

SERFF Tracking Number: UHLC-126340033 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 43752
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Outpatient Prescription Drug Rider
Project Name/Number: /

Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Outpatient Prescription Drug SERFF Tr Num: UHLC-126340033 State: Arkansas

Rider

TOI: H21 Health - Other

SERFF Status: Closed-Approved- State Tr Num: 43752
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Ebony Terry

Reviewer(s): Rosalind Minor

Date Submitted: 10/12/2009

Disposition Date: 10/14/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/14/2009

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Deemer Date:

Created By: Ebony Terry

Submitted By: Ebony Terry

Corresponding Filing Tracking Number:

Filing Description:

Outpatient Prescription Drug Rider (2009 Fed Form Filing Insurance)

Company and Contact

Filing Contact Information

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Filing Company Information

United HealthCare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	10/12/2009	31215207

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/14/2009	10/14/2009

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Disposition

Disposition Date: 10/14/2009

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Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Approved 2007 version	Approved-Closed	Yes
Form	Outpatient Prescription Drug Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: RDR.RX.PLS.I.09.AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 10/14/2009	RDR.RX.P LS.I.09.AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Outpatient Prescription Drug Rider	Initial			X09I_RDR_R XPLS.pdf

Outpatient Prescription Drug Rider

UnitedHealthcare Insurance Company

This Rider to the Policy is issued to the Enrolling Group and provides Benefits for Prescription Drug Products.

Because this Rider is part of a legal document, we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage (Certificate)* in *Section 9: Defined Terms* and in this Rider in *Section 3: Defined Terms*.

When we use the words "we," "us," and "our" in this document, we are referring to UnitedHealthcare Insurance Company. When we use the words "you" and "your" we are referring to people who are Covered Persons, as the term is defined in the Certificate in Section 9: Defined Terms.

Include only one of the three COB options listed below.

Include if COB does not apply to RX benefits.

[NOTE: The Coordination of Benefits provision in the *Certificate* in *Section 7: Coordination of Benefits* does not apply to Prescription Drug Products covered through this Rider. Prescription Drug Product Benefits will not be coordinated with those of any other health coverage plan.]

Include if COB applies to RX benefits.

[NOTE: The Coordination of Benefits provision in the *Certificate* in *Section 7: Coordination of Benefits* applies to Prescription Drug Products covered through this Rider. Benefits for Prescription Drug Products will be coordinated with those of any other health plan in the same manner as Benefits for Covered Health Services described in the *Certificate*.]

Include if COB applies only to Medicare Part B and/or D. Include Part B, D or both option when applicable.

[NOTE: The Coordination of Benefits provision in the *Certificate* in *Section 7: Coordination of Benefits* does not apply to Prescription Drug Products covered through this Rider, except that Benefits for Prescription Drug Products will be coordinated with prescription drug benefits provided under Medicare [Part B] [Part D] [Parts B and D].]

(Name and Title)

Introduction

Coverage Policies and Guidelines

¹Include when notification is required.

²Include when prior authorization is required.

Our Prescription Drug List (PDL) Management Committee is authorized to make tier placement changes on our behalf. The PDL Management Committee makes the final classification of an FDA-approved Prescription Drug Product to a certain tier by considering a number of factors including, but not limited to, clinical and economic factors. Clinical factors may include, but are not limited to, evaluations of the place in therapy, relative safety or relative efficacy of the Prescription Drug Product, as well as whether certain supply limits or [¹notification] [²prior authorization] requirements should apply. Economic factors may include, but are not limited to, the Prescription Drug Product's acquisition cost including, but not limited to, available rebates and assessments on the cost effectiveness of the Prescription Drug Product.

Some Prescription Drug Products are more cost effective for specific indications as compared to others; therefore, a Prescription Drug Product may be listed on multiple tiers according to the indication for which the Prescription Drug Product was prescribed.

We may periodically change the placement of a Prescription Drug Product among the tiers. These changes generally will occur quarterly, but no more than six times per calendar year. These changes may occur without prior notice to you.

When considering a Prescription Drug Product for tier placement, the PDL Management Committee reviews clinical and economic factors regarding Covered Persons as a general population. Whether a particular Prescription Drug Product is appropriate for an individual Covered Person is a determination that is made by the Covered Person and the prescribing Physician.

NOTE: The tier status of a Prescription Drug Product may change periodically based on the process described above. As a result of such changes, you may be required to pay more or less for that Prescription Drug Product. Please access [www.myuhc.com] through the Internet or call *Customer Care* at the telephone number on your ID card for the most up-to-date tier status.

Identification Card (ID Card) - Network Pharmacy

You must either show your ID card at the time you obtain your Prescription Drug Product at a Network Pharmacy or you must provide the Network Pharmacy with identifying information that can be verified by us during regular business hours.

If you don't show your ID card or provide verifiable information at a Network Pharmacy, you will be required to pay the Usual and Customary Charge for the Prescription Drug Product at the pharmacy.

¹Include for groups that purchase the Mandatory or Restrictive Generic Program.

²Include when the benefit plan design includes Therapeutic Class Charge.

You may seek reimbursement from us as described in the *Certificate* in *Section 5: How to File a Claim*. When you submit a claim on this basis, you may pay more because you failed to verify your eligibility when the Prescription Drug Product was dispensed. The amount you are reimbursed will be based on the Prescription Drug Cost, less the required Copayment and/or Coinsurance, [¹Ancillary Charge,] [²Therapeutic Class Charge,] and any deductible that applies.

Include the name and address of the appropriate Pharmacy Benefit Manager.

Submit your claim to:

[Name of Pharmacy Benefit Manager]

[Address of Pharmacy Benefit Manager]

[City, State and Zip Code]

Include for groups that purchase the designated pharmacy benefit. Designated pharmacy can be utilized for more than the specialty drug program. It applies to specialty when #1 below is included.

¹Include when benefit plan design includes specialty drug program.

[Designated Pharmacies]

[If you require certain Prescription Drug Products [¹, including, but not limited to, Specialty Prescription Drug Products,] we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products.

If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from a Designated Pharmacy, you will be subject to the non-Network Benefit for that Prescription Drug Product.]

Limitation on Selection of Pharmacies

If we determine that you may be using Prescription Drug Products in a harmful or abusive manner, or with harmful frequency, your selection of Network Pharmacies may be limited. If this happens, we may require you to select a single Network Pharmacy that will provide and coordinate all future pharmacy services. Benefits will be paid only if you use the designated single Network Pharmacy. If you don't make a selection within 31 days of the date we notify you, we will select a single Network Pharmacy for you.

Rebates and Other Payments

¹Include if the Annual Drug Deductible or Specialty Prescription Drug Product Annual Deductible applies. ²Include when the Annual Drug Deductible applies. ³Include when both Annual Drug Deductible and Specialty Prescription Drug Product Annual Deductibles apply. ⁴Include when the Specialty Prescription Drug Product Annual Deductible applies. ⁵Include only when plans pass rebates on to customers. ⁶Include for all other plans.

