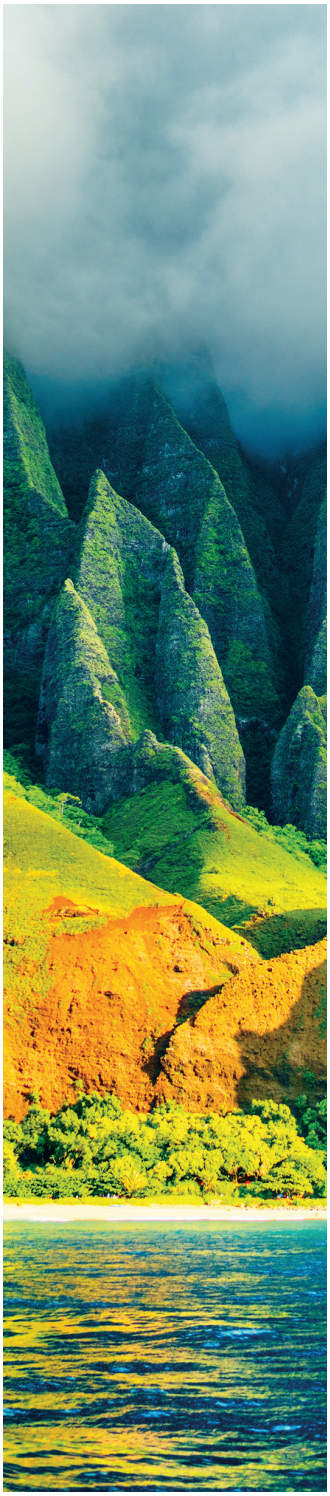
Plan Certificate



Prescription Drug Rider

January 2019

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hmsa

An Independent Licensee of the Blue Cross and Blue Shield Association

Federal law requires HMSA to provide you with this notice.

HMSA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HMSA does not exclude people or treat them differently because of things like race, color, national origin, age, disability, or sex.

Services that HMSA provides

Provides aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- If you need these services, please call 1 (800) 776-4672 toll-free; TTY 711

How to file a discrimination-related grievance or complaint

If you believe that we've failed to provide these services or discriminated against you in some way, you can file a grievance in any of the following ways:

- Phone: 1 (800) 776-4672 toll-free
- TTY: 711
- Email: Compliance_Ethics@hmsa.com
- Fax: (808) 948-6414 on Oahu
- Mail: 818 Keeaumoku St., Honolulu, HI 96814

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, in any of the following ways:

- Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Phone: 1 (800) 368-1019 toll-free; TDD users, call 1 (800) 537-7697 toll-free
- Mail: U.S. Department of Health and Human Services, 200 Independence Ave. S.W., Room 509F, HHH Building, Washington, DC 20201

For complaint forms, please go to hhs.gov/ocr/office/file/index.html.

Hawaiian: E NĀNĀ MAI: Inā hoʻopuka ʻoe i ka ʻŌlelo Hawaiʻi, loaʻa ke kōkua manuahi iā ʻoe. E kelepona iā 1 (800) 776-4672. TTY 711.

Bisaya: ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 (800) 776-4672。TTY 711.

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1 (800) 776-4672 をご利用ください。TTY 711.まで、お電話にてご連絡ください.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1 (800) 776-4672번으로 연락해 주시기 바랍 니다. TTY 711 번으로 전화해 주십시오.

Laotian: ກະລຸນາສັງເກດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາ, ບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ແມ່ນມີໃຫ້ທ່ານ. ໂທ 1 (800) 776-4672 ຟຣີ. TTY 711.

Marshallese: LALE: Ñe kwōj kōnono Kajin Ṃajōḷ, kwomaroñ bōk jerbal in jipañ ilo kajin ṇe aṃ ejjeḷọk wōṇāān. Kaalọk 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Pohnpeian: Ma ke kin lokaian Pohnpei, ke kak ale sawas in sohte pweine. Kahlda nempe wet 1 (800) 776-4672. Me sohte kak rong call TTY 711.

Samoan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1 (800) 776-4672 e leai se totogi o lenei ʻau'aunaga. TTY 711.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 (800) 776-4672. TTY 711.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Tongan: FAKATOKANGA'I: Kapau ʻoku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea ʻoku nau fai atu ha tokoni ta'etotongi, pea teke lava ʻo ma'u ia. Telefoni mai 1 (800) 776-4672. TTY 711.

