Member. Hometown Health retains the right to review all requests for reimbursement and, at its sole discretion make reimbursement determinations subject to the grievance procedure section of the certificate.

Members are required to present their Hometown Health membership card when filling prescriptions at a pharmacy. A Member who fails to present the Hometown Health ID card may not be entitled to direct reimbursement from Hometown Health, and the Member may be responsible for the entire cost of the prescription. If a Member does not use this Policy (does not use their insurance card) to purchase a prescription drug and then requests reimbursement for the purchase of the prescription drug in a non-Emergency, non-urgent care situation, Hometown Health will only reimburse the Member the amount that Hometown Health would have paid if the prescription drug were purchased using the Policy. Because Hometown Health has access to contract discounts, the amount that Hometown Health pays could be considerably less than the amount the Member can get without using this Policy, resulting in a much higher cost to the Member compared to if the Member used this Policy to purchase the drug.

Participating Pharmacies – A Participating Retail Pharmacy or Participating Mail Order Pharmacy may refuse to fill a prescription order or refill when in the professional judgment of the pharmacist the prescription should not be filled. Non-Emergency and non-urgent care prescriptions will be covered only when filled at a Participating Retail Pharmacy or the Participating Mail Order Pharmacy.

Non-Participating Pharmacies – Non-Participating Pharmacies may require payment in full for prescriptions. Members may file a claim for reimbursement from Hometown Health provided the claim is received by Hometown Health within 120 days from the date the prescription was filled. Claim forms are available upon request from Hometown Health. Charges in excess of the maximum allowed amount for prescription drug products received from a Non-Participating Pharmacy are the Member's responsibility.

Specialty Pharmaceuticals – Many Specialty Pharmaceuticals are biotech medications, using DNA recombinant technology (genetic replication) as opposed to chemical processes. Specialty Pharmaceuticals may be delivered in any setting and may include Injectable Drugs or medications given by other routes of administration, or oral medications.

Most Specialty Pharmaceuticals must be obtained through a specific specialty pharmacy designated by Hometown Health and are limited to a 30-day supply per script. A list of drugs classified as Specialty Pharmaceuticals is subject to change at the sole discretion of Hometown Health.

Cancer Treatment – Drugs covered under the Drug Formulary for this Prescription Drug Rider for use in the treatment of an illness, disease or other medical condition will also be covered for the treatment of cancer when medically necessary and approved by the FDA or when required by state and federal law. Experimental drugs not approved by the FDA nor required by state and federal law, and used in the treatment of cancer are not covered. Prescription drugs used for the treatment of cancer require prior authorization from Hometown Health.

Orally Administered Chemotherapy will be paid consistently with classification of the prescription drugs as Formulary Generic, Formulary Brand, Formulary Brand with a Formulary Generic alternative, or Non-Formulary Generic or Brand without a Formulary alternative. Except for Members on a High Deductible Health Plan and for Members who select a Non-Formulary drug with a Formulary alternative, the cost to the Member for Orally Administered Chemotherapy will not exceed \$100 per prescription.

Preventive Medications – There will be no cost to the Member for preventive medications prescribed by a physician and purchased only at a Participating Retail Pharmacy or Participating Mail Order Pharmacy. To be eligible for no Member cost sharing, the medication must be prescribed in accordance with Recommendations A or B issued by the U.S. Preventive Services Task Force.

1. Aspirin to prevent cardiovascular diseases (CVD): 45 years and older; quantity limit 1/day; generic only; OTC (requires a prescription).
2. Sodium fluoride products (not in combination): 5 years old and younger, whose primary water source is deficient in fluoride; tablet 0.5mg, chewable tablet 0.25mg-05mg, solution.
3. Folic Acid for all women planning or capable of pregnancy: Age limit 55 years old or younger; (not in combination); 0.4mg and 0.8mg; quantity limit 1/day; OTC (requires a prescription).
4. Iron Supplements for asymptomatic children aged 6 to 12 months who are increased risk for iron deficiency anemia: Age limit 0-1 year; prescription or OTC (requires a prescription); iron suspension, ferrous sulfate elixir, syrup and solution.
5. Tobacco Cessation – The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products: Annual limit of 2 cycles (12 weeks per cycle); OTC generics only; generic Zyban only; Rx or OTC (requires a prescription); Nicotrol Inhaler and Nasal Spray; Nicotine polacrilex gum or lozenge; Nicotine TD patch 24hr kits; Bupropion HCl SR tabs; Varenicline (Chantix) tablets.
6. Immunizations: Vaccines: The following vaccines are covered if provided by a Certified Immunizing pharmacist: Influenza, Hepatitis A & B; Human Papillomavirus inactivated; Poliovirus; Rubella; Meningococcal, Pneumococcal; Rotavirus; Tetanus Diphtheria, Pertussis, Varicella, Zoster. These may be administered or dispensed at the pharmacy, but are part of the preventive services covered in the benefits outlined under the Evidence of Coverage.

