

**HOME TOWN HEALTH PLAN
SUPPLEMENTAL PRESCRIPTION DRUG RIDER**

\$10/\$20/\$50 – Retail
\$20/\$40/\$100 – Mail Order
Unlimited Annual Maximum

This rider amends your HomeTown Health Plan (“HomeTown”) Certificate of Coverage and Schedule of Benefits as follows:

In addition to the benefits described in the Certificate of Coverage and Schedule of Benefits, Members are provided prescription drug coverage under this rider. Members will be required to pay a Copayment at the time they purchase the prescription. You will receive a list of Network Pharmacies when you receive information regarding your prescription drug coverage benefit. In addition, you may use our mail-order prescription drug benefit to order a 90-day supply of your prescription. Prescriptions obtained from a pharmacy are covered in 30-day supplies.

The Copayment required for each prescription drug is as follows:

1. Generic Drugs:

A **\$10** Copayment is required for a generic drug when obtained from a Network pharmacy.

A **\$20** Copayment is required for a generic drug when obtained from a Network mail order pharmacy for a 90-day supply.

2. Brand Name Drugs on the HomeTown Formulary:

A **\$20** Copayment is required for brand name drugs when obtained from a Network pharmacy.

A **\$40** Copayment is required for brand name drugs when obtained from a Network mail order pharmacy for a 90-day supply.

The above Copayments for brand name drugs apply as follows:

- a) For a brand name drug that is on the HomeTown formulary when no generic equivalent is available;

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- b) For a brand name drug that is on the HomeTown formulary when the Member's Physician requests that the prescription be dispensed as written because the generic equivalent is ineffective or harmful to the Member;
- c) For a non-formulary brand name drug when prior authorized by HomeTown because the formulary equivalent has been shown to be ineffective or harmful to the Member; or
- d) For a brand name drug on the HomeTown formulary when the Member selects the brand name drug instead of the available generic equivalent. In addition, the Member will be required to pay the difference between the cost of the brand name drug and the cost of the generic equivalent.

3. Brand Name Drugs Not Listed on the HomeTown Formulary:

A **\$50** Copayment is required for a brand name drug that is not listed on the HomeTown formulary and is obtained from a Network pharmacy.

A **\$100** Copayment is required for a brand name drug that is not listed on the HomeTown formulary and is obtained from a Network mail order pharmacy for a 90-day supply.

Self-administered injectable medications, other than insulin and fertility drugs, are covered but do not apply toward the maximum benefit. Self-administered injectable medications, other than insulin and fertility drugs, may require prior authorization in accordance with HomeTown policy. These medications are subject to the greater of a **10%** Copayment or the Member's standard prescription Copayment.

Prescription drugs include only the following:

- 1. Federal Legend Drugs: Any medicinal substance which bears the legend, "Caution: Federal Law Prohibits Dispensing Without a Prescription" except for those medicinal substances classified as Exempt Narcotics under state law.
- 2. State-Restricted Drugs: Any medicinal substance that may only be dispensed by a prescription according to state law.
- 3. Compounded Medications: Any medicinal substance which must be mixed, compounded or prepared by a Registered Pharmacist, with at least one ingredient that is a Federal Legend or State-Restricted Drug in a therapeutic amount.

4. Diabetic Treatment: Benefits are provided for diabetic needles, syringes and injectable insulin under this rider. Diabetic test strips used in a glucose meter testing device are covered with a **25%** Copayment. Each of the above supplies requires a separate prescription.
5. Fertility Drugs: Covered according to HomeTown policy. If covered, a **25%** Copayment applies.
6. Needles and syringes needed to administer self-injectable medications.
7. The following items are not covered under this rider because they are covered under the HomeTown Schedule of Benefits:
 - Medications given by injection or infusion by/while under the supervision of a home health professional.
 - Immunosuppressive medications associated with human transplant services.
 - Blood and blood plasma.
 - Any charge for the administration of any drug.
 - Medication which is to be taken or administered to the individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.

Specific Exclusions :

1. Federal Legend Drugs used for unapproved or unlabeled indications unless the efficacy and safety is documented in current peer review literature.
2. Over-the-counter items unless specifically included (e.g., insulin).
3. Therapeutic devices or appliances other than for family planning.
4. Rogaine is specifically excluded. Coverage for Retin A will be provided for Members under age 26 and will be reviewed for coverage if over age 26 in cases of severe acne.
5. Any immunization agent, immune modifying agents, biological agents, dietary

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supplements, diet pills, beauty aids or cosmetic drugs, nicotine products and other smoking cessation products.

6. Medication for which the cost is recoverable under any Workers' Compensation or Occupational Disease Law or any state or governmental agency, or medication furnished by any other drug or medical service in which no charge is made to the recipient.
7. Any drug labeled, "Caution: Limited by Federal Law to Investigational Use" or any experimental drugs, even though a charge is made to the patient.
8. Medication which is to be taken or administered to the individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home, or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
9. Refilling a prescription in excess of the number specified by the Physician, or any refill dispensed after one year from the order of a Physician.
10. Prescription medication for the treatment of sexual dysfunction including erectile dysfunction, impotence and anorgasmy or hyporgasmy.

NOTE: Prescription drug Copayments do not apply toward satisfying the Member's annual maximum Copayment.