Trukese: MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori 1 (800) 776-4672, ese kamo. TTY 711.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1 (800) 776-4672. TTY 711.

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HAWAI'I MEDICAL SERVICE ASSOCIATION

Prescription Drug Benefits Rider

I. ELIGIBILITY

This Rider provides coverage that supplements the coverage provided under HMSA's medical plan. Your coverage under this Rider starts and ends on the same dates as your medical plan coverage.

II. PROVISIONS OF THE MEDICAL PLAN APPLICABLE

All definitions, provisions, exclusions, and conditions of HMSA's Guide to Benefits shall apply to this Rider. Exceptions are specifically modified in this Rider.

III. ANNUAL COPAYMENT MAXIMUM

The ***Annual Copayment Maximum*** for Prescription Drugs and Supplies is the maximum copayment amounts you pay in a calendar year for Prescription Drugs and Supplies. Once you meet the copayment maximum of $3,600 per person or $4,200 per family you are no longer responsible for copayment amounts for Prescription Drugs and Supplies unless otherwise noted.

The following amounts do not apply toward meeting the copayment maximum. Also, you are still responsible for these amounts even after you have met the copayment maximum.

(1) Payments for services subject to a maximum once you reach the maximum.

(2) The difference between the actual charge and the eligible charge that you pay when you receive services from a nonparticipating provider.

(3) Payments for noncovered services.

(4) Any amounts you owe in addition to your copayment for covered services.

IV. DEFINITIONS

When used in this Rider:

(1) **"Biological products"**, or biologics, are medical products. Many products are made from a variety of natural sources (i.e., human, animal, or microorganism). It may be produced by biotechnology methods and other cutting-edge technologies. Like drugs, some biologics are intended to treat diseases and medical conditions. Other products are used to prevent or diagnose diseases. Examples may include:

- Vaccines.
- Blood and blood products for transfusion and /or manufacturing into other products.
- Allergenic extracts, which are used for both diagnosis and treatment (for example allergy shots).
- Human cells and tissues used for transplantation (for example, tendons, ligaments and bone).
- Gene therapies.
- Cellular therapies.
- Test to screen potential blood donors for infectious agents such as HIV.

(2) **"Biosimilar product"** is a biological product that is FDA-approved based on a showing that it is highly similar to an already FDA-approved reference product. It has no clinically meaningful differences in terms of safety and effectiveness from the reference product. Only minor differences in clinically inactive components are allowable in biosimilar products.

In accordance with any applicable state and federal regulations and laws, an interchangeable biological product may be substituted for the reference product by a pharmacist without the intervention of the healthcare provider who prescribed the reference product.

(3) **"Brand Name Drug"** is a drug that is marketed under its distinctive trade name. A brand name drug is or at one time was protected by patent laws or deemed to be biosimilar by the U.S. Food and Drug Administration. A brand name drug is a recognized trade name prescription drug product, usually either the innovator product for new drugs still under patent protection or a more expensive product marketed under a brand name for multi-source drugs and noted as such in the national pharmacy database used by HMSA.

(4) **"Eligible Charge"** is the charge HMSA uses to calculate a benefit payment for a covered service or drug. It is the lesser of the following charges:

(a) The actual charge as shown on the claim, or

(b) HMSA's Allowable Fee. This includes an allowance for dispensing the drug.

(5) HMSA negotiates the cost of covered drugs and supplies from drug manufacturers or suppliers. This may include discounts, rebates, or other cost reductions. Any discounts or rebates received by HMSA will not reduce the charges that your copayments are based on. Discounts and rebates are used to calculate your Tier 3 Cost Share. HMSA also applies discounts and rebates to reduce prescription drug coverage rates for all prescription drug plans.

Participating Providers agree to accept the eligible charge as payment in full for covered drugs or supplies. Nonparticipating providers generally do not. Therefore, if you receive drugs or supplies from a nonparticipating provider, you are responsible for a Copayment plus a Tier 3 Cost Share, if any, plus the difference between the actual charge and the eligible charge.

