

This document contains summary information for your reference. It may not contain all of the prior-authorization requirements and specific restrictions, exclusions and limitations associated with this Prescription Drug Rider. Refer to the Hometown Health Plan (Hometown Health) HMO Evidence of Coverage (EOC) for a more comprehensive list of prior-authorization requirements and specific restrictions, exclusions and limitations.

This Prescription Drug Rider has been amended to comply with the requirements of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. As of the date of the publication of this Prescription Drug Rider, the United States Department of Health and Human Services and other regulatory agencies had not issued regulations or guidance with respect to many aspects of these laws. We will provide coverage under this Policy in accordance with these laws and in compliance with applicable regulations and guidance as they are issued.

Specific terms used throughout the HMO Prescription Drug Rider are defined as follows:

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

The contracted reimbursement rate for participating pharmacies does not include amounts that Hometown Health may receive under a rebate programs offered at the sole discretion of individual pharmaceutical manufacturers.

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

Coinsurance – Coinsurance means the percentage of covered charges that is due and payable by the Member to a Provider upon receipt of certain covered services.

Coinsurance is presented in the Summary of Benefits as a percentage of the maximum allowable amount that is due and payable by the Member to a Provider upon receipt of covered services.

Coinsurance applies after all deductibles have been paid, unless otherwise stated within the Summary of Benefits, EOC, or this Prescription Drug Rider.

Copayment – the specific amount payable by the member to a provider of care at the time of service for certain covered services. Copayments are still required after an applicable out-of-pocket coinsurance maximum and deductibles have been paid.

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-name and generic prescription drugs, approved by the U.S. Food and Drug Administration (FDA), covered under this Prescription Drug Rider.

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 healthcare service providers. A copy of the Drug Formulary is available upon request by the member or may be accessed at the Hometown Health website (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 of health care will prescribe that drug for a particular medical condition. The Drug Formulary is subject to change at the sole discretion of Hometown Health.

Formulary drug – a brand or generic drug included in the Drug Formulary

Generic prescription 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; that perform in the same manner as the trademarked, brand-name version of the drug

Injectable drugs – a prescription drugs dispensed from a pharmacy (including combination therapy kits) that are injected directly into the body by the member or the member's physician

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

Noncovered drugs – drugs not listed in the Drug Formulary and not covered by this Prescription Drug Rider

Nonformulary 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

Nonparticipating pharmacy – a pharmacy with which Hometown Health has not contracted to provide discounted covered prescription drug products to its members

Out-of-Pocket Maximum (OOP) -the maximum payment amount for which the Member or Family is responsible for deductible, copayments, or coinsurance in a plan year for covered services. Out-of-Pocket maximums may be different for pharmacy and medical benefits. For plans that have an Out-of-Pocket maximum that is aggregated from all benefits, all Out-of-Pocket maximums for these benefits will be aggregated to determine the Out-of-Pocket maximum total for that plan year. In no instance will the Out-of-Pocket maximum amount for covered services provided at the in-network benefit level that a member pays be greater than the amount stated in the benefit plan. Some plans will have Out-of-Pocket maximums that are separate for medical and pharmacy. The Out-of-Pocket Maximum for this pharmacy benefit rider is listed in the table that follows.

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

Pharmacy Brand Name Deductible- Deductible- the set amount that must be paid by a member before Hometown Health pays for brand name prescriptions ,other than preventive Rx. If the member has not met his Out-of-Pocket maximum on pharmacy, a copayment still applies when the deductible is charged.

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

Prescription Drug Rider – this document specifying prescription drug benefits provided under your Hometown Health medical insurance policy

Prior authorization – Authorization received from Hometown Health or the designated Pharmacy Benefit Manager (PBM) prior to filling a prescription order

For certain outpatient prescription drugs, a prescribing physician must contact Hometown Health or the 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 the Hometown Health website, 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 copayments or coinsurance specified in this Prescription Drug Rider.