We may receive rebates for certain drugs included on the Prescription Drug List [¹, including those drugs that you purchase prior to meeting your [²Annual Drug Deductible] [³or] [⁴Specialty Prescription Drug Product Annual Deductible]]. We [⁵do] [⁶do not] pass these rebates on to you, [⁵and they are] [⁶nor are they] [¹applied to your [²Annual Drug Deductible] [³or] [⁴Specialty Prescription Drug Product Annual Deductible] or] taken into account in determining your Copayments and/or Coinsurance.

We, and a number of our affiliated entities, conduct business with various pharmaceutical manufacturers separate and apart from this Prescription Drug Rider. Such business may include, but is not limited to, data collection, consulting, educational grants and research. Amounts received from pharmaceutical manufacturers pursuant to such arrangements are not related to this Prescription Drug Rider. We are not required to pass on to you, and do not pass on to you, such amounts.

Coupons, Incentives and Other Communications

At various times, we may send mailings to you or to your Physician that communicate a variety of messages, including information about Prescription Drug Products. These mailings may contain coupons or offers from pharmaceutical manufacturers that enable you, at your discretion, to purchase the described drug product at a discount or to obtain it at no charge. Pharmaceutical manufacturers may pay for and/or provide the content for these mailings. Only your Physician can determine whether a change in your Prescription Order or Refill is appropriate for your medical condition.

Special Programs

We may have certain programs in which you may receive an enhanced or reduced Benefit based on your actions such as adherence/compliance to medication regimens. You may access information on these programs through the Internet at [www.myuhc.com] or by calling *Customer Care* at the telephone number on your ID card.

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Section 1: Benefits for Prescription Drug Products

Benefits are available for Prescription Drug Products at either a Network Pharmacy or a non-Network Pharmacy and are subject to Copayments and/or Coinsurance or other payments that vary depending on which of the tiers of the Prescription Drug List the Prescription Drug Product is listed. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for applicable Copayments and/or Coinsurance requirements.

Contraceptives are mandated in AR.

¹Include for groups that purchase contraceptive benefits.

²Include for group that purchase closed-panel benefits and the corresponding exclusion is included in Section 2. (Closed panel means that we pay only for drugs that are prescribed by a Network provider.)

Benefits for Prescription Drug Products are available when the Prescription Drug Product meets the definition of a Covered Health Service [¹or is prescribed to prevent conception]. [²Benefits are provided only when the Prescription Order or Refill has been issued by a Network Physician or other Network provider.]

Include when plan includes Specialty Drug Program.

[Specialty Prescription Drug Products]

[Benefits are provided for Specialty Prescription Drug Products.

¹Include for groups that purchase Designated Pharmacy benefit.

[¹If you require Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products.

If you are directed to a Designated Pharmacy and you choose not to obtain your Specialty Prescription Drug Product from a Designated Pharmacy, you will be subject to the non-Network Benefit for that Specialty Prescription Drug Product.]

Please see *Section 3: Defined Terms* for a full description of Specialty Prescription Drug Product [¹and Designated Pharmacy].

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on Specialty Prescription Drug Product supply limits.]

Prescription Drugs from a Retail Network Pharmacy

Benefits are provided for Prescription Drug Products dispensed by a retail Network Pharmacy.

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on retail Network Pharmacy supply limits.

Prescription Drugs from a Retail Non-Network Pharmacy

Benefits are provided for Prescription Drug Products dispensed by a retail non-Network Pharmacy.

If the Prescription Drug Product is dispensed by a retail non-Network Pharmacy, you must pay for the Prescription Drug Product at the time it is dispensed and then file a claim for reimbursement with us, as described in *Section 5* of your *Certificate*. We will not reimburse you for the difference between the Predominant Reimbursement Rate and the non-Network Pharmacy's Usual and Customary Charge for that Prescription Drug Product. We will not reimburse you for any non-covered drug product.

In most cases, you will pay more if you obtain Prescription Drug Products from a non-Network Pharmacy.

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on retail non-Network Pharmacy supply limits.

Include for groups that purchase the mail order benefit option.

[Prescription Drug Products from a Mail Order Network Pharmacy]

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[Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy.

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on mail order Network Pharmacy supply limits.

Please access [www.myuhc.com] through the Internet or call *Customer Care* at the telephone number on your ID card to determine if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy.]

Section 2: Exclusions

Exclusions from coverage listed in the *Certificate* apply also to this Rider, except that any preexisting condition exclusion in the *Certificate* is not applicable to this Rider. In addition, the exclusions listed below apply.

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.

¹Remove only when Enrolling Group requests coverage for non-Emergency drugs dispensed outside the U.S.

[2.] [¹Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.]

[3.] Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.

[4.] Experimental or Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven. This exclusion will not apply to Prescription Drug Products approved by the *United States Food and Drug Administration (USFDA)* for use in the treatment of cancer on the basis that the Prescription Drug Product has not been approved by the *USFDA* for the treatment of the specific type of cancer for which the Prescription Drug Product has been prescribed, provided:

- the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more compendia:
 - ◆ the *American Hospital Formulary Service Drug Information*;
 - ◆ the *United States Pharmacopoeia Dispensing Information*; or
- the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in two articles from medical literature that have not had their recognition of the Prescription Drug Product's safety and effectiveness contraindicated by clear and convincing evidence in another article from medical literature.
- Medical literature is defined as articles from major peer reviewed medical journals specified by the *United States Department of Health and Human Services*.

[5.] Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.

[6.] Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.

Remove exclusion for plans that provide coverage for weight loss products.

[7.] [Any product dispensed for the purpose of appetite suppression or weight loss.]

Contraceptives are mandated in AR.

¹Include for groups that purchase contraceptive benefits. ²Include when immunizations administered in a pharmacy are covered under the Outpatient Pharmacy Rider. Select appropriate pharmacy or combination of pharmacies where coverage is provided.

- [8.] A Pharmaceutical Product for which Benefits are provided in your *Certificate*. [¹This exclusion does not apply to Depo Provera and other injectable drugs used for contraception.] [²This exclusion does not apply to immunizations administered in a [Network] [,] [non-Network] [Network or non-Network] [or] [a Designated] Pharmacy.]
- [9.] Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- [10.] General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
- [11.] Unit dose packaging of Prescription Drug Products.
- [12.] Medications used for cosmetic purposes.
- [13.] Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Service.
- [14.] Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.

Remove exclusion when infertility coverage is provided.

- [15.] [Prescription Drug Products when prescribed to treat infertility.]

Include for groups that do not purchase benefits for toenail fungus treatment.

- [16.] [Treatment for toenail Onychomycosis (toenail fungus).]

Include for group that do not purchase benefits for smoking cessation.

- [17.] [Prescription Drug Products for smoking cessation.]

Include for groups that purchase a closed benefit plan design. Delete for groups that purchase an open benefit plan design (open benefit plan provides coverage at all tier levels). Include commas and "or" as applicable to the level of Closed Benefit Plan.

- [18.] [Prescription Drug Products not included on Tier-1 [,] [or] [Tier-2] [,] [or] [Tier-3] [,] [or] [Tier-4] [or] [Tier-5] of the Prescription Drug List at the time the Prescription Order or Refill is dispensed.]

Include for groups that purchased closed-panel benefits. (Closed panel means that we pay only for drugs that are prescribed by a Network provider.)

