

Plan Certificate

Prescription Drug Rider



An Independent Licensee of the Blue Cross and Blue Shield Association

January 2018

Important Information About Your Health Plan

HMSA doesn't discriminate

We comply with applicable federal civil rights laws. We don't discriminate, exclude people, or treat people differently because of:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

Services that HMSA provides

To better communicate with people who have disabilities or whose primary language isn't English, HMSA provides free services such as:

- Language services and translations.
- Text Relay Services.
- Information written in other languages.
- Information in other formats, such as large print, audio, and accessible digital formats.

If you need these services, please call 1 (800) 776-4672 toll-free. TTY 711.

How to file a grievance or complaint

If you believe that we've failed to provide these services or discriminated in another 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.



English: This notice has important information about your HMSA application or plan benefits. It may also include key dates. You may need to take action by certain dates to keep your health plan or to get help with costs.

If you or someone you're helping has questions about HMSA, you have the right to get this notice and other help in your language at no cost. To talk to an interpreter, please call 1 (800) 776-4672 toll-free. TTY 711.

Ilocano: Daytoy a pakaammo ket naglaon iti napateg nga impormasion maipanggep iti aplikasionyo iti HMSA wenno kadagiti benepisioyo iti plano. Mabalín nga adda pay nairaman a petsa. Mabalín a masapulyo ti mangaramid iti addang agpatingga kadagiti partikular a petsa tapno agtalinaed kayo iti plano wenno makaala kayo iti tulong kadagiti gastos.

No addaan kayo wenno addaan ti maysa a tao a tultulonganyo iti saludsod maipanggep iti HMSA, karbenganyo a maala daytoy a pakaammo ken dadduma pay a tulong iti bukodyo a pagsasao nga awan ti bayadna. Tapno makapatang ti maysa a mangipatarus ti pagsasao, tumawag kay koma iti 1 (800) 776-4672 toll-free. TTY 711.

Tagalog: Ang abiso na ito ay naglalaman ng mahalagang impormasyon tungkol sa inyong aplikasyon sa HMSA o mga benepisyo sa plano. Maaari ding kasama dito ang mga petsa. Maaaring kailangan ninyong gumawa ng hakbang bago sumapit ang mga partikular na petsa upang mapanatili ninyo ang inyong planong pangkalusugan o makakuha ng tulong sa mga gastos.

Kung kayo o isang taong tinutulungan ninyo ay may mga tanong tungkol sa HMSA, may karapatan kayong makuha ang abiso na ito at iba pang tulong sa inyong wika nang walang bayad. Upang makipag-usap sa isang tagapagsalin ng wika, mangyaring tumawag sa 1 (800) 776-4672 toll-free. TTY 711.

Japanese: 本通知書には、HMSAへの申請や医療給付に関する重要な情報や日付が記載されています。医療保険を利用したり、費用についてサポートを受けるには、本通知書に従って特定の日付に手続きしてください。

患者さん、または付き添いの方がHMSAについて質問がある場合は、母国語で無料で通知を受けとったり、他のサポートを受ける権利があります。通訳を希望する場合は、ダイヤルフリー電話 1 (800) 776-4672 をご利用ください。TTY 711.

Chinese: 本通告包含關於您的 HMSA 申請或計劃福利的重要資訊。也可能包含關鍵日期。您可能需要在某確定日期前採取行動，以維持您的健康計劃或者獲取費用幫助。

如果您或您正在幫助的某人對 HMSA 存在疑問，您有權免費獲得以您母語表述的本通告及其他幫助。如需與口譯員通話，請撥打免費電話 1 (800) 776-4672。TTY 711.

Korean: 이 통지서에는 HMSA 신청서 또는 보험 혜택에 대한 중요한 정보가 들어 있으며, 중요한 날짜가 포함되었을 수도 있습니다. 해당 건강보험을 그대로 유지하거나 보상비를 수령하려면 해당 기간 내에 조치를 취하셔야 합니다.

신청자 본인 또는 본인의 도움을 받는 누군가가 HMSA에 대해 궁금한 사항이 있으면 본 통지서를 받고 아무런 비용 부담 없이 모국어로 다른 도움을 받을 수 있습니다. 통역사를 이용하려면 수신자 부담 전화 1 (800) 776-4672번으로 연락해 주시기 바랍니다. TTY 711.

Spanish: Este aviso contiene información importante sobre su solicitud a HMSA o beneficios del plan. También puede incluir fechas clave. Puede que tenga que tomar medidas antes de determinadas fechas a fin de mantener su plan de salud u obtener ayuda con los gastos.

Si usted o alguien a quien le preste ayuda tiene preguntas respecto a HMSA, usted tiene el derecho de recibir este aviso y otra ayuda en su idioma, sin ningún costo. Para hablar con un intérprete, llame al número gratuito 1 (800) 776-4672. TTY 711.

Vietnamese: Thông báo này có thông tin quan trọng về đơn đăng ký HMSA hoặc phúc lợi chương trình của quý vị. Thông báo cũng có thể bao gồm những ngày quan trọng. Quý vị có thể cần hành động trước một số ngày để duy trì chương trình bảo hiểm sức khỏe của mình hoặc được giúp đỡ có tính phí.

Nếu quý vị hoặc người quý vị đang giúp đỡ có thắc mắc về HMSA, quý vị có quyền nhận thông báo này và trợ giúp khác bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số miễn cước 1 (800) 776-4672. TTY 711.

Samoan - Fa'asamoa: O lenei fa'aliga tāua e fa'atatau i lau tusi talosaga ma fa'amanuiaga 'e te ono agava'a ai, pe'ā fa'amanuiaina 'oe i le polokalame o le HMSA. E aofia ai fo'i i lalo o lenei fa'aliga ia aso tāua. E ono mana'omia 'oe e fa'atinoina ni galuega e fa'atonuina ai 'oe i totonu o le taimi fa'atulagaina, ina 'ia e agava'a ai pea mo fa'amanuiaga i le polokalame soifua maloloina 'ua fa'ata'atia po'o se fesoasoani fo'i mo le totogi'ina.

Afai e iai ni fesili e fa'atatau i le HMSA, e iai lou aiātatau e te talosaga ai e maua lenei fa'aliga i lau gagana e aunoa ma se totogi. A mana'omia le feasoasoani a se fa'aliliu 'upu, fa'amolemole fa'afeso'ota'i le numera 1 (800) 776-4672 e leai se totogi o lenei 'au'aunaga. TTY 711.

Marshallese: Kojella in ej boktok jet melele ko reurok kin application ak jipan ko jen HMSA bwilan ne am. Emaron bar kwalok jet raan ko reurok bwe kwon jela. Komaron aikiuj kommane jet bunten ne ko mokta jen detlain ko aer bwe kwon jab tum jen health bwilan en am ak bok jipan kin wonaan takto.

Ne ewor kajjitok kin HMSA, jen kwe ak juon eo kwoj jipane, ewor am jimwe im maron nan am ba ren ukot kojella in kab melele ko kin jipan ko jet nan kajin ne am ilo ejjelok wonaan. Bwe kwon kenono ippan juon ri-ukok, jouj im calle 1 (800) 776-4672 tollfree, enaj ejjelok wonaan. TTY 711.

Trukese: Ei esinesin a kawor auchean porausen omw HMSA apilikeison me/ika omw kewe plan benefit. A pwan pachanong porausen ekoch ran mei auchea ngeni omw ei plan Ina epwe pwan auchea omw kopwe fori ekoch fofor me mwen ekei ran (mei pachanong) pwe omw health plan esap kouno, are/ika ren omw kopwe angei aninisin monien omw ei plan.

Ika a wor omw kapas eis usun HMSA, ka tongeni tungoren aninis, iwe ka pwan tongeni tungoren ar repwe ngonuk eche kapin ei taropwe mei transladini non kapasen fonuom, ese kamo. Ika ka mwochen kapas ngeni emon chon chiakku, kosemochen kopwe kori 1 (800) 776-4672, ese kamo. TTY 711.

Hawaiian: He 'ike ko'iko'i ko kēia ho'olaha pili i kou 'inikua a i 'ole palapala noi 'inikua HMSA. Aia paha he mau lā ko'iko'i ma kēia ho'olaha. Pono paha 'oe e hana i kekahi mea ma mua o kekahi lā no ka ho'omau i kou 'inikua a i 'ole ka 'imi kōkua me ka uku.

Inā he mau nīnau kou no HMSA, he kuleana ko mākou no ka hā'awi manuahi i kēia ho'olaha a me nā kōkua 'ē a'e ma kou 'ōlelo pono'i. No ke kama'ilio me kekahi mea unuhi, e kelepona manuahi iā 1 (800) 776-4672. TTY 711.

Micronesian - Pohnpeian: Kisin likou en pakair wet audaudki ire kesempwal me pid sapwelimwomwi aplikasin en HMSA de koasoandihn sawas en kapai kan. E pil kak audaudki rahn me pahn kesempwal ieng komwi. Komw pahn kakete anahne wia kemwekid ni rahn akan me koasoandi kan pwe komwi en kak kolokol sawas en roson mwahu de pil ale pweinen sawas pwukat.

Ma komwi de emen aramas tohrohr me komw sewese ahniki kalelapak me pid duwen HMSA, komw ahniki pwuhng en ale pakair wet oh sawas teikan ni sapwelimwomwi mahsen ni soh isepe. Ma komw men mahsenieng souhn kawehwe, menlau eker telepohn 1 (800) 776-4672 ni soh isepe. TTY 711.

Bisayan - Visayan: Kini nga pahibalo adunay importanteng impormasyon mahitungod sa imong aplikasyon sa HMSA o mga benepisyo sa plano. Mahimo sab nga aduna kini mga importanteng petsa. Mahimong kinahanglan kang magbuhat og aksyon sa mga partikular nga petsa aron mapabilin ang imong plano sa panglawas o aron mangayo og tabang sa mga gastos.

Kung ikaw o ang usa ka tawo nga imong gitabangan adunay mga pangutana mahitungod sa HMSA, aduna kay katungod nga kuhaon kini nga pahibalo ug ang uban pang tabang sa imong lengguwahe nga walay bayad. Aron makig-istorya sa usa ka tighubad, palihug tawag sa 1 (800) 776-4672 nga walay toll. TTY 711.

Tongan - Fakatonga: Ko e fakatokanga mahu'inga eni fekau'aki mo ho'o kole ki he HMSA pe palani penefiti. 'E malava ke hā ai ha ngaahi 'aho 'oku mahu'inga. 'E i ai e ngaahi 'aho pau 'e fiema'u ke ke fai e 'ū me'a 'uhiā ko ho'o palani mo'ui lelei pe ko ho'o ma'u ha tokoni fekau'aki mo e totongi.

Kapau 'oku 'i ai ha'o fehu'i pe ha fehu'i ha'a taha 'oku ke tokonia fekau'aki mo e HMSA, 'oku totonu ke ke ma'u e fakatokanga ko eni pe ha toe tokoni pē 'i ho'o lea fakafonuá ta'e totongi. Ke talanoa ki ha taha fakatonulea, kātaki tā ta'etotongi ki he 1 (800) 776-4672. TTY 711.

Laotian: ແຈ້ງການສະບັບມືຊື້ມື້ນຸທສົ່ງຄຳກ່ຽວກັບການສະມັກ HMSA ຂອງທ່ານ ຫຼື ແຜນຜູ້ນຸ່ງປະໂຫຍດຈາກ HMSA ອາດມີຂໍ້ມູນກ່ຽວກັບວັນທຸກສິ່ງຄືນ. ທ່ານອາດຕ້ອງໄດ້ດຳເນີນການຝຶກວົນທໄດ້ໜຶ່ງແຜ່ນອື່ນສາແຜນສຸຂະພາບຂອງທ່ານ ຫຼື ຮູບການຊ່ວຍເຫຼືອຄ້າຮກສາ.

ຖ້າຫາກທ່ານ ຫຼື ຜູ້ທີ່ຖືກຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບ HMSA, ທ່ານມັດສູດທຈະໄດ້ຮັບແຈ້ງການສະບັບ ແລະ ການຊ່ວຍເຫຼືອອື່ນໆເປັນພາສາຂອງທ່ານໂດຍບໍ່ຕ້ອງເສຍຄ່າ. ເພື່ອໂທຫາບໍາລິເວນພາສາ, ກະລຸນາໂທໄປ 1 (800) 776-4672 ໂດຍບໍ່ເສຍຄ່າ. TTY 711.

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 biologics are made from a variety of natural sources - human, animal, or microorganism - and may be produced by biotechnology methods and other cutting-edge technologies. Like drugs, some biologics are intended to treat diseases and medical conditions. Other biologics 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) **"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.

(3) **"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.

(4) 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. **"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.

(5) **"Biosimilar product"** is a biological product that is FDA-approved based on a showing that it is highly similar to an already FDA-approved biological product, known as a reference product, and 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.

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

(7) **"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, and
- 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.

(8) **"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.

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

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

(13) "**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.

(14) "**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.

(15) "**Reference product**" refers to the original FDA-approved biologic product on which a biosimilar is based.

(16) "**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.

(17) "**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 obtain 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 additional 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 have tried and failed treatment with at least two comparable Tier 1 or Tier 2 drugs (or one comparable drug if only one alternative is available), or 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 Specialty Drugs, Non-Formulary Exceptions, controlled substances, off label uses, Other Brand 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 you have a condition in which treatment with all or 3, whichever is less, formulary alternatives within the same or similar category or class of drug have been tried and failed or 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. 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

2. 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: 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, drugs for shift work sleep disorder, 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.

HMSA CENTERS

Convenient evening and Saturday hours:

HMSA Center @ Honolulu

818 Keeaumoku St.

Monday through Friday, 8 a.m.- 6 p.m. | Saturday, 9 a.m.- 2 p.m.

HMSA Center @ Pearl City

Pearl City Gateway | 1132 Kuala St., Suite 400

Monday through Friday, 9 a.m.- 7 p.m. | Saturday, 9 a.m.- 2 p.m.

HMSA Center @ Hilo

Waiakea Center | 303A E. Makaala St.

Monday through Friday, 9 a.m.- 7 p.m. | Saturday, 9 a.m.- 2 p.m.

OFFICES

Visit your local HMSA office Monday through Friday, 8 a.m. - 4 p.m.:

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

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

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

PHONE

948-6111 on Oahu

If you're calling from the U.S. Mainland, please call 1 (800) 776-4672. If you need to call a local Hawaii telephone number from the Mainland, the area code is 808.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.



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