



Healthy New York Group Optional Prescription Drug Rider

The following rider is an addendum to the "Healthy New York Group Subscriber Certificate of Coverage" which provides for the provision of all basic health services.

Benefits

The "Benefits" section of the Group Subscriber Certificate of Coverage is amended as follows:

Outpatient Prescription Drugs or Medicines

- Outpatient Federal and Drug Administration (FDA) approved prescription drugs or medicines are covered when medically necessary and prescribed by a licensed Participating Provider. Each prescription is limited to a maximum 34-day supply, with up to four refills when authorized by a licensed Participating Provider. The prescription must be issued by a Participating Provider and filled at a Participating Pharmacy, except in an emergency or where otherwise authorized by us.

Prescription drug coverage also includes:

- Medically necessary enteral formulas for home use when prescribed by a licensed Participating provider. The formula must have been proven effective as a disease-specific treatment regime for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic disability, mental retardation or death.
- Modified solid food products that are low protein, when medically necessary for certain inherited diseases of amino acids and organic metabolism.
- Hypodermic needles and syringes used to administer medications that are covered by Atlantis, when prescribed by a licensed practitioner and purchased through a Plan Pharmacy.
- Certain non-FDA approved prescribed drugs recognized for the treatment of specific types of cancer by one of the following:
 - A. The American Medical Association Drug Evaluations
 - B. The American Hospital Formulary Service Drug Information; or
 - C. The United States Pharmacopoeia Drug Information; or recommended by review article or editorial comment in a major peer reviewed professional journal.
- Allergy Serums.
- You have the right to file an appeal with an independent, outside review panel whenever the Plan denies coverage for prescription drugs because the drug is not considered medically necessary or is considered an experimental or investigational treatment. Further details as to how you may request an appeal are provided in the Certificate of Coverage.

Mail Order/ Maintenance

- You are encouraged to utilize our Mail Order/ Maintenance program if you are required to use a maintenance drug on the Plan's approved list.
- Maintenance drugs are covered for a 90-day supply upon a written prescription by a Licensed Participating Provider.
- The mail order option allows you to obtain a 90-day supply of maintenance drugs in the following categories: anti-diabetics, anti-hypertensives, anti-hyperlipidemics, beta-blockers, calcium blockers, diuretics and thyroid medications.

Co-payments

- There is a maximum benefit of \$3,000 per covered member per calendar year.
- You are responsible for a \$100 deductible per covered member per calendar year.
- You are responsible for a \$10 co-payment for each generic prescription filled at a Participating Pharmacy for a 34-day supply.
- You are responsible for a \$20 co-payment per brand name drug per 34 day supply plus difference in cost between the brand name drug and its generic equivalent.
- You are responsible for a \$20 co-payment per generic drug per 90 day supply of mail order prescription.
- You are responsible for a \$40 co-payment per brand name drug per 90 day supply of mail order prescription plus the difference in cost between the brand name drug and its generic equivalent.

Limitations & Exclusions

Except to the extent that such benefits are either medically necessary or are required to be provided by applicable Law, prescription drug benefits *do not* include:

1. Prescription drugs used in connection with behavioral health and substance abuse treatments.
2. Any drug which does not require a prescription, such as over-the-counter or non-legend drugs, even if a prescription is written.
3. Antibacterial soaps/detergents, shampoos, toothpaste/gels and mouthwashes/rinses.
4. Prescription drugs dispensed to a Member while he is a patient in a hospital, nursing home, or other institution.
5. Amphetamines, appetite suppressants, and hair growth stimulants unless medically necessary and pre-authorized by Atlantis.
6. Medications for cosmetic purposes only.
7. Prescription drugs dispensed by a provider office.
8. Experimental and Investigational Drugs which are defined as drugs which have not been approved by the FDA and or NIH or have not been shown to be safe and effective through clinical trials or are not generally accepted as safe and effective by a majority of clinical providers with significant experience in the usage of the drugs, unless recommended by an external appeal agent.
9. Replacements of drugs resulting from loss, theft or breakage.
10. The maximum coverage for any authorized modified solid food products for any continuous period of 12 months shall not exceed \$2,500.
11. Some drugs require Pre-authorization. The Participating Provider is responsible for obtaining the necessary authorization prior to prescribing the drug.

All of the terms, conditions and limitations of your Atlantis Health Plan HNY Subscriber Contract to which this rider is attached also apply to this Rider, except where specifically changed by this Rider.