- [19.] [A Prescription Drug Product prescribed by a non-Network Physician or other non-Network provider.]

¹*Include if compounds are covered. When compound drugs are covered they are always assigned to the highest tier available under the rider.* ²*Include if compounds are not covered.*

- [20.] [¹Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration (FDA) and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-[2] [3] [4] [5] [6].)] [²Any prescription medication that must be compounded into its final form by the dispensing pharmacist, Physician, or other health care provider.]

Remove exclusion for plans that provide coverage for OTC drugs. ¹Include if group purchases benefits for smoking cessation that include OTC drugs.

- [21.] [Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless we have designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that we have determined are Therapeutically Equivalent to an over-the-

counter drug. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.] [¹This exclusion does not apply to over-the-counter drugs used for smoking cessation.]

Include if Benefits are not provided for New Prescription Drug Products.

[22.] [New Prescription Drug Products and/or new dosage forms until the date they are assigned to a tier by our PDL Management Committee.]

Always include either #1 or #2. ¹Include if growth hormone therapy is excluded for any and all conditions. ²Include if growth hormone therapy is covered for all conditions except for children with familial short stature).

[23.] [¹Growth hormone therapy.] [²Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).]

Include if Benefits are not provided on any tier.

[24.] [Any oral non-sedating antihistamine or antihistamine-decongestant combination.]

Include if Benefits are not provided on any tier.

[25.] [Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction.]

¹Include when state mandates coverage for medical foods. Adjust for any specific state required language.

[26.] Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, **except that Medical Foods and Low Protein Food Products are covered for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism if the products are prescribed and administered under the direction of a Physician.**

Include when the Enrolling Group requests an exclusion for one or more Therapeutic Classes.

[27.] [A particular Therapeutic Class or Therapeutic Classes. Please access [www.myuhc.com] through the Internet or call *Customer Care* at the telephone number on your ID card for information on which Therapeutic Class or Therapeutic Classes are excluded.]

Include if Benefits are not provided on any tier.

[28.] [Prescription Drug Products when prescribed as sleep aids.]

Include when benefit plan design includes Therapeutic Equivalent exclusion.

[29.] [A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.]

Include when benefit plan design includes exclusion for both a modified version and Therapeutically Equivalent drug product.

[30.] [A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.]

Section 3: Defined Terms

Include for groups that purchase the Mandatory or Restrictive Generic Program.

¹*Include for groups that purchase the Mandatory Generic Program.*

[Ancillary Charge - a charge, in addition to the Copayment and/or Coinsurance, that you are required to pay when a covered Prescription Drug Product is dispensed at your [¹or the provider's] request, when a Chemically Equivalent Prescription Drug Product is available on a lower tier. For Prescription Drug Products from Network Pharmacies, the Ancillary Charge is calculated as the difference between the Prescription Drug Cost or MAC list price for Network Pharmacies for the Prescription Drug Product on the higher tier, and the Prescription Drug Cost or MAC list price of the Chemically Equivalent Prescription Drug Product available on the lower tier. For Prescription Drug Products from non-Network Pharmacies, the Ancillary Charge is calculated as the difference between the Predominant Reimbursement Rate or MAC list price for non-Network Pharmacies for the Prescription Drug Product on the higher tier, and the Predominant Reimbursement Rate or MAC list price of the Chemically Equivalent Prescription Drug Product available on the lower tier.]

Include if benefit design has an Annual Drug Deductible.

¹*Include if the Annual Drug Deductible provision applies only to Tier-2, Tier-3 and Tier-4, Tier-5 and Tier-6 Prescription Drug Products. (Include commas and "ands" as applicable to the number of tiers covered under this Rider.)*

[Annual Drug Deductible - the amount you are required to pay for covered [¹[Tier-2] [,] [and] [Tier-3] [,] [and] [Tier-4] [,] [and] [Tier-5] [, and Tier-6]] Prescription Drug Products in a year before we begin paying for Prescription Drug Products. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Annual Drug Deductible applies.]

Include if benefit design has an Annual Maximum Drug Benefit.

[Annual Maximum Drug Benefit - the maximum amount we will pay for Prescription Drug Products during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Annual Maximum Drug Benefit applies.]

Brand-name - a Prescription Drug Product: (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that we identify as a Brand-name product, based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "brand name" by the manufacturer, pharmacy, or your Physician may not be classified as Brand-name by us.

Chemically Equivalent - when Prescription Drug Products contain the same active ingredient.

Include if plan design includes designated pharmacy benefits and/or specialty prescription drug product benefits.

¹*Include for groups that purchase the specialty drug program.*

[Designated Pharmacy - a pharmacy that has entered into an agreement with us or with an organization contracting on our behalf, to provide specific Prescription Drug Products¹, including, but not limited to, Specialty Prescription Drug Products]. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.]

Generic - a Prescription Drug Product: (1) that is Chemically Equivalent to a Brand-name drug; or (2) that we identify as a Generic product based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "generic" by the manufacturer, pharmacy or your Physician may not be classified as a Generic by us.

Include when the treatment of Infertility is a Covered Health Service in the medical coverage and, therefore, a Covered Health Service under this Rider.

[Infertility - failure to achieve a Pregnancy after a year of regular unprotected intercourse if the woman is under age 35, or after six months if the woman is over age 35. In addition, in order to be eligible for Benefits, the Covered Person must also:

- Be under age 44, if female.
- Have infertility that is not related to voluntary sterilization or failed reversal of voluntary sterilization.]

Include if benefit design has an Infertility Annual Maximum Benefit.

[Infertility Annual Maximum Benefit - the maximum amount we will pay for covered Prescription Drug Products for Infertility during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Infertility Annual Maximum Benefit applies.]

Include if benefit design has an Infertility Maximum Policy Benefit.

[Infertility Maximum Policy Benefit - the maximum amount we will pay for covered Prescription Drug Products for Infertility during the entire period of time you are enrolled for coverage under the Policy. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Infertility Maximum Policy Benefit applies.]

Include when separate Copayment and/or Coinsurance option for preventive medications is used.

Include when drug rider is issued with a plan design that has a combined pharmacy and medical deductible, combined out of pocket or both and preventive medications are excepted from deductible or out of pocket maximum.

¹*Include when plan design includes Specialty Prescription Drug program*

[List of Preventive Medications - a list that identifies certain Prescription Drug Products [¹, which may include certain Specialty Prescription Drug Products,] on the Prescription Drug List that are intended to reduce the likelihood of Sickness. You may obtain the List of Preventive Medications through the Internet at [www.myuhc.com] or by calling *Customer Care* at the telephone number on your ID card.]

Include for groups that purchase the Mandatory or Restrictive Generic Program.

[Maximum Allowable Cost (MAC) List - a list of Generic Prescription Drug Products that will be covered at a price level that we establish. This list is subject to our periodic review and modification.]

Network Pharmacy - a pharmacy that has:

- Entered into an agreement with us or an organization contracting on our behalf to provide Prescription Drug Products to Covered Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by us as a Network Pharmacy.