(6) **"Generic Drug"** is a drug or supply that is prescribed or dispensed under its commonly used generic name rather than a brand name. Generic drugs are not protected by patent and are identified by HMSA as "generic". A generic drug shall meet any one of the following:

1. It is identical or therapeutically equivalent to its brand counterpart in dosage form, safety, strength, route of administration and intended use.
2. It is a non-innovator product approved by the FDA under an Abbreviated New Drug Application (an application to market a duplicate drug that has been approved by the FDA under a full New Drug Application).
3. It is defined as a generic by Medi-Span or an equivalent nationally recognized source.
4. It is not protected by patents(s), exclusivity, or cross-licensure.
5. Generic drugs include all single-source and multi-source generic drugs as set forth by a nationally recognized source selected and disclosed by HMSA. Unless explicitly defined or designated by HMSA, once a drug has been deemed a generic drug, it must be considered a generic drug for purposes of benefit administration.

(7) **"HMSA Essential Prescription Formulary"** is a list of drugs by therapeutic category published by HMSA.

(8) **"Interchangeable biologic product"** is an FDA-approved biologic product that meets the additional standards for interchangeability to an FDA-approved reference product included in:

- The Hawaii list of equivalent generic drugs and biological products.
- The Orange Book.
- The Purple Book.
- Other published findings and approvals of the United States Food and Drug Administration.

In accordance with any applicable state and federal regulations and laws, an interchangeable biological product may be substituted for the reference product by a pharmacist without the intervention of the healthcare provider who prescribed the reference product.

(9) **"Non-Preferred Formulary Drug"** is a Brand Name drug or supply that is not identified as preferred or is listed in Tier 3 on the HMSA Essential Prescription Formulary. When you choose Non-Preferred Formulary drugs, your Copayment plus Tier 3 Cost Share may exceed HMSA's payment to the provider.

(10) **"Non-Preferred Formulary Specialty Drug"** is a Specialty Drug or supply that is not identified as a Preferred

Formulary Specialty Drug or is listed in Tier 5 on the HMSA Essential Prescription Formulary.

(11) **"Oral Chemotherapy Drug"** is an FDA-approved oral cancer treatment that may be delivered for self-administration under the direction or supervision of a Provider outside of a hospital, medical office, or other clinical setting.

(12) **"Over-the-Counter Drugs"** are drugs that may be purchased without a prescription.

(13) **"Preferred Formulary Drug"** is a drug or supply identified as preferred or is listed in Tier 2 on the HMSA Essential Prescription Formulary.

(14) **"Preferred Formulary Specialty Drug"** is a Specialty Drug or supply that is identified as a Preferred Formulary Specialty or is listed in Tier 4 on the HMSA Essential Prescription Formulary.

(15) **"Prescription Drug"** is a medication required by Federal law to be dispensed only with a prescription from a licensed provider. Medications that are available as both a Prescription Drug and a nonprescription drug are not covered as a Prescription Drug under this Rider.

(16) **"Reference product"** refers to the original FDA-approved biologic product that a biosimilar is based.

(17) **"Specialty Drugs"** have one or more of the following characteristics:

(a) High in cost (more than $600)

(b) Specialized patient training on the administration of the drug (including supplies and devices needed for administration) is required.

(c) Coordination of care is required prior to drug therapy initiation and/or during therapy.

(d) Unique patient compliance and safety monitoring requirements.

(e) Unique requirements for handling, shipping and storage.

(f) Restricted access or limited distribution.

(18) **"Tier 3 Cost Share"** is a share of the cost of Tier 3 drugs or devices that you must pay in addition to a Copayment. When you choose Tier 3 drugs, your Copayment plus Tier 3 Cost Share may exceed HMSA's payment to the provider.

V. DRUG BENEFITS

You are eligible to receive the following benefits when covered drugs and supplies are obtained with a prescription. Covered drugs and supplies must be 1) approved by the FDA, 2) prescribed by a licensed Provider and 3) dispensed by a licensed pharmacy or Provider. The use of such drugs must be necessary for the diagnosis and treatment of an injury or illness. Drugs must be FDA approved for coverage:

(1) **Covered Prescription Drugs and Supplies.**

(a) Prescription Drugs (including insulin and contraceptives) that are listed in the HMSA Essential Prescription Formulary. Except for drugs and supplies listed in Sections V(1)(b) through V(1)(g), every drug on the plan's formulary is covered in one of the five cost-sharing tiers listed below. In general the higher the cost-sharing tier number, the higher your cost for the drug. Drugs approved as Non-Formulary Exceptions, inclusive of Sections V(1)(b) through V(1)(g), will be subject to Tier 3 copayment plus Tier 3 Cost Share for Non-Specialty drugs and Tier 5 copayment for Specialty drugs

- Tier 1 – mostly Generic Drugs
- Tier 2 – mostly Preferred Formulary Drugs
- Tier 3 – mostly Non-Preferred Formulary Drugs
- Tier 4 – mostly Preferred Formulary Specialty Drugs
- Tier 5 – mostly Non-Preferred Formulary Specialty Drugs

To find out which cost-sharing tier your drug is in, refer to the formulary. Changes to the formulary may occur at any time during your plan year. The current formulary can be found at www.hmsa.com.

(b) Oral Chemotherapy Drugs.

(c) The following diabetic supplies: syringes, needles, lancets, lancet devices, test strips, acetone test tablets, insulin tubing, and calibration solutions.

(d) Contraceptives – Over-the-counter (OTC) when you receive a written prescription for the OTC contraceptive.

(e) Diaphragms and Cervical Caps.

(f) Spacers and peak flow meters (limited to those listed in the HMSA Essential Prescription Formulary).

(g) Drugs Recommended by the U.S. Preventive Services Task Force (USPSTF).

(2) **Benefits for Covered Drugs.**

(a) **Tier 1.**

1. When obtained from a Participating Provider, you owe a $7 Copayment per drug to the Participating Provider. HMSA pays the Participating Provider 100% of the remaining Eligible Charge. For Tier 1 contraceptives, HMSA pays 100% of Eligible Charge. You owe no Copayment.

2. When obtained from a nonparticipating provider, you owe the entire charge for the drug. HMSA reimburses you 80% of the remaining Eligible Charge after deducting a $7 Copayment per drug when the claim is submitted

(b) **Tier 2.**

1. When obtained from a Participating Provider, you owe a $30 Copayment per drug to the Participating Provider. HMSA pays the Participating Provider 100% of the remaining Eligible Charge.

2. When obtained from a nonparticipating provider, you owe the entire charge for the drug. HMSA reimburses you 80% of the remaining Eligible Charge after deducting a $30 Copayment per drug when the claim is submitted.

(c) **Tier 3.**

1. When obtained from a Participating Provider, you owe a $30 Copayment per drug and a $45 Tier 3 Cost Share per drug. HMSA pays 100% of the remaining Eligible Charge after deducting the Copayment and Tier 3 Cost Share.

2. When obtained from a nonparticipating provider, you owe the entire charge for the drug. HMSA reimburses you 80% of the remaining Eligible Charge after deducting a $30 Copayment per drug and a $45 Tier 3 Cost Share per drug when the claim is submitted.

(d) **Tier 4.** Preferred Formulary Specialty Drugs are covered only when purchased from select providers. Contact HMSA to get a list of these providers. When obtained from a provider on the list, you owe a $100 copayment per drug to the provider. HMSA pays the provider 100% of the remaining Eligible Charge.

Benefits for Preferred Formulary Specialty Drugs are limited to a maximum 30-day supply or fraction thereof. Your provider may dispense less than a 30-day supply the first time the prescription is dispensed. Your copayment may be pro-rated when a reduced day supply is dispensed for first time prescriptions.

(e) **Tier 5**. Non-Preferred Formulary Specialty Drugs are covered only when purchased from select providers. Contact HMSA to get a list of these providers. When obtained from a provider on the list, you owe a $200 copayment per drug to the provider. HMSA pays the provider 100% of the remaining Eligible Charge.

Benefits for Non-Preferred Formulary Specialty Drugs are limited to a maximum 30-day supply or fraction thereof. Your provider may dispense less than a 30-day supply the first time the prescription is dispensed. Your copayment may be pro-rated when a reduced day supply is dispensed for first time prescriptions.

(f) **Oral Chemotherapy Drugs.** Benefits for Non-Specialty oral chemotherapy drugs are limited to a maximum 90-day supply or fraction thereof. Benefits for Specialty oral chemotherapy drugs are limited to a maximum 30-day supply or fraction thereof. Your provider may dispense less than a 30-day supply the first time the prescription is dispensed. Your copayment may be pro-rated when a reduced day supply is dispensed for first time prescriptions.

1. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no Copayment.

2. When obtained from a nonparticipating provider, you owe the entire charge for the drug. HMSA reimburses you 100% of Eligible Charge when the claim is submitted.

(g) **Diabetic Supplies.**

1. **Preferred Formulary.**

a. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no Copayment for diabetic supplies.

b. When obtained from a nonparticipating provider, you owe the entire charge for diabetic supplies. HMSA reimburses you 100% of Eligible Charge when the claim is submitted.

2. **Non-Preferred Formulary**.

a. When obtained from a Participating Provider, you owe a $30 Copayment for diabetic supplies. HMSA pays 100% of the remaining Eligible Charge.

b. When obtained from a nonparticipating provider, you owe the entire charge for diabetic supplies. HMSA reimburses you 100% of the remaining Eligible Charge after deducting a $30 Copayment when the claim is submitted.

(h) **Contraceptives – Over-the-counter (OTC).** Benefits are available when you receive a written prescription for the OTC contraceptive.

1. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no Copayment for OTC contraceptives.

2. When obtained from a nonparticipating provider, you owe the entire charge for OTC contraceptives. HMSA reimburses you 80% of the remaining Eligible Charge after deducting a $7 Copayment when the claim is submitted.

(i) **Diaphragms and Cervical Caps.**

1. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no Copayment.

2. When obtained from a nonparticipating provider, you owe the entire charge for the device. HMSA reimburses you 100% of the remaining Eligible Charge after deducting a $10 Copayment per device when the claim is submitted.

(j) **Spacers and Peak Flow Meters**.

1. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no Copayment for spacers and peak flow meters.

2. When obtained from a nonparticipating provider, you owe the entire charge for spacers and peak flow meters. HMSA reimburses you 100% of Eligible Charge when the claim is submitted.

(k) **Drugs Recommended by the U.S. Preventive Services Task Force (USPSTF)**. Contact HMSA for a list of drugs recommended by the USPSTF. Examples of drugs recommended include, but are not limited to, aspirin and folic acid.

1. When obtained from a Participating Provider, HMSA pays 100% of Eligible Charge. You owe no copayment.

2. When obtained from a nonparticipating provider, you owe the entire charge for the drug. HMSA reimburses you 80% of the Eligible Charge when the claim is submitted.

(l) The Copayment amounts shown in Sections (2)(a) through (2)(k) above are for a maximum 30-day supply or fraction thereof. As used in this Rider, a 30-day supply means a supply that will last you for a period consisting of 30 consecutive days. For example, if the prescribed drug must be taken by you only on the last five days of a one-month period, a 30-day supply would be the amount of the drug that you must take during those five days. Except for Specialty Drugs, including Specialty Oral Chemotherapy Drugs, if you get more than a 30-day supply under one prescription:

1. You must pay an additional Copayment for each 30-day supply or fraction thereof, and

2. The pharmacy will fill the prescription in the quantity specified by your Provider up to a 12-month supply for contraceptives. For all other drugs or supplies the maximum benefit payment is limited to two more 30-day supplies or fractions thereof.

(m) **Tier 3 Drug Copayment Exceptions.** You may qualify to purchase Tier 3 drugs at the lower Tier 2 copayment if you have a chronic condition that lasts at least three months, and:

1. have tried and failed treatment with at least two lower tier formulary alternatives (or one drug in a lower tier if only one alternative is available) within the same or similar category or class of drug , or

2. all other comparable lower tier drugs are contraindicated based on your diagnosis, other medical conditions, or other medication therapy.

When prescription drugs become available as therapeutically equivalent over-the-counter drugs, they must have also been tried and failed before a Tier 3 Drug Copayment Exception is approved. You have failed treatment if you meet 1, 2, or 3 below.

1. Symptoms or signs are not resolved after completion of treatment with the lower tier drugs at recommended therapeutic dose and duration. If there is no recommended therapeutic time, you must have had a meaningful trial and sub-therapeutic response.

2. You experienced a recognized and repeated adverse reaction that is clearly associated with taking the comparable lower tier drugs. Adverse reactions may include but are not limited to vomiting, severe nausea, headaches, abdominal cramping or diarrhea.