Special 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

Many of these medications are biotech medications, using DNA recombinant technology (genetic replication) as opposed to chemical processes. Special pharmaceuticals may be delivered in any setting and may include injectable drugs or medications given by other routes of administration, or oral medications

Most special 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 special drugs classified as special pharmaceuticals is subject to change at the sole discretion of Hometown Health.

The benefits outlined in the Benefit Summary Table are not a complete list of the prescription drugs covered under this Prescription Drug Rider. Benefits for prescription drugs not listed can be found in the EOC. The copayment and coinsurance amounts listed in the Benefit Summary Table are applicable for covered prescription drugs. All charges associated with noncovered prescription drugs or denied claims are the member's responsibility. Charges in excess of the maximum allowed amount for prescription drugs received from a nonparticipating pharmacy are the member's responsibility.

Benefit Summary Table	
Pharmacy Brand Name Deductible	\$0
Out-of-Pocket Maximum per plan year	\$6350
Benefit Category	Member Responsibility
Formulary Drugs –	
Generic drugs	\$5 copay / script
Brand-name drugs	\$25 copay / script
Brand-name drugs (with a Formulary generic drug alternative)	\$25 copay / script plus the ancillary charge
Nonformulary Drugs –	
Generic and brand-name drugs	\$40 script

Other Prescription Drug Products –	
Special pharmaceuticals	20% coinsurance
<p><i>Special pharmaceuticals require prior authorization.</i></p> <p><i>Most special pharmaceuticals must be obtained through a specialty pharmacy designated by Hometown Health and are limited to a 30-day supply per fill.</i></p>	
Diabetic Supplies –	
	Based on classification of items
<p><i>The copayments or coinsurance for items used in connection with diabetic services are based on the classification of the items. Diabetic supplies are classified consistently with prescription drugs as being: formulary generic, formulary brand-name, formulary brand-name (with a formulary generic alternative), or nonformulary generic or brand-name.</i></p> <p><i>Includes insulin, insulin syringes with needles, glucose blood-testing strips, glucose urine-testing strips, ketone testing strips, lancets and lancet devices</i></p>	

Some prescription drugs may be available through a participating mail order pharmacy. Prescriptions filled through a participating mail order pharmacy are limited to a 90-day supply and may require that the first prescription be filled at a participating retail pharmacy. A copayment for a formulary drug prescription filled through a participating mail order pharmacy is two times the copayment of a standard formulary drug prescription (30-day supply) filled through a participating retail pharmacy. The member payment responsibility for a nonformulary drug prescription filled through a participating mail order pharmacy is two times the copayment of a standard nonformulary drug prescription (30-day supply) filled through a participating retail pharmacy or, if applicable, the greater of the mail order copayment or 40% coinsurance.

Covered Benefits –

- 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.
- Some covered prescription drug products are available through a 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. Refer to the Mail Service Prescription Drug Benefit Program brochure for information related to using a mail order pharmacy. Note: A 30-day filled prescription is required prior to a 90-day filled prescription.
- 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 copayments, coinsurance and/or ancillary charge to the pharmacy at the time their prescriptions are filled. Copayments, coinsurance payments and ancillary charges are not applied toward meeting the annual out-of-pocket coinsurance maximum associated with the medical benefits as

defined in the EOC. Members may be required to present their Hometown Health membership card when filling prescriptions at a pharmacy.

- 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.
- Nonparticipating 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 nonparticipating pharmacy are the member's responsibility.

Other Prescription Drug Benefit Information –

- 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.
- Preventive Medications – There will be no co-pay for the following medications recommended by The Preventative Services Task Force (USPSTF) upon the physician's order only at a participating retail or mail order pharmacy.
 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 – Prescription contraceptive products for women are covered prescription drug products upon the participating physician's order only at a participating retail or mail order pharmacy:
 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 – The following diabetic supplies are covered if medically necessary upon prescription or upon physician's order only at a participating retail or mail order pharmacy. The member must pay applicable copayments as described in the copayments section below.
 1. Diabetic needles and syringes
 2. Test strips for glucose monitoring and/or visual reading
 3. Diabetic test agents
 4. Lancets and lancing devices
- 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.