Contraceptive Products –FDA approved contraceptive products for women are covered only with a prescription from the woman's health care provider and as required by law. The member must submit a request for reimbursement in writing to Hometown Health. The request must include a copy of the receipt for the cost of the product and the prescription from the prescribing physician.

1. Oral contraceptives

2. Diaphragms: One per 365 consecutive day period
3. Injectable contraceptives: The prescription provider's copayment applies for each vial.
4. Contraceptive patches
5. Contraceptive ring
6. Norplant and IUDs are covered when obtained from a participating physician.

The participating physician will provide insertion and removal of the device. An office visit Copayment or Coinsurance may apply if services during that visit are for more than the contraceptive visit. There will be no Copayment or Coinsurance for the contraceptive devices as noted above if dispensed or inserted by a participating physician.

The dispensing of each type will require a separate prescription. Oral-contraceptive prescription quantities are limited to one 21-day cycle supply or one 28-day cycle supply per month. Formulary generic drugs and brand drugs that do not have a generic equivalent (single source brand) will have no copayment for the member. Brand drugs that have a generic equivalent (multi-source brand) under a generic benefit will require the member to pay the difference between the brand drug and the generic, as is the case with other multi-source brands. Non-formulary drug co-pays will be applied to Non- Formulary contraceptive drugs.

Diabetic Supplies – Diabetic supplies include insulin, insulin syringes with needles, glucose blood-testing strips, ketone testing strips, lancets and lancet devices. Diabetic supplies are covered if Medically Necessary upon prescription or upon physician's order only at a Participating Retail Pharmacies or Participating Mail Order Pharmacies. The member must pay applicable Deductible, Copayments and Coinsurance. Original and refill prescriptions are limited to a 90-day supply at Participating Retail Pharmacies unless otherwise limited by Hometown Health or the drug manufacturer. A 30-day filled prescription is required prior to a 90-day filled prescription.

Hormone Replacement Therapy – Hormone replacement therapy (HRT) Prescription Drugs are covered if approved by the FDA or required by state or federal law and lawfully prescribed or ordered by a physician when Medically Necessary. Certain HRT Prescription Drugs require Prior Authorization.

Pharmacy Benefit Exclusions

The following services and benefits are excluded from pharmacy coverage under this Benefit Plan. These services may be covered under the medical or other benefits included in this Benefit Plan if explicitly indicated that the benefit is covered.

1. Drugs not Medically Necessary or not required in accordance with accepted standards of medical practice or applicable law are excluded.
2. Drugs to treat complications resulting from procedures, services, medical treatments or medications that are not covered by this Benefit Plan are excluded.
3. Any charges for the administration or injection of Prescription Drugs or injectable insulin and other Injectable Drugs covered by Hometown Health are excluded.