New Prescription Drug Product - a Prescription Drug Product or new dosage form of a previously approved Prescription Drug Product, for the period of time starting on the date the Prescription Drug Product or new dosage form is approved by the *U.S. Food and Drug Administration (FDA)* and ending on the earlier of the following dates:

- The date it is assigned to a tier by our PDL Management Committee.
- December 31st of the following calendar year.

Include when plan design includes increased Copayments or Coinsurance when a Non-Preferred Retail Network Pharmacy is utilized.

[Non-Preferred Retail Network Pharmacy - a pharmacy that we identify as a non-preferred pharmacy within the Network.]

Include if Copayments and/or Coinsurance are limited by an Out-of-Pocket Drug Maximum.

[Out-of-Pocket Drug Maximum - the maximum amount you are required to pay for covered Prescription Drug Products in a single year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Out-of-Pocket Drug Maximum applies.]

Predominant Reimbursement Rate - the amount we will pay to reimburse you for a Prescription Drug Product that is dispensed at a non-Network Pharmacy. The Predominant Reimbursement Rate for a particular Prescription Drug Product dispensed at a non-Network Pharmacy includes a dispensing fee and any applicable sales tax. We calculate the Predominant Reimbursement Rate using our Prescription Drug Cost that applies for that particular Prescription Drug Product at most Network Pharmacies.

Include when plan design includes reduced Copayments or Coinsurance when a Preferred Retail Network Pharmacy is utilized.

[Preferred Retail Network Pharmacy - a pharmacy that we identify as a preferred pharmacy within the Network.]

Prescription Drug Cost - the rate we have agreed to pay our Network Pharmacies, including a dispensing fee and any applicable sales tax, for a Prescription Drug Product dispensed at a Network Pharmacy.

Prescription Drug List - a list that categorizes into tiers medications, products or devices that have been approved by the *U.S. Food and Drug Administration (FDA)*. This list is subject to our periodic review and modification (generally quarterly, but no more than six times per calendar year). You may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

Prescription Drug List (PDL) Management Committee - the committee that we designate for, among other responsibilities, classifying Prescription Drug Products into specific tiers.

Prescription Drug Product - a medication, product or device that has been approved by the *U.S. Food and Drug Administration (FDA)* and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of Benefits under the Policy, this definition includes:

- Inhalers (with spacers).
- Insulin.

¹Include when corresponding exception for immunizations administered in a pharmacy is included in exclusion #8.

- ¹Immunizations administered in a pharmacy.]
- The following diabetic supplies:
 - standard insulin syringes with needles;
 - blood-testing strips - glucose;
 - urine-testing strips - glucose;
 - ketone-testing strips and tablets;
 - lancets and lancet devices; and
 - glucose monitors.

Prescription Order or Refill- the directive to dispense a Prescription Drug Product issued by a duly licensed health care provider whose scope of practice permits issuing such a directive.

Include if plan includes specialty drug program.

¹Include if infertility is a Covered Health Service.

²Include when definition of List of Preventive Medications is included.

[Specialty Prescription Drug Product - Prescription Drug Products that are generally high cost, self-administered biotechnology drugs used to treat patients with certain illnesses. [¹Specialty Prescription Drug Products include certain drugs for Infertility.] [²Specialty Prescription Drug Products may include drugs on the List of Preventive Medications.] You may access a complete list of Specialty Prescription Drug Products through the Internet at [www.myuhc.com] or by calling *Customer Care* at the telephone number on your ID card.]

Include if benefit design has a Specialty Prescription Drug Product Annual Deductible.

¹Include if the Specialty Prescription Drug Product Annual Deductible provision applies only to Tier-2, Tier-3 and Tier-4, Tier-5 and Tier-6 Specialty Prescription Drug Products. (Include commas and "ands" as applicable to the number of tiers covered under this Rider.)

[Specialty Prescription Drug Product Annual Deductible - the amount you are required to pay for covered [¹[Tier-2] [,] [and] [Tier-3] [,] [and] [Tier-4] [,] [and] [Tier-5] [, and Tier-6]] Specialty Prescription Drug Products in a year before we begin paying for Specialty Prescription Drug Products. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Annual Deductible applies.]

Include if benefit design has a Specialty Prescription Drug Product Annual Maximum Benefit.

[Specialty Prescription Drug Product Annual Maximum Benefit - the maximum amount we will pay for covered Specialty Prescription Drug Products during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Annual Maximum Benefit applies.]

Include if Copayments and/or Coinsurance are limited by a Specialty Prescription Drug Product Out-of-Pocket Maximum.

[Specialty Prescription Drug Product Out-of-Pocket Maximum - the maximum amount you are required to pay for covered Specialty Prescription Drug Products in a single year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Out-of-Pocket Maximum applies.]

Include when benefit plan design includes Copayment, Coinsurance, ancillary charges, or exclusion by Therapeutic Class.

[Therapeutic Class - a group or category of Prescription Drug Products with similar uses and/or actions.]

Include when benefit plan design includes Therapeutic Class Charge.

[Therapeutic Class Charge - a charge, in addition to the Copayment and/or Coinsurance, that you are required to pay when a covered Prescription Drug Product that is dispensed at your or your provider's request is in a Therapeutic Class where we have determined a maximum allowable cost. For Prescription Drug Products from Network Pharmacies, the Therapeutic Class Charge is calculated as the difference between the Prescription Drug Cost for Network Pharmacies for the Prescription Drug Product dispensed and the maximum allowable cost for the Therapeutic Class. For Prescription Drug Products from non-Network Pharmacies, the Therapeutic Class Charge is calculated as the difference between the Predominant Reimbursement Rate for the Prescription Drug Product dispensed and the maximum allowable cost for the Therapeutic Class.]

Therapeutically Equivalent - when Prescription Drug Products can be expected to produce essentially the same therapeutic outcome and toxicity.

Usual and Customary Charge - the usual fee that a pharmacy charges individuals for a Prescription Drug Product without reference to reimbursement to the pharmacy by third parties. The Usual and Customary Charge includes a dispensing fee and any applicable sales tax.

SERFF Tracking Number: UHLC-126340033

State: Arkansas

Filing Company: United HealthCare Insurance Company

State Tracking Number: 43752

Company Tracking Number:

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Outpatient Prescription Drug Rider

Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	10/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/14/2009
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	10/14/2009
Comments:			
Attachment:			
Cover letter for RDR_RXPLS.pdf			

SERFF Tracking Number: UHLC-126340033 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 43752
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Outpatient Prescription Drug Rider
Project Name/Number: /

	Item Status:	Status
Satisfied - Item: Approved 2007 version	Approved-Closed	10/14/2009
Comments:		
Attachment:		
Rider-INS-2007-Pharmacy Network and Non-Network.pdf		



October 12, 2009

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201

Re: UnitedHealthcare Insurance Company
NAIC No. 79413
Group Health Form RDR.RX.PLS.I.09.AR

Dear Ms. Minor:

On behalf of UnitedHealthcare Insurance Company, I am submitting the enclosed group health form for your Department's review and approval. This form is to be included with the 2009 Federal Form Filing, identified by form number POL.I.09.AR et al., which was recently approved by your office September 29, 2009. This document is based on our 2007 Series documents filed and approved in your state. For the Departments convenience I have attached the 2007 version of this form for your comparison. Our intent is to use this form for large and small employer groups. Because the enclosed form has been modified to reflect the laws and regulations of Arkansas, it will not be filed with Connecticut, our State of Domicile. Once approved, this form and the approved filing referenced in this letter will be used in conjunction with all forms filed and approved for use with our 2007 Series forms.