Exclusions –

The following exclusions are specific to this Prescription Drug Rider. Other exclusions and limitations are listed in the EOC in the “Exclusions and Limitations” section.

1. Any charges for the administration or injection of prescription drugs or injectable insulin and other injectable drugs covered by Hometown Health.
2. Any refill in excess of the amount specified by the prescription order. 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.
3. Compounded medications except for compounded medications for palliative care with prior authorization approval.
4. 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.
5. 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. Vitamins except those prescribed prenatal vitamins and vitamins with fluoride that require a prescription and are listed on the Drug Formulary.
6. Drugs dispensed by other than a participating retail or mail order pharmacy except as medically necessary for treatment of an emergency or urgent care condition.
7. Drugs listed on the Formulary Exclusions List.
8. Drugs prescribed by a provider not acting within the scope of his or her license.
9. Drugs listed by the FDA as “less than effective” (DESI drugs).
10. Experimental and investigational drugs, including drugs labeled “Caution-limited by Federal Law to Investigation use;” drugs either not approved by the FDA as “safe and effective” as of the date this Prescription Drug Rider was issued or, if so approved, that the FDA has not approved for either inpatient or outpatient use.
11. 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.
12. Growth hormone drugs for persons 18 years or older. Growth hormone therapy for the treatment of documented growth hormone deficiency in children for whom epiphyseal closure has not occurred is covered when services are preauthorized and are supplied by Hometown Health’s preferred vendor for the medication.
13. 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.
14. Medical supplies, devices and equipment and nonmedical supplies or substances regardless of their intended use.

15. Medications approved by the FDA for less than six months unless the Hometown Health Pharmacy and Therapeutics Committee, at its sole discretion, decides to waive this exclusion with respect to a particular drug.
16. Medications for impotence or erectile dysfunction.
17. Medication consumed or administered at the place where it is dispensed or while a member is in a hospital or similar facility; or take-home prescriptions dispensed from a hospital pharmacy upon discharge unless the pharmacy is a participating retail pharmacy.
18. Over-the-counter drugs, medicines and other substances that do not by federal or state law require a prescription order or for which an over-the-counter product equivalent in strength is available. This applies even if ordered by a physician unless otherwise covered by Hometown Health. Drugs consumed in a physician's office except as otherwise provided herein or in the EOC.
19. Performance, athletic performance or lifestyle enhancement drugs and supplies.
20. Prescription drugs purchased from outside of the United States 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: www.bop.nv.gov.
21. 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.
22. 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.
23. Prophylactic drugs and immunizations for travel.
24. Quantities in excess of a 30-day supply or a 90-day supply if mail order. Prescriptions requiring quantities in excess of the above amount shall be completed on a refill basis except as otherwise provided in the Drug Formulary or through the mail order or online prescription drug program.
25. Replacement of lost, stolen, spoiled, expired, spilled or otherwise mishandled medication.
26. Prescription orders filled before the effective date or after the termination date of the coverage provided by this rider.
27. Test agents and devices, excluding diabetic test agents.

Prescription benefits are subject to all terms and provisions set forth in the Group Subscription Agreement and Evidence of Coverage. In the event that an unintended inconsistency exists between this Prescription Drug Rider and the EOC, this Prescription Drug Rider will govern the final benefit offered to the member.

Limitations –

A participating retail or 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.

1. Nonemergency and non urgent care prescriptions will be covered only when filled at a participating retail pharmacy or the participating mail order pharmacy.
2. Members are required to present their ID cards at the time the prescription is filled. A member who fails to verify coverage by presenting the ID card will not be entitled to direct reimbursement from Hometown Health, and the member will be responsible for the entire cost of the prescription.
3. Refer to the Certificate for a description of emergency and urgent care coverage. Hometown Health will not reimburse members for out-of-pocket expenses for prescriptions purchased from a participating retail pharmacy; participating mail order pharmacy or a nonparticipating retail or mail order pharmacy in nonemergency, non urgent care situations.
4. 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.
5. 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 prescription drug deductible amount or for any drug for which no charge is made to the recipient.