

SERFF Tracking Number: HLAD-127805038 State: Arkansas  
 Filing Company: HMO Partners, Inc. d/b/a Health Advantage State Tracking Number: 50217  
 Company Tracking Number: 33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12  
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Maintenance (HMO)  
 Product Name: General Amendments  
 Project Name/Number: Pharmacy Riders/33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12

## Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage

Product Name: General Amendments SERFF Tr Num: HLAD-127805038 State: Arkansas  
 TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO) SERFF Status: Closed-Approved- Closed State Tr Num: 50217  
 Sub-TOI: HOrg02G.002C Any Size Group - HMO Co Tr Num: 33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor  
 Disposition Date: 11/09/2011  
 Authors: Christi Kittler, Yvonne McNaughton, Frank Sewall, Rita Thatcher, Evelyn Laney  
 Date Submitted: 11/08/2011 Disposition Status: Approved-Closed  
 Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Pharmacy Riders Status of Filing in Domicile: Pending  
 Project Number: 33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas is state of domicile.  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Employer Overall Rate Impact:  
 Filing Status Changed: 11/09/2011  
 State Status Changed: 11/09/2011 Deemer Date:  
 Created By: Evelyn Laney Submitted By: Evelyn Laney  
 Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related  
 PPACA Notes: null

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**Filing Description:**

Attached please find amendments 33-01, 33-02, 33-03, 33-04, 33-05, 33-09, 33-10, 33-11, 33-12 R1/12 for your review and approval if indicated.

We have added in the Medication provision an exclusion in the referenced pharmacy riders for any provider that has been excluded from participation in any federally funded programs.

Also attached is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d).

I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19. I further certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 and the consumer information notice required by Arkansas Code Annotated §23-79-138 are incorporated in the Evidences of Coverage to which these amendments are attached.

Please feel free to contact me at 378-2165 with any questions you may have.

**Company and Contact**

**Filing Contact Information**

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com  
 320 West Capitol, Ste 211 501-378-2165 [Phone]  
 Little Rock, AR 72201 501-378-2975 [FAX]

**Filing Company Information**

HMO Partners, Inc. d/b/a Health Advantage	CoCode: 95442	State of Domicile: Arkansas
320 West Capitol	Group Code:	Company Type:
Little Rock, AR 72203-8069	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0747497	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$450.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HMO Partners, Inc. d/b/a Health Advantage	\$450.00	11/08/2011	53586799

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/09/2011	11/09/2011

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## Disposition

Disposition Date: 11/09/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
Form	Pharmacy Rider	Approved-Closed	Yes
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## Form Schedule

### Lead Form Number: 33-01 R1/12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/09/2011	33-01 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Pharmacy Rider	Revised	Replaced Form #: 33-01 R1/12 Previous Filing #: 33-01 R8/10	40.800	33-01 R1-12 2TierCoplay.pdf
Approved-Closed 11/09/2011	33-02 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Pharmacy Rider	Revised	Replaced Form #: 33-02 R1/12 Previous Filing #: 33-02 R1/09	40.800	33-02 R1-12 3TierCoplayRetail.pdf
Approved-Closed 11/09/2011	33-03 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Pharmacy Rider	Revised	Replaced Form #: 33-03 R1/12 Previous Filing #: 33-03 R8/10	40.800	33-03 R1-12 3TierCoplay+ CoinRetailrx.pdf
Approved-Closed 11/09/2011	33-04 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Pharmacy Rider	Revised	Replaced Form #: 33-04 R1/12 Previous Filing #: 33-04 R8/10	40.800	33-04 R1-12 DedCoinRetail.pdf
Approved-Closed 11/09/2011	33-05 R1/12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Pharmacy Rider	Revised	Replaced Form #: 33-05 R1/12 Previous Filing #: 33-05 R1/09	40.800	33-05 R1-12 DedCoin HSA Retail rx.pdf

<i>SERFF Tracking Number:</i>	<i>HLAD-127805038</i>	<i>State:</i>	<i>Arkansas</i>	
<i>Filing Company:</i>	<i>HMO Partners, Inc. d/b/a Health Advantage</i>	<i>State Tracking Number:</i>	<i>50217</i>	
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<i>TOI:</i>	<i>HOrg02G Group Health Organizations - Health Sub-TOI:</i>		<i>HOrg02G.002C Any Size Group - HMO</i>	
	<i>Maintenance (HMO)</i>			
<i>Product Name:</i>	<i>General Amendments</i>			
<i>Project Name/Number:</i>	<i>Pharmacy Riders/33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12</i>			
Approved- 33-09 Closed R1/12 11/09/2011	Certificate Pharmacy Rider Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 40.800 33-09 R1/12 Previous Filing #: 33-09 R8/10	33-09 R1-12 3TierCopay+ CoinRetailrx.p df
Approved- 33-10 Closed R1/12 11/09/2011	Certificate Pharmacy Rider Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 40.800 33-10 R1/12 Previous Filing #: 33-10 R8/10	33-10 R1- 12Ded plus 3 Tier Copay Retail.pdf
Approved- 33-11 Closed R1/12 11/09/2011	Certificate Pharmacy Rider Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 40.800 33-11 R1/12 Previous Filing #: 33-11 6/10	33-11 R1-12 4TierCopayR etail.pdf
Approved- 33-12 Closed R1/12 11/09/2011	Certificate Pharmacy Rider Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 40.800 33-12 R1/12 Previous Filing #: 33-12 5/11	33-12 R1-12 3TierCopayR etail Value Formulary.pdf



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
2-TIER COPAYMENT PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment for the Prescription Medication. Applicable Prescription Copayments are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are

not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.
- xi. **Copayment Information**

Each Prescription is covered only after the Member pays the applicable Copayment (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the second tier Copayment for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the second tier Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.
- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.
- d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.
  - i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”) A Medications are covered subject to the Prescription Medication Copayment as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
  - ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
  - v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.

- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as “Specialty Medications” due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn’s disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as “Specialty Medication 1” is subject to the Prescription Drug Copayment specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as “Specialty Medication 2” is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage’s web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member’s particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**
- A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.
- New Prescriptions will be covered by one Copayment for up to a month’s supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month’s supply.
- Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.
- Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.
- This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS,** Health Interventions, “Prescription Medication Purchased at a Retail Pharmacy” is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**GLOSSARY OF TERMS,** definition of “Formulary,” is hereby amended to read as follows.

**Formulary** means a specified list of Prescription Medications covered by Health Advantage. The Formulary is established by Health Advantage based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of Health Advantage. Prescription

Medications on the Formulary are classified into one of two tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the second tier are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by Health Advantage. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, Health Advantage compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Evidence of Coverage unless or until Health Advantage places the medication on the Formulary.**

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc.  
d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



### RETAIL DRUG BENEFITS RIDER 3-TIER COPAYMENT PLAN

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment for the Prescription Medication. Applicable Prescription Copayments are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to

be used for the sole purpose of injecting insulin. Syringes not meeting this standard are not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.

xi. **Copayment Information**

Each Prescription is covered only after the Member pays the applicable Copayment (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment for each Prescription or refill. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the second or third tier Copayment, as applicable, for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the second or third tier Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.

- i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”) A Medications are covered subject to the Prescription Medication Copayment as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
- ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
- iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
- iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
- v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN,** Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.

- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as “Specialty Medications” due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn’s disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as “Specialty Medication 1” is subject to the Prescription Drug Copayment specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as “Specialty Medication 2” is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage’s web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member’s particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**
- A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.
- New Prescriptions will be covered by one Copayment for up to a month’s supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month’s supply.
- Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.
- Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.
- This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS**, Subsection 4.3.76, is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage

Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
3-TIER COPAYMENT PLUS  
COINSURANCE PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment plus Coinsurance for the Prescription Medication. Applicable Prescription Copayments and Coinsurance are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment and Coinsurance.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.
- xi. **Copayment and Coinsurance Information**  
 Each Prescription is covered only after the Member pays the applicable Copayment plus Coinsurance (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment plus Coinsurance for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment and Coinsurance applied for each month's supply. (See Section 10.0, Maintenance Medication.)  
 When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment plus Coinsurance specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the second or third tier Copayment, as applicable, plus Coinsurance for each initial and refill Prescription.  
 If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the second or third tier Copayment plus Coinsurance plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.
- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.
- d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.
  - i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”) A Medications are covered subject to the Prescription Medication Copayment and Coinsurance as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
  - ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
  - v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN, Subsection 3.22.2. is hereby amended to read as follows:**

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.
- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as “Specialty Medications” due to their route of administration, approved indication, unique

nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as "Specialty Medication 1" is subject to the Prescription Medication Copayment and Coinsurance specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as "Specialty Medication 2" is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.

- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member's particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**

A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.

New Prescriptions will be covered by one Copayment plus Coinsurance for up to a month's supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment and Coinsurance applied for each month's supply.

Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.

Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.

This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS**, Subsection 4.3.76, is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
DEDUCTIBLE AND COINSURANCE PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Deductible and Coinsurance specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Deductible and Coinsurance for the Prescription Medication. The applicable Prescription Drug Deductible and Coinsurance are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Drug Deductible and Coinsurance.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are

not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.
- xi. **Deductible and Coinsurance Information**

Each Prescription is covered only after the Member pays the Prescription Drug Deductible and Coinsurance (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the Deductible and/or Coinsurance for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with the Deductible and/or Coinsurance applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the Deductible and/or Coinsurance specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the Deductible and/or Coinsurance for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the Deductible and/or Coinsurance plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.
- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.
- d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.
  - i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”) A Medications are covered subject to the Prescription Medication Deductible and Coinsurance as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
  - ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
  - v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.

- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as “Specialty Medications” due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn’s disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as “Specialty Medication 1” is subject to the Prescription Drug Deductible and Coinsurance specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as “Specialty Medication 2” is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage’s web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member’s particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**  
A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.  
New Prescriptions will be covered with the Deductible and/or Coinsurance for up to a month’s supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with Deductible and/or Coinsurance applied for each month’s supply.  
Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.  
Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.  
This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS,** Health Interventions, “Prescription Medication Purchased at a Retail Pharmacy,” is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

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**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
HSA DEDUCTIBLE AND COINSURANCE PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the Contract Year Deductible and Coinsurance specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the Deductible and Coinsurance for the Prescription Medication. The Contract Year Deductible and Coinsurance are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Drug Deductible and Coinsurance.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are

not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
  - x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.
  - xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.
- d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.
- i. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
  - ii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iii. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
  - iv. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN, Subsection 3.22.2.** is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.
- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as "Specialty Medications" due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication is subject to the Contract Year Deductible and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member