4. Any refill in excess of the amount specified by the prescription order is excluded. Before recognizing charges, Hometown Health may require a new prescription or evidence as to need if a prescription or refill appears excessive under accepted medical practice standards.
5. Compounded medications are excluded except for compounded medications for palliative care with Prior Authorization.
6. Cosmetics or any drugs used for cosmetic purposes or to promote hair growth even for documented medical conditions, including but not limited to health and beauty aids are excluded.
7. Dietary or nutritional products or appetite suppressants or other weight-loss medications (such as appetite suppressants, including the treatment of obesity) whether prescription or over-the-counter are excluded.
8. Vitamins are excluded except those prescribed prenatal vitamins and vitamins with fluoride that require a prescription and are listed on the Drug Formulary.
9. Drugs dispensed by other than a Participating Retail Pharmacy or Participating Mail Order Pharmacy are excluded except as Medically Necessary for treatment of an Emergency or urgent care condition.
10. Drugs listed on the Formulary Exclusions List are excluded.
11. Drugs prescribed by a provider not acting within the scope of his or her license are excluded.
12. Drugs listed by the FDA as “less than effective” (DESI drugs) are excluded.
13. Experimental and investigational drugs, including drugs labeled “Caution-limited by Federal Law to Investigation use” are excluded.
14. Drugs either not approved by the FDA as “safe and effective” as of the date this Benefit Plan was issued or, if so approved, that the FDA has not approved for either inpatient or outpatient use are excluded.
15. Drugs prescribed for a use, condition or diagnosis that was not included in the FDA’s approval of the drug (off label prescribed drugs) are excluded.
16. Fertility drugs, drugs for gene therapy, nicotine patches and gum, oxygen, ADHD medications for patients over the age of 17, laxatives unless otherwise provided herein or pursuant to the EOC, and nutritional additives or any prescription medication or formulation with nutritional or vitamin additives are excluded.
17. Growth hormone drugs for persons 18 years or older are excluded. Growth hormone therapy for the treatment of documented growth hormone deficiency in children for whom epiphyseal closure has not occurred is covered when Hometown Health provides a Prior Authorization and the drugs are supplied by Hometown Health’s preferred vendor for the medication.
18. Immunization or immunological agents, including but not limited to biological sera, blood, blood plasma or other blood products administered on an outpatient basis, antihemophilic factors, including tissue plasminogen activator (TPA), allergy sera and testing materials, unless otherwise provided herein or pursuant to the EOC are excluded.
19. Medical supplies, devices and equipment and nonmedical supplies or substances are excluded regardless of their intended use.

20. Medications approved by the FDA for less than six months are excluded unless the Hometown Health Pharmacy and Therapeutics Committee, at its sole discretion, decides to waive this exclusion with respect to a particular drug.
21. Medications for impotence or erectile dysfunction are excluded.
22. Medication consumed or administered at the place where it is dispensed or while a member is in a hospital or similar facility is excluded. Take-home prescriptions dispensed from a hospital pharmacy upon discharge are excluded unless the pharmacy is a Participating Retail Pharmacy.
23. Over-the-counter drugs, medicines and other substances for which a prescription order is not required, regardless of whether the drug was prescribed by a physician, or for which an over-the-counter product equivalent in strength is available are excluded, unless the drug is required to be covered by law.
24. Drugs consumed in a physician's office are excluded except as otherwise provided herein or in the EOC.
25. Performance, athletic performance or lifestyle enhancement drugs and supplies are excluded.
26. Prescription drugs purchased from outside of the United States are excluded except from Canadian pharmacies licensed by the Nevada State Board of Pharmacy. A list of licensed Canadian pharmacies can be found on the Nevada State Board of Pharmacy website at www.bop.nv.gov.
27. Prescription medications that are available without charge under local, state or federal programs, including worker's compensation or occupational disease laws, or medication for which a charge is not made are excluded.
28. Prescription refills dispensed more than one year from the date the latest prescription order was written or as otherwise permitted by applicable law of the jurisdiction in which the drug was dispensed are excluded.
29. Prophylactic drugs and immunizations for travel are excluded.
30. Quantities in excess of a 30-day supply received at retail pharmacies or a 90-day supply received at mail order facilities are excluded. Prescriptions requiring quantities in excess of the above amount, including early refills of ophthalmic products due to inadvertent wastage, shall be completed on a refill basis with a valid prescription and authorization, except as otherwise provided in the Drug Formulary or through the mail order or online prescription drug program.
31. Replacement of lost, stolen, spoiled, expired, spilled or otherwise mishandled medication is excluded.
32. Prescription orders filled before the effective date or after the termination date of the coverage provided by this Benefit Plan are excluded.
33. Test agents and devices are excluded, except for diabetic test agents.

For more information go to

www.HometownHealth.com