3. You are allergic to the comparable lower tier drugs. An allergic reaction is a state of hypersensitivity caused by exposure to an antigen resulting in harmful immunologic reactions on subsequent exposures. Symptoms may include but are not limited to skin rash, anaphylaxis or immediate hypersensitivity reaction.

This benefit requires precertification. You or your Provider must provide legible medical records that substantiate the requirements of this section in accord with HMSA's policies and to HMSA's satisfaction.

This exception is not applicable to diabetic supplies, Specialty Drugs, Non-Formulary Exceptions, controlled substances, off label uses, Non-Preferred Formulary medications if there is an FDA approved A rated generic equivalent, or if HMSA has a drug specific policy which has criteria different from the criteria in this section. You can call HMSA Customer Service to find out if HMSA has a drug policy specific to the drug prescribed for you.

(n) **Non-Formulary Exceptions**. If your drug is not listed in one of the five tiers and is not excluded in Section VI of this Rider, you may qualify for a Non-Formulary exception if:

1. you have a condition in which treatment with formulary alternatives within the same or similar category or class of drug have been tried and failed. You must have tried and failed treatment with all or 3 formulary alternatives, whichever is less; or

2. formulary alternatives are contraindicated based on your diagnosis, other medical conditions, or other medication therapy.

When prescription drugs become available as therapeutically equivalent over-the-counter drugs, they must have also been tried and failed before a Non-Formulary Exception is approved. You have failed treatment if you meet 1, 2, or 3 of the Tier 3 Copayment Exception criteria.

If you qualify for a Non-Formulary Exception you owe the Tier 3 Copayment and Tier 3 Cost Share for Non-Specialty drugs or Tier 5 Copayment for Specialty drugs.

(3) **Limitations on Covered Drugs.**

(a) **Limitations on Prescription Drugs.**

1. Products not approved by the U.S. Food and Drug Administration (FDA) are not covered, except for:

a. Phenobarbital

b. Renal Electrolyte replacements

2. Compound preparations are covered if they contain at least one Prescription Drug that is not a vitamin or mineral. For compounds made with covered Non-Specialty drugs, you owe the Tier 3 copayment. For compounds made with a covered Specialty drug(s), you owe the Tier 5 copayment. Subject to a and b below:

a. Compound drugs that are available as similar commercially available prescription drug products are not covered.

b. Compound drugs made with bulk chemicals are not covered.

c. Non-FDA approved drugs are not covered

3. Coverage of vitamins and minerals that are Prescription Drugs is limited to:

a. The treatment of an illness that in the absence of such vitamins and minerals could result in a serious threat to your life. For example, folic acid used to treat cancer.

b. Sodium fluoride, if dispensed as a single drug (for example, without any additional drugs such as vitamins) to prevent tooth decay.

(b) **Drug Benefit Management.** HMSA has arranged with Participating Providers to assist in managing the use of certain drugs. This includes drugs listed in the HMSA Essential Prescription Formulary.

1. HMSA has identified certain kinds of drugs in the HMSA Essential Prescription Formulary that require the preauthorization of HMSA. The criteria for preauthorization are that:

a. the drug is being used as part of a treatment plan,

b. there are no equally effective drug substitutes, and

c. the drug meets Payment Determination and other criteria established by HMSA.

A list of these drugs in the HMSA Essential Prescription Formulary has been distributed to all Participating Providers.

2. Participating Providers may prescribe up to a 30-day supply for first time prescriptions of maintenance drugs and contraceptives. For subsequent refills, the Participating Provider may prescribe up to a 12-month supply for contraceptives and a maximum 90-day supply for all other drugs or supplies after confirming that:

a. you have tolerated the drug without adverse side effects that may cause you to discontinue using the drug, and

b. your Provider has determined that the drug is effective.

(c) **Smoking Cessation Drugs.** Coverage of smoking cessation drugs is limited to 180 days of treatment per calendar year.

(d) This Rider requires the substitution of Generic Drugs listed on the FDA Approved Drug Products with Therapeutic Equivalence Evaluations for a Brand Name Drug. Exceptions will be made when a Provider directs that substitution is not permissible. If you choose not to use the generic equivalent, HMSA will pay only the amount that would have been paid for the generic equivalent. This provision regarding reduced benefits shall apply even if the particular generic equivalent was out-of-stock or was not available at the pharmacy. You may seek other Participating Providers when purchasing a generic equivalent in cases when the particular generic equivalent is out-of-stock or not available at that pharmacy.

(e) Except for certain drugs managed under Drug Benefit Management, refills are available if indicated on your original prescription. The refill prescription must be purchased only after two-thirds of your prescription has already been used. For example, for coverage under this Rider, if the previous supply was a 30-day supply, you may refill the prescription on the 21st day, but not earlier.

(f) There shall be no duplication or coordination between benefits of this drug plan and any other similar benefit of your HMSA medical plan.

(4) **HMSA's 90-Day at Retail Network and Mail Order Prescription Drug Program.**

(a) HMSA has contracted with selected providers to make prescription maintenance medications available for pickup or by mail. Specialty Drugs, including Specialty oral chemotherapy drugs are not available through HMSA's 90-Day at Retail Network or Mail Order Prescription Drug Program.

1. You owe the contracted provider a $11 Copayment per Tier 1 drug, a $65 Copayment per Tier 2 drug, and a $65 Copayment plus a $135 Tier 3 Cost Share per Tier 3 drug. HMSA pays 100% of the remaining charges. For Tier 1 contraceptives, HMSA pays 100% of Eligible Charge. You owe no Copayment.

2. Oral Chemotherapy Drugs - Non-Specialty Drugs. You owe the contracted provider no Copayment for non-specialty oral chemotherapy drugs. HMSA pays 100% of the charges.

3. Diabetic Supplies. You owe the contracted provider no Copayment for Preferred Formulary diabetic supplies and a $65 Copayment per Non-Preferred Formulary diabetic supplies. HMSA pays 100% of the remaining charges.

4. Contraceptives - Over-the-counter (OTC). Benefits are available when you receive a written prescription for the OTC contraceptive. You owe the contracted provider no Copayment for OTC contraceptives. HMSA pays 100% of the charges.

5. Spacers and Peak Flow Meters. You owe the contracted provider no Copayment for spacers and peak flow meters. HMSA pays 100% of the charges.

6. USPSTF Recommended Drugs. You owe the contracted provider no Copayment for USPSTF recommended drugs. HMSA pays 100% of the charges.

(b) **HMSA's 90-Day at Retail Network and Mail Order Prescription Drug Program Limitations.**

1. Prescription Drugs are available only from contracted providers. Contact HMSA to get a list of providers. If you receive prescription maintenance drugs from a provider that does not contract with HMSA, no benefits will be paid.

2. Prescription Drugs are limited to prescribed maintenance medications taken on a regular or long-term basis.

3. The contracted provider will fill the prescription in the quantity specified by the Provider up to a 12-month supply for contraceptives. For all other drugs or supplies, copayment amounts are for a maximum 90-day supply or fraction thereof. A 90-day supply is a supply that will last for 90 consecutive days or a fraction thereof. These are examples on how your copayments are calculated:

a. You are prescribed a drug in pill form that must be taken only on the last five days of each month. A 90-day supply would be fifteen pills, the number of pills you must take during a three-month period. You owe the 90-day copayment even though the supply dispensed is fifteen pills.

b. You are prescribed a 30-day supply with two refills. The contracted pharmacy will fill the prescription in the quantity specified by the Provider, in this case 30 days, and will not send you a 90-day supply. You owe the 30-day copayment.

c. You are prescribed a 30-day supply of a drug that is packaged in less than 30-day quantity, for example, a 28-day supply. The pharmacy will fill the prescription by providing a 28-day supply. You owe the 30-day copayment. If you are prescribed a 90-day supply, the pharmacy would fill the prescription by giving you three packages each containing a 28-day supply of the drug. You would owe a 90-day copayment for the 84-day supply.

4. Unless the prescribing Provider requires the use of a Brand Name Drug, your prescription will be filled with the Tier 1 equivalent when available and permissible by law. If a Brand Name Drug is required, it must be clearly indicated on the prescription.

5. Refills are available if indicated on your original prescription. The refill prescription must be purchased only after two-thirds of your prescription has already been used.

VI. EXCLUSIONS

This Rider is subject to all exclusions in HMSA's Guide to Benefits. The Guide to Benefits describes the medical benefits plan that accompanies this Rider.

Except as otherwise stated in this Rider, no payment will be made for: Products not approved by the U.S. Food and Drug Administration (FDA) (except as specified in this rider) immunization agents; agents used in skin tests to determine allergic sensitivity; all drugs to treat infertility; all drugs to treat sexual dysfunction except suppositories listed in the HMSA Essential Prescription Formulary and used to treat sexual dysfunction due to an organic cause as defined by HMSA; appliances and other nondrug items; drug from foreign countries; injectable drugs, except those designated as covered in the HMSA Essential Prescription Formulary; drugs dispensed to a registered bed patient; convenience packaged drugs, including kits; unit dose drugs; over-the-counter drugs that may be purchased without a prescription (except as specified in this Rider); replacements for lost, stolen, damaged, or destroyed drugs and supplies; and lifestyle drugs. Lifestyle drugs are pharmaceutical products that improve a way or style of living rather than alleviating a disease. Lifestyle drugs that are not covered include, but are not limited to: creams used to prevent skin aging and drugs to enhance athletic performance.

VII. COORDINATION OF BENEFITS

The coordination of benefits described in Chapter 9 of HMSA's Guide to Benefits in the section labeled "Coverage that Provides Same or Similar Coverage" is modified as follows:

You may have other insurance coverage that provides benefits that are the same or similar to this plan.

When this plan is primary, its benefits are determined before those of any other plan and without considering any other plan's benefits. When this plan is secondary, its benefits are determined after those of another plan and may be reduced because of the primary plan's payment. As the secondary plan, this plan's payment will not exceed the amount this plan would have paid if it

had been your only coverage.

Any Tier 3 Cost Share you owe under this plan will first be subtracted from the benefit payment. You remain responsible for the Tier 3 Cost Share owed under this plan, if any.

All other provisions of Chapter 9 of HMSA's Guide to Benefits remain unchanged.

Serving you

Meet with knowledgeable, experienced health plan advisers. We'll answer questions about your health plan, give you general health and well-being information, and more. Visit hmsa.com for directions.

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Opening in 2019
HMSA Center @ Kahului
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Customer Relations representatives are also available in person at our Neighbor Island offices, Monday through Friday, 8 a.m. to 4 p.m.:

Kailua-Kona, Hawaii Island
75-1029 Henry St., Suite 301 | Phone: 329-5291

Kahului
33 Lono Ave., Suite 350 | Phone: 871-6295

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4366 Kukui Grove St., Suite 103 | Phone: 245-3393

Contact HMSA. We're here for you.

Call 948-6111 on Oahu or 1 (800) 776-4672 toll-free on the Neighbor Islands or Mainland.

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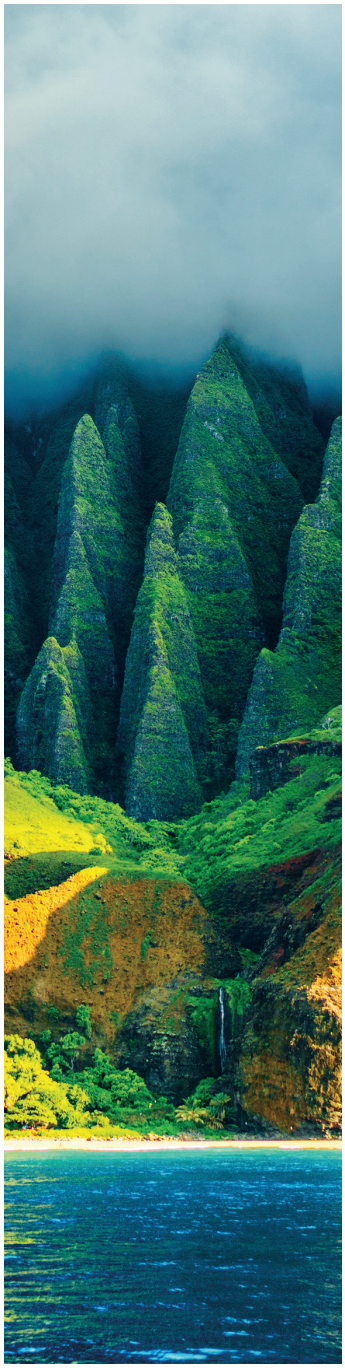

Together, we improve the lives of our members and the health of Hawaii.
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