This submission has been submitted electronically via SERFF and UnitedHealthcare Insurance Company recognizes that we may not implement this form until and unless approval has been granted. Should the Department have any immediate concerns or questions regarding this submission, please feel free to contact me at 240.632.8056, through the SERFF messaging system or at Ebony_N_Terry@uhc.com.

Sincerely,

Ebony N. Terry

Outpatient Prescription Drug Rider

[United HealthCare Insurance Company]

This Rider to the Policy is issued to the Enrolling Group and provides Benefits for Prescription Drug Products.

Because this Rider is part of a legal document, we want to give you information about the document that will help you understand it. Certain capitalized words have special meanings. We have defined these words in the *Certificate of Coverage* in *Section 9: Defined Terms* and in this Rider in *Section 3: Defined Terms*.

When we use the words "we," "us," and "our" in this document, we are referring to [United HealthCare Insurance Company]. When we use the words "you" and "your" we are referring to people who are Covered Persons, as the term is defined in the *Certificate of Coverage* in *Section 9: Defined Terms*.

Include only one of the three COB options listed below.

Include if COB does not apply to RX benefits.

[NOTE: The Coordination of Benefits provision in the *Certificate of Coverage* in *Section 7: Coordination of Benefits* does not apply to Prescription Drug Products covered through this Rider. Prescription Drug Product Benefits will not be coordinated with those of any other health coverage plan.]

Include if COB applies to RX benefits.

[NOTE: The Coordination of Benefits provision in the *Certificate of Coverage* in *Section 7: Coordination of Benefits* applies to Prescription Drug Products covered through this Rider. Benefits for Prescription Drug Products will be coordinated with those of any other health plan in the same manner as Benefits for Covered Health Services described in the *Certificate of Coverage*.]

Include if COB applies only to Medicare Part B and/or D. Include Part B, D or both option when applicable.

[NOTE: The Coordination of Benefits provision in the *Certificate of Coverage* in *Section 7: Coordination of Benefits* does not apply to Prescription Drug Products covered through this Rider, except that Benefits for Prescription Drug Products will be coordinated with prescription drug benefits provided under Medicare [Part B] [Part D] [Parts B and D].]

(Name and Title)

Introduction

Coverage Policies and Guidelines

Our Prescription Drug List ("PDL") Management Committee is authorized to make tier placement changes on our behalf. The PDL Management Committee makes the final classification of an FDA-approved Prescription Drug Product to a certain tier by considering a number of factors including, but not limited to, clinical and economic factors. Clinical factors may include, but are not limited to, evaluations of the place in therapy, relative safety or relative efficacy of the Prescription Drug Product, as well as whether supply limits or notification requirements should apply. Economic factors may include, but are not limited to, the Prescription Drug Product's acquisition cost including, but not limited to, available rebates and assessments on the cost effectiveness of the Prescription Drug Product.

Some Prescription Drug Products are more cost effective for specific indications as compared to others, therefore; a Prescription Drug Product may be listed on multiple tiers according to the indication for which the Prescription Drug Product was prescribed.

We may periodically change the placement of a Prescription Drug Product among the tiers. These changes generally will occur quarterly, but no more than six times per calendar year. These changes may occur without prior notice to you.

When considering a Prescription Drug Product for tier placement, the PDL Management Committee reviews clinical and economic factors regarding Covered Persons as a general population. Whether a particular Prescription Drug Product is appropriate for an individual Covered Person is a determination that is made by the Covered Person and the prescribing Physician.

NOTE: The tier status of a Prescription Drug Product may change periodically based on the process described above. As a result of such changes, you may be required to pay more or less for that Prescription Drug Product. Please access www.myuhc.com through the Internet or call *Customer Care* at the telephone number on your ID card for the most up-to-date tier status.

Identification Card (ID Card) - Network Pharmacy

You must either show your ID card at the time you obtain your Prescription Drug Product at a Network Pharmacy or you must provide the Network Pharmacy with identifying information that can be verified by us during regular business hours.

If you don't show your ID card or provide verifiable information at a Network Pharmacy, you will be required to pay the Usual and Customary Charge for the Prescription Drug Product at the pharmacy.

¹*Include for groups that purchase the Mandatory or Restrictive Generic Program.*

²*Include when the benefit plan design includes Therapeutic Class Charge.*

You may seek reimbursement from us as described in the *Certificate of Coverage* in *Section 5: How to File a Claim*. When you submit a claim on this basis, you may pay more because you failed to verify your eligibility when the Prescription Drug Product was dispensed. The amount you are reimbursed will be based on the Prescription Drug Cost, less the required Copayment and/or Coinsurance, [¹Ancillary Charge,] [²Therapeutic Class Charge,] and any deductible that applies.

Include for groups that purchase the designated pharmacy benefit. Designated pharmacy can be utilized for more than the specialty drug program. It applies to specialty when #1 below is included.

¹*Include when benefit plan design includes specialty drug program.*

[Designated Pharmacies]

[If you require certain Prescription Drug Products [¹, including, but not limited to, Specialty Prescription Drug Products,] we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products.

If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from a Designated Pharmacy, you will be subject to the non-Network Benefit for that Prescription Drug Product.]

Limitation on Selection of Pharmacies

If we determine that you may be using Prescription Drug Products in a harmful or abusive manner, or with harmful frequency, your selection of Network Pharmacies may be limited. If this happens, we may require you to select a single Network Pharmacy that will provide and coordinate all future pharmacy services. Benefits will be paid only if you use the designated single Network Pharmacy. If you don't make a selection within 31 days of the date we notify you, we will select a single Network Pharmacy for you.

Rebates and Other Payments

¹Include if the Annual Drug Deductible or Specialty Prescription Drug Product Annual Deductible applies. ²Include when the Annual Drug Deductible applies. ³Include when both Annual Drug Deductible and Specialty Prescription Drug Product Annual Deductibles apply. ⁴Include when the Specialty Prescription Drug Product Annual Deductible applies. ⁵Include only when plans pass rebates on to customers. ⁶Include for all other plans.

We may receive rebates for certain drugs included on the Prescription Drug List [¹, including those drugs that you purchase prior to meeting your [²Annual Drug Deductible] [³or] [⁴Specialty Prescription Drug Product Annual Deductible]]. We [⁵do] [⁶do not] pass these rebates on to you, [⁵and they are] [⁶nor are they] [¹applied to your [²Annual Drug Deductible] [³or] [⁴Specialty Prescription Drug Product Annual Deductible] or] taken into account in determining your Copayments and/or Coinsurance.

We, and a number of our affiliated entities, conduct business with various pharmaceutical manufacturers separate and apart from this Prescription Drug Rider. Such business may include, but is not limited to, data collection, consulting, educational grants and research. Amounts received from pharmaceutical manufacturers pursuant to such arrangements are not related to this Prescription Drug Rider. We are not required to pass on to you, and do not pass on to you, such amounts.

Coupons, Incentives and Other Communications

At various times, we may send mailings to you or to your Physician that communicate a variety of messages, including information about Prescription Drug Products. These mailings may contain coupons or offers from pharmaceutical manufacturers that enable you, at your discretion, to purchase the described drug product at a discount or to obtain it at no charge. Pharmaceutical manufacturers may pay for and/or provide the content for these mailings. Only your Physician can determine whether a change in your Prescription Order or Refill is appropriate for your medical condition.

Special Programs

We may have certain programs in which you may receive an enhanced or reduced Benefit based on your actions such as adherence/compliance to medication regimens. You may access information on these programs through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

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Section 1: Benefits for Prescription Drug Products

Benefits are available for Prescription Drug Products at either a Network Pharmacy or a non-Network Pharmacy and are subject to Copayments and/or Coinsurance or other payments that vary depending on which of the tiers of the Prescription Drug List the Prescription Drug Product is listed. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for applicable Copayments and/or Coinsurance requirements.

Contraceptives are mandated in AR.

¹Include for group that purchase closed-panel benefits and the corresponding exclusion is included in Section 2. (Closed panel means that we pay only for drugs that are prescribed by a Network provider.)

Benefits for Prescription Drug Products are available when the Prescription Drug Product meets the definition of a Covered Health Service or is prescribed to prevent conception. [¹Benefits are provided only when the Prescription Order or Refill has been issued by a Network Physician or other Network provider.]

Include when plan includes Specialty Drug Program.

[Specialty Prescription Drug Products]

[Benefits are provided for Specialty Prescription Drug Products.

¹Include for groups that purchase Designated Pharmacy benefit.

[¹If you require Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products.

If you are directed to a Designated Pharmacy and you choose not to obtain your Specialty Prescription Drug Product from a Designated Pharmacy, you will be subject to the non-Network Benefit for that Specialty Prescription Drug Product.]

Please see *Section 3: Defined Terms* for a full description of Specialty Prescription Drug Product [¹and Designated Pharmacy].

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on Specialty Prescription Drug Product supply limits.]

Prescription Drugs from a Retail Network Pharmacy

Benefits are provided for Prescription Drug Products dispensed by a retail Network Pharmacy.

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on retail Network Pharmacy supply limits.

Prescription Drugs from a Retail Non-Network Pharmacy

Benefits are provided for Prescription Drug Products dispensed by a retail non-Network Pharmacy.

If the Prescription Drug Product is dispensed by a retail non-Network Pharmacy, you must pay for the Prescription Drug Product at the time it is dispensed and then file a claim for reimbursement with us, as described in *Section 5* of your *Certificate of Coverage*. We will not reimburse you for the difference between the Predominant Reimbursement Rate and the non-Network Pharmacy's Usual and Customary Charge for that Prescription Drug Product. We will not reimburse you for any non-covered drug product.

In most cases, you will pay more if you obtain Prescription Drug Products from a non-Network Pharmacy.

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on retail non-Network Pharmacy supply limits.

Include for groups that purchase the mail order benefit option.

[Prescription Drug Products from a Mail Order Network Pharmacy]

[Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy.

RDR.RX.PLS.I.07.AR

Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details on mail order Network Pharmacy supply limits.

Please access www.myuhc.com through the Internet or call *Customer Care* at the telephone number on your ID card to determine if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy.]

Section 2: Exclusions

Exclusions from coverage listed in the *Certificate of Coverage* apply also to this Rider, except that any preexisting condition exclusion in the *Certificate of Coverage* is not applicable to this Rider. In addition, the following exclusions apply:

1. Coverage for Prescription Drug Products for the amount dispensed (days' supply or quantity limit) which exceeds the supply limit.

¹*Remove only when Enrolling Group requests coverage for non-Emergency drugs dispensed outside the U.S.*

- [¹2.] Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.]

- [3.] Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.

- [4.] Experimental or Investigational or Unproven Services and medications; medications used for experimental indications and/or dosage regimens determined by us to be experimental, investigational or unproven. This exclusion will not apply to Prescription Drug Products approved by the *United States Food and Drug Administration (USFDA)* for use in the treatment of cancer on the basis that the Prescription Drug Product has not been approved by the *USFDA* for the treatment of the specific type of cancer for which the Prescription Drug Product has been prescribed, provided:

- the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in any of the following standard reference compendia, unless the use is identified as not indicated in one or more compendia:
 - ◆ the *American Hospital Formulary Service Drug Information*;
 - ◆ the *United States Pharmacopoeia Dispensing Information*; or
- the Prescription Drug Product has been recognized as safe and effective for treatment of that specific type of cancer in two articles from medical literature that have not had their recognition of the Prescription Drug Product's safety and effectiveness contraindicated by clear and convincing evidence in another article from medical literature.

Medical literature is defined as articles from major peer reviewed medical journals specified by the *United States Department of Health and Human Services*.

- [5.] Prescription Drug Products furnished by the local, state or federal government. Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare) whether or not payment or benefits are received, except as otherwise provided by law.

- [6.] Prescription Drug Products for any condition, Injury, Sickness or mental illness arising out of, or in the course of, employment for which benefits are available under any workers' compensation law or other similar laws, whether or not a claim for such benefits is made or payment or benefits are received.

Remove exclusion for plans that provide coverage for weight loss products.

- [7.] Any product dispensed for the purpose of appetite suppression or weight loss.]

Contraceptives are mandated in AR.

¹*Include when immunizations administered in a pharmacy are covered under the Outpatient Pharmacy Rider. Select appropriate pharmacy or combination of pharmacies where coverage is provided.*

- [8.] A Pharmaceutical Product for which Benefits are provided in your *Certificate of Coverage*. This exclusion does not apply to Depo Provera and other injectable drugs used for contraception. [¹This

exclusion does not apply to immunizations administered in a [Network] [,] [non-Network] [Network or non-Network] [or] [a Designated] Pharmacy.]

- [9.] Durable Medical Equipment. Prescribed and non-prescribed outpatient supplies, other than the diabetic supplies and inhaler spacers specifically stated as covered.
- [10.] General vitamins, except the following which require a Prescription Order or Refill: prenatal vitamins, vitamins with fluoride, and single entity vitamins.
- [11.] Unit dose packaging of Prescription Drug Products.
- [12.] Medications used for cosmetic purposes.
- [13.] Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Service.
- [14.] Prescription Drug Products as a replacement for a previously dispensed Prescription Drug Product that was lost, stolen, broken or destroyed.

Remove exclusion when infertility coverage is provided.

[[15.] Prescription Drug Products when prescribed to treat infertility.]

Include for groups that do not purchase benefits for toenail fungus treatment.

[[16.] Treatment for toenail Onychomycosis (toenail fungus).]

Include for group that do not purchase benefits for smoking cessation.

[[17.] Prescription Drug Products for smoking cessation.]

Include for groups that purchase a closed benefit plan design. Delete for groups that purchase an open benefit plan design (open benefit plan provides coverage at all tier levels). Include commas and "or" as applicable to the level of Closed Benefit Plan.

[[18.] Prescription Drug Products not included on Tier-1 [,] [or] [Tier-2] [,] [or] [Tier-3] [,] [or] [Tier-4] [or] [Tier-5] of the Prescription Drug List at the time the Prescription Order or Refill is dispensed.]

Include for groups that purchased closed-panel benefits. (Closed panel means that we pay only for drugs that are prescribed by a Network provider.)

[[19.] A Prescription Drug Product prescribed by a non-Network Physician or other non-Network provider.]

¹Include if compounds are covered. When compound drugs are covered they are always assigned to the highest tier available under the rider. ²Include if compounds are not covered.

[20.] [¹Compounded drugs that do not contain at least one ingredient that has been approved by the U.S. Food and Drug Administration and requires a Prescription Order or Refill. Compounded drugs that are available as a similar commercially available Prescription Drug Product. (Compounded drugs that contain at least one ingredient that requires a Prescription Order or Refill are assigned to Tier-[2] [3] [4] [5] [6].)] [²Any prescription medication that must be compounded into its final form by the dispensing pharmacist, Physician, or other health care provider.]

Remove exclusion for plans that provide coverage for OTC drugs.

[[21.] Drugs available over-the-counter that do not require a Prescription Order or Refill by federal or state law before being dispensed, unless we have designated the over-the-counter medication as eligible for coverage as if it were a Prescription Drug Product and it is obtained with a Prescription Order or Refill from a Physician. Prescription Drug Products that are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent. Certain Prescription Drug Products that we have determined are Therapeutically Equivalent to an over-the-counter drug. Such determinations may be made up to six times during a calendar year, and we may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.]

Include if Benefits are not provided for New Prescription Drug Products.

[[22.] New Prescription Drug Products and/or new dosage forms until the date they are assigned to a tier by our Prescription Drug List Management Committee.]

Always include either #1 or #2. ¹Include if growth hormone therapy is excluded for any and all conditions. ²Include if growth hormone therapy is covered for all conditions except for children with familial short stature).

[[23.] [¹Growth hormone therapy.] [²Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).]

Include if Benefits are not provided on any tier.

[[24.] Any oral non-sedating antihistamine or antihistamine-decongestant combination.]

Include if Benefits are not provided on any tier.

[[25.] Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction.]

[26.] Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, even when used for the treatment of Sickness or Injury, **except that Medical Foods and Low Protein Food Products are covered for the therapeutic treatment of phenylketonuria, galactosemia, organic acidemias and disorders of amino acid metabolism if the products are prescribed and administered under the direction of a Physician.**

Include when the Enrolling Group requests an exclusion for one or more Therapeutic Classes.

[[27.] A particular Therapeutic Class or Therapeutic Classes. Please access www.myuhc.com through the Internet or call *Customer Care* at the telephone number on your ID card for information on which Therapeutic Class or Therapeutic Classes are excluded.]

Include if Benefits are not provided on any tier.

[[28.] Prescription Drug Products when prescribed as sleep aids.]

Include when benefit plan design includes Therapeutic Equivalent exclusion.

[[29.] A Prescription Drug Product that contains (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug Product.]

Include when benefit plan design includes exclusion for both a modified version and Therapeutically Equivalent drug product.

[[30.] A Prescription Drug Product that contains (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug Product.]

Section 3: Defined Terms

Include for groups that purchase the Mandatory or Restrictive Generic Program.

¹*Include for groups that purchase the Mandatory Generic Program.*

[Ancillary Charge - a charge, in addition to the Copayment and/or Coinsurance, that you are required to pay when a covered Prescription Drug Product is dispensed at your [¹or the provider's] request, when a Chemically Equivalent Prescription Drug Product is available on a lower tier. For Prescription Drug Products from Network Pharmacies, the Ancillary Charge is calculated as the difference between the Prescription Drug Cost or MAC list price for Network Pharmacies for the Prescription Drug Product on the higher tier, and the Prescription Drug Cost or MAC list price of the Chemically Equivalent Prescription Drug Product available on the lower tier. For Prescription Drug Products from non-Network Pharmacies, the Ancillary Charge is calculated as the difference between the Predominant Reimbursement Rate or MAC list price for non-Network Pharmacies for the Prescription Drug Product on the higher tier, and the Predominant Reimbursement Rate or MAC list price of the Chemically Equivalent Prescription Drug Product available on the lower tier.]

Include if benefit design has an Annual Drug Deductible.

¹*Include if the Annual Drug Deductible provision applies only to Tier-2, Tier-3 and Tier-4, Tier 5 and Tier 6 Prescription Drug Products. (Include commas and "ands" as applicable to the number of tiers covered under this Rider.)*

[Annual Drug Deductible - the amount you are required to pay for covered [¹[Tier-2] [,] [and] [Tier-3] [,] [and] [Tier-4] [,] [and] [Tier-5] [, and Tier-6]] Prescription Drug Products in a year before we begin paying for Prescription Drug Products. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Annual Drug Deductible applies.]

Include if benefit design has an Annual Maximum Drug Benefit.

[Annual Maximum Drug Benefit - the maximum amount we will pay for Prescription Drug Products during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Annual Maximum Drug Benefit applies.]

Brand-name - a Prescription Drug Product: (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that we identify as a Brand-name product, based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "brand name" by the manufacturer, pharmacy, or your Physician may not be classified as Brand-name by us.

Chemically Equivalent - when Prescription Drug Products contain the same active ingredient.

Include if plan design includes designated pharmacy benefits and/or specialty prescription drug product benefits.

¹*Include for groups that purchase the specialty drug program.*

[Designated Pharmacy - a pharmacy that has entered into an agreement with us or with an organization contracting on our behalf, to provide specific Prescription Drug Products¹, including, but not limited to, Specialty Prescription Drug Products]. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.]

Generic - a Prescription Drug Product: (1) that is Chemically Equivalent to a Brand-name drug; or (2) that we identify as a Generic product based on available data resources including, but not limited to, First DataBank, that classify drugs as either brand or generic based on a number of factors. You should know that all products identified as a "generic" by the manufacturer, pharmacy or your Physician may not be classified as a Generic by us.

Include when the treatment of Infertility is a Covered Health Service in the medical coverage and, therefore, a Covered Health Service under this Rider.

[Infertility - failure to achieve a Pregnancy after a year of regular unprotected intercourse if the woman is under age 35, or after six months if the woman is over age 35.]

Include if benefit design has an Infertility Annual Maximum Benefit.

[Infertility Annual Maximum Benefit - the maximum amount we will pay for covered Prescription Drug Products for Infertility during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Infertility Annual Maximum Benefit applies.]

Include if benefit design has an Infertility Maximum Policy Benefit.

[Infertility Maximum Policy Benefit - the maximum amount we will pay for covered Prescription Drug Products for Infertility during the entire period of time you are enrolled for coverage under the Policy. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Infertility Maximum Policy Benefit applies.]

Include when separate Copayment and/or Coinsurance option for preventive medications is used.

Include when drug rider is issued with a plan design that has a combined pharmacy and medical deductible, combined out of pocket or both and preventive medications are excepted from deductible or out of pocket maximum.

¹*Include when plan design includes Specialty Prescription Drug program*

[List of Preventive Medications - a list that identifies certain Prescription Drug Products [¹, which may include certain Specialty Prescription Drug Products,] on the Prescription Drug List that are intended to reduce the likelihood of Sickness. You may obtain the List of Preventive Medications through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.]

Include for groups that purchase the Mandatory or Restrictive Generic Program.

[Maximum Allowable Cost (MAC) List - a list of Generic Prescription Drug Products that will be covered at a price level that we establish. This list is subject to our periodic review and modification.]

Network Pharmacy - a pharmacy that has:

- Entered into an agreement with us or an organization contracting on our behalf to provide Prescription Drug Products to Covered Persons.
- Agreed to accept specified reimbursement rates for dispensing Prescription Drug Products.
- Been designated by us as a Network Pharmacy.

New Prescription Drug Product - a Prescription Drug Product or new dosage form of a previously approved Prescription Drug Product, for the period of time starting on the date the Prescription Drug Product or new dosage form is approved by the U.S. Food and Drug Administration and ending on the earlier of the following dates:

- The date it is assigned to a tier by our Prescription Drug List Management Committee.
- December 31st of the following calendar year.

Include when plan design includes increased Copayments or Coinsurance when a Non-Preferred Retail Network Pharmacy is utilized.

[Non-Preferred Retail Network Pharmacy - a pharmacy that we identify as a non-preferred pharmacy within the Network.]

Include if Copayments and/or Coinsurance are limited by an Out-of-Pocket Drug Maximum.

[Out-of-Pocket Drug Maximum - the maximum amount you are required to pay for covered Prescription Drug Products in a single year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Out-of-Pocket Drug Maximum applies.]

Predominant Reimbursement Rate - the amount we will pay to reimburse you for a Prescription Drug Product that is dispensed at a non-Network Pharmacy. The Predominant Reimbursement Rate for a particular Prescription Drug Product dispensed at a non-Network Pharmacy includes a dispensing fee and any applicable sales tax. We calculate the Predominant Reimbursement Rate using our Prescription Drug Cost that applies for that particular Prescription Drug Product at most Network Pharmacies.

Include when plan design includes reduced Copayments or Coinsurance when a Preferred Retail Network Pharmacy is utilized.

[Preferred Retail Network Pharmacy - a pharmacy that we identify as a preferred pharmacy within the Network.]

Prescription Drug Cost - the rate we have agreed to pay our Network Pharmacies, including a dispensing fee and any applicable sales tax, for a Prescription Drug Product dispensed at a Network Pharmacy.

Prescription Drug List - a list that categorizes into tiers medications, products or devices that have been approved by the U.S. Food and Drug Administration. This list is subject to our periodic review and modification (generally quarterly, but no more than six times per calendar year). You may determine to which tier a particular Prescription Drug Product has been assigned through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.

Prescription Drug List Management Committee - the committee that we designate for, among other responsibilities, classifying Prescription Drug Products into specific tiers.

Prescription Drug Product - a medication, product or device that has been approved by the U.S. Food and Drug Administration and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. For the purpose of Benefits under the Policy, this definition includes:

- Inhalers (with spacers).
- Insulin.

¹Include when corresponding exception for immunizations administered in a pharmacy is included in exclusion #8

- **[¹Immunizations administered in a pharmacy.]**
- The following diabetic supplies:
 - standard insulin syringes with needles;
 - blood-testing strips - glucose;
 - urine-testing strips - glucose;
 - ketone-testing strips and tablets;
 - lancets and lancet devices; and
 - glucose monitors.

Prescription Order or Refill- the directive to dispense a Prescription Drug Product issued by a duly licensed health care provider whose scope of practice permits issuing such a directive.

Include if plan includes specialty drug program.

¹Include if infertility is a Covered Health Service.

²Include when definition of List of Preventive Medications is included.

[Specialty Prescription Drug Product - Prescription Drug Products that are generally high cost, self-injectable biotechnology drugs used to treat patients with certain illnesses. [¹Specialty Prescription Drug Products include certain drugs for Infertility.] [²Specialty Prescription Drugs Products may include drugs

on the List of Preventive Medications.] You may access a complete list of Specialty Prescription Drug Products through the Internet at www.myuhc.com or by calling *Customer Care* at the telephone number on your ID card.]

Include if benefit design has a Specialty Prescription Drug Product Annual Deductible.

¹*Include if the Specialty Prescription Drug Product Annual Deductible provision applies only to Tier-2, Tier-3 and Tier-4, Tier 5 and Tier 6 Specialty Prescription Drug Products. (Include commas and "ands" as applicable to the number of Tiers covered under this rider.)*

[Specialty Prescription Drug Product Annual Deductible - the amount you are required to pay for covered [¹[Tier-2] [,] [and] [Tier-3] [,] [and] [Tier-4] [,] [and] [Tier-5] [, and Tier-6]] Specialty Prescription Drug Products in a year before we begin paying for Specialty Prescription Drug Products. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Annual Deductible applies.]

Include if benefit design has a Specialty Prescription Drug Product Annual Maximum Benefit.

[Specialty Prescription Drug Product Annual Maximum Benefit - the maximum amount we will pay for covered Specialty Prescription Drug Products during a year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Annual Maximum Benefit applies.]

Include if Copayments and/or Coinsurance are limited by a Specialty Prescription Drug Product Out-of-Pocket Maximum.

[Specialty Prescription Drug Product Out-of-Pocket Maximum - the maximum amount you are required to pay for covered Specialty Prescription Drug Products in a single year. Refer to the *Outpatient Prescription Drug Schedule of Benefits* for details about how the Specialty Prescription Drug Product Out-of-Pocket Maximum applies.]

Include when benefit plan design includes Copayment, Coinsurance, ancillary charges, or exclusion by Therapeutic Class.

[Therapeutic Class - a group or category of Prescription Drug Products with similar uses and/or actions.]

Include when benefit plan design includes Therapeutic Class Charge.

[Therapeutic Class Charge - a charge, in addition to the Copayment and/or Coinsurance, that you are required to pay when a covered Prescription Drug Product that is dispensed at your or your provider's request is in a Therapeutic Class where we have determined a maximum allowable cost. For Prescription Drug Products from Network Pharmacies, the Therapeutic Class Charge is calculated as the difference between the Prescription Drug Cost for Network Pharmacies for the Prescription Drug Product dispensed and the maximum allowable cost for the Therapeutic Class. For Prescription Drug Products from non-Network Pharmacies, the Therapeutic Class Charge is calculated as the difference between the Predominant Reimbursement Rate for the Prescription Drug Product dispensed and the maximum allowable cost for the Therapeutic Class.]

Therapeutically Equivalent - when Prescription Drug Products can be expected to produce essentially the same therapeutic outcome and toxicity.

Usual and Customary Charge - the usual fee that a pharmacy charges individuals for a Prescription Drug Product without reference to reimbursement to the pharmacy by third parties. The Usual and Customary Charge includes a dispensing fee and any applicable sales tax.