

NEW HAMPSHIRE HEALTH PLAN

OUTPATIENT PRESCRIPTION DRUG BENEFIT RIDER (HSA)

***NOTE: THERE ARE NO OUT-OF-NETWORK DRUG BENEFITS
UNDER THIS RIDER OR THE POLICY TO WHICH IT IS ATTACHED.***

DEFINITIONS

The definitions in the policy apply to this rider. In applying them, the word “rider” will be substituted for the word “policy.”

“Non-Participating Pharmacy” means a retail or mail-order pharmacy that is not under contract with the Prescription Service Card Administrator to fill a prescription order.

“Participating Pharmacy” means a local retail pharmacy or mail-order pharmacy that is under contract with the Prescription Service Card Administrator to fill a prescription order with when a Prescription Service Identification Card is presented.

“Prescription Drug” means any medication or medicinal substance which has been approved by the Food and Drug Administration and which can, under federal or state law, be dispensed only pursuant to a Prescription Drug order.

“Prescription Service Card Administrator” means the firm contracted by us to administer the Prescription Drug benefit.

“Prescription Service Identification Card” means the card provided by us that must be shown when you have a prescription order filled at a Participating Pharmacy.

BENEFITS

This rider applies to drugs (including contraceptive drugs) and medicines that require a prescription, are purchased upon a Physician’s orders using your Prescription Service Identification Card while not confined in a Hospital or skilled nursing facility and are dispensed by a licensed pharmacist at a Participating Pharmacy. Subject to any limitations in the policy to which this is attached, these purchases will qualify as Expenses applicable to the Deductible.

Benefits are subject to the Deductible listed in the Schedule. You may purchase up to a 31-day supply for each prescription filled (or refilled). You may purchase up to a 90-day supply of covered Prescription Drugs (other than controlled substances as identified by the Federal Drug Enforcement Administration) if you can demonstrate that you have taken the Prescription Drug for a continuous period of one year and provided that such drug is not subject to utilization management, prior authorization or precertification requirements.

You will pay 100% of the cost of the prescription order, less any applicable discount, at the time you place the prescription. You will be reimbursed for such eligible expenses if you submit a claim to the Prescription Service Card Administrator on a form available from us. The Prescription Service Card Administrator will pay the eligible expenses incurred based on the amount that you paid to the Participating Pharmacy subject to the Deductible and any other limitations on Benefits generally as described in the policy.

Mail order. You may order up to a 90-day supply of Prescription Drugs via mail order.

Out-of-Country Purchases Prohibited. Notwithstanding anything to the contrary contained herein, benefits shall not include payment or reimbursement for prescription drugs purchased outside the United States, except in the case of a Medical Emergency (as such term is defined in the policy).

Rebates. From time to time we may benefit from drug rebates secured on our behalf by our administrator, our pharmacy benefits administrator or others. Any such rebates are kept by us to help lower our cost of operations.

They are not credited back to you. They do not adjust deductibles, limits or any other calculations under your policy.

Notwithstanding anything else contained herein, no drug that has been prescribed for a particular indication shall be excluded from coverage on the ground that the drug has not been approved by the Federal Food and Drug Administration for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by then current American Medical Association policies, provided that nothing in this rider shall require: (a) coverage for any drug if the Federal Food and Drug Administration has determined its use to be contraindicated for the treatment of the particular indication for which the drug has been prescribed; (b) coverage for experimental or investigational drugs not approved for any indication by the Federal Food and Drug Administration; and (c) reimbursement or coverage for any drug not otherwise covered under this rider.

If a prescription drug is otherwise ineligible for coverage under this rider and is Medically Necessary, you may request that coverage for such prescription drug be reviewed through our exception process. The exception process shall not exceed 48 hours commencing when the prescribing provider has provided us with the clinical rationale for the exception.