

Prescription Drug Summary of Benefits State of Nevada PEBP

<i>Tier 1 Formulary Generic Drug *</i>	\$7 copayment per prescription
<i>Tier 2 Formulary Brand Name Drug *</i>	\$30 copayment per prescription
<i>Formulary Brand Name Drug</i> that has an available formulary Generic drug *	\$30 copayment per prescription plus price difference Member is responsible for the price difference between the brand name and the generic alternative
<i>Tier 3 Non-Formulary Drug *</i>	\$50 copayment per prescription
<i>Special Pharmaceuticals</i>	20% coinsurance
<i>Mail Order Generic * (90-day supply)</i>	\$14 copayment per prescription
<i>Mail Order Brand Name Drugs * (90-day supply)</i>	\$60 copayment per prescription
<i>Mail Order for Non-Formulary* (90-day supply)</i>	\$100 copayment per prescription
<i>Diabetic Supplies *</i>	\$7 Generic supplies per prescription \$30 Brand supplies per prescription
<i>Non-Preferred Pharmacy</i> Reimbursement for covered items obtained at a non-preferred pharmacy will be based on the reimbursement schedule for a preferred pharmacy, less any required member contribution.	Applicable copayment/coinsurance will apply

Benefits are provided for outpatient prescription drugs which meet all the requirements specified in this Prescription Drug Rider and are subject to the provisions of the Evidence of Coverage (EOC). The member will be responsible to pay the correct copayment(s)/coinsurance(s) or deductible(s) to the Pharmacy at the time the prescription is filled, for each prescription or refill dispensed, up to a 30 day supply, ***unless*** limited by the Hometown Health Plan Drug Formulary, manufacturer or this Prescription Drug Rider. The member will be responsible to pay the amount indicated above or the cost of the medication, whichever is less.

Non-preferred pharmacies may require payment in full for prescriptions. In these cases, the member must file a claim with Hometown Health Plan, Inc. Claim forms are available upon request from Hometown Health Plan, Inc. ***Claim forms must be received within 120 days from the date of service to be considered.***

* Selected covered prescription drugs and drug dosages may require prior-authorization by Hometown Health Plan Inc. for medical necessity and appropriateness of therapy.

NOTE: Copayment(s)/coinsurance(s) or prescription drug deductible(s) for services provided under this Prescription Drug Rider do not apply to the out-of-pocket maximum defined in the Evidence of Coverage.



DEFINITIONS

Ancillary Charge – A charge, in addition to the copayment which the member is required to pay to the participating pharmacy for a covered brand-name prescription drug product for which a generic substitute is available. The ancillary charge is calculated as the difference between the contracted reimbursement rate for participating pharmacies for the medication dispensed and the Maximum Allowable Cost (MAC) price of the generic substitute.

Brand Name Drugs – Food and Drug Administration (FDA) approved drugs under patent to the original manufacturer and originally only available under the original manufacturer's branded name.

Coinsurance – The percentage of covered charges that are due and payable by the member to a provider upon receipt of certain covered services.

Copayment – The specific amount payable by the member to a provider upon receipt of certain covered services. Refer to this Prescription Drug Rider.

Deductible – A set amount of covered charges that must be paid by the member before benefits are paid by the plan.

Diabetic Services – Management and treatment of diabetes including infusion pumps and related supplies, medication, equipment, supplies and appliances for the treatment of diabetes. For a list of covered monitors please contact Hometown Health Customer Services.

Drug Formulary – The drug formulary is a comprehensive list of covered drugs maintained by Hometown Health Plan Inc., that contains FDA approved brand name and generic medications. This list is subject to periodic review and modification. The formulary is updated on an ongoing basis by a team including a Medical Director, Physicians, and Pharmacists.

Formulary Drug – A preferred brand or generic drug identified on the drug formulary.

Generic Drug – Medication that is essentially a copy of a brand-name medication for which the patent has expired. The manufacturer must prove to the FDA that the generic (1) contains the same active ingredients as the brand name, (2) has the same amount of active ingredients, (3) carries the same label information as the brand name, and (4) performs in the same manner as the brand name.

Maximum Allowable Cost (MAC) – Prescription drug products covered at a generic product price.

Member – Subscriber and eligible family dependents who are covered under this Prescription Drug Rider.

Non-Covered Drugs – Drugs that are not eligible for coverage under this Prescription Drug Rider.

Non-Formulary Drugs – Drugs determined by Hometown Health Plan Inc. and a team including the Hometown Health Medical Director, including local or community Physicians, and Pharmacists as being duplicative or as having preferred formulary drug alternatives available.

Non-Participating Pharmacy – A pharmacy that has not entered into a Service Agreement to provide services to Hometown Health members.

Participating Pharmacy – A pharmacy that has entered into a Service Agreement to provide services to Hometown Health members for specified reimbursement rates.

Prescription Drug Product – A medication, product, or device approved by the Food and Drug Administration (FDA) and dispensed under State or Federal law only pursuant to a prescription order or refill. For the purpose of coverage under this Prescription Drug Rider, this definition includes insulin and the following diabetic supplies: insulin syringes with needles, glucose blood testing strips, glucose urine-testing strips, ketone testing strips, lancets, and lancet devices.

Prior-authorization – A determination of medical necessity using Utilization Management and Quality Assurance protocols. Your physician or Pharmacist may obtain prior-authorization with the Plan's Pharmacy Benefit Manager.

Self-Injectables – Injectables drugs that are dispensed from an outpatient pharmacy including combination therapy kits. This does not apply to insulin.

Special Pharmaceuticals – The distribution, administration, and/or supply of pharmaceuticals, frequently in conjunction with other service at the time of service. Special pharmaceuticals (which may include injectables, or medications given by other routes of administration) will incur a coinsurance. Special pharmaceuticals may be delivered in any setting and are typically greater than \$200 per dosage unit or per prescription. A list of special drugs classified as special pharmaceuticals is developed and updated on an ongoing basis by Hometown Health Plan Inc. Special pharmaceuticals exclude drugs administered for chemotherapeutic purposes.

BENEFIT

Prescription medications that are prescribed by a physician for the member and obtained at an outpatient, retail or mail order pharmacy are subject to the provisions of the Evidence of Coverage (EOC), its attachments and this Prescription Drug Rider. Certain drugs are not covered under this Prescription Drug Rider and certain drugs require prior-authorization.

Cancer Treatment – Drugs covered under Hometown Health Plan 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 Food and Drug Administration (FDA), or required by State and Federal Law. Your physician or pharmacist may obtain prior-authorization with the Plan's Pharmacy Benefit Manager. Any experimental drugs not approved by the FDA, nor required by State and Federal Law, used in the treatment of cancer are not covered.

Contraceptive Products – Prescription female contraceptive products will be covered. The dispensing of each type will require a separate prescription and will be subject to the copayment(s)/coinsurance(s) or deductible(s), as applicable. The maximum quantity covered is:

- Oral contraceptive: one 21-day cycle supply or one 28-day cycle supply per month.

Hormone Replacement Therapy – Any type of drug(s) used as hormone replacement therapy is 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 medications require prior-authorization. Your physician or pharmacist may obtain prior-authorization with the Plan's Pharmacy Benefit Manager.

Mail Order/Online Prescription Drug Program – Certain drugs covered under Hometown Health Plan Drug Formulary for this Prescription Drug Rider may be obtained through mail or the online pharmacy services. The member can receive up to a 90 day supply (if allowed under FDA guidelines). The member will be responsible for paying the copayment(s)/coinsurance(s) or deductible(s) amount *shown on the Prescription Drug Summary of Benefits, unless* limited by the Hometown Health Plan Drug Formulary, manufacturer, this Prescription Drug Rider or required by State or Federal Law.

NOTE: For specific ordering instructions, please read the Mail Service Prescription Drug Benefit Program brochure and mailing envelope provided in your Enrollment Packet mailed to your home along with your EOC or visit our Web-site. A 30-day filled prescription is required prior to a 90-day filled prescription.

Obtaining Prescription Drugs –

- To obtain drugs at a participating pharmacy, the member must present their Hometown Health Membership card and comply with the requirements of this Prescription Drug Rider and the EOC, including payment of all copayment(s)/coinsurance(s) or deductible(s), as applicable
- The member is responsible for paying the applicable copayment(s)/coinsurance(s) or prescription drug deductible(s) for each new and refill prescription. The pharmacist will collect from the member the applicable copayment(s)/coinsurance(s) or deductible(s) at the time the Drugs are obtained.

Smoking Cessation Products – It is strongly recommended that the member also enroll in a smoking cessation class when medications are prescribed. These drugs are intended for up to 12 weeks of therapy to aid in nicotine withdrawal.

Regulatory Benefits –This plan provides benefits for any required State or Federal prescription coverage.

EXCLUSIONS

The following exclusions are in addition to those shown in the Evidence of Coverage (EOC), "Exclusions and Limitations."

1. Compounded medications.
2. Cosmetics, dietary or nutritional products or appetite suppressants or other weight loss medications, whether prescription or over-the-counter. Vitamins (except those prescribed pre-natal vitamins and vitamins with fluoride that require a prescription and are listed on the Hometown Health Plan Drug Formulary). Health or beauty aids.
3. Drugs prescribed by a provider not acting within the scope of his/her license.
4. Drugs which are listed by the Food and Drug Administration (FDA) as "less than effective".
5. Experimental and Investigational drugs, including drugs labeled "Caution-limited by Federal Law to Investigation use", as well as drugs either not approved by the FDA as "safe and effective" as of the date this Prescription Drug Rider was issued to group or, if so approved, which the U.S. FDA has not approved its use, whether used on an inpatient or outpatient basis.
6. Medications approved by the FDA for less than (6) six months.
7. Medications for impotence.
8. Fertility drugs, drugs for gene therapy, nicotine patches and gum, biological serum, blood plasma, oxygen, immunosuppressant agents and drugs, anithemophilic factors, including Tissue Plasminogen Activator (TPA), acne preparations, laxatives and immunization agents, unless otherwise provided herein or pursuant to the EOC.
9. Over-the-counter drugs, medicines, and other substances, which do not require a prescription, even if ordered by a physician. Drugs consumed in a physician's office except as otherwise provided herein or in the EOC.
10. Prescription medications, which 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.
11. Quantities in excess of a (30) thirty-day ((90) ninety-day, if mail order) supply. Prescriptions requiring quantities in excess of the above amount shall be completed on a refill basis, except as otherwise provided in the Hometown Health Plan Drug Formulary or through the Mail Order or online Prescription Drug Program.
12. Replacement of lost or stolen medication.
13. A drug dispensed prior to the effective date or after termination date.

Prescription benefits are subject to all other terms and provisions set forth in the Group Subscription Agreement and Evidence of Coverage, except where clearly inconsistent, in which case, the provisions of this Prescription Drug Rider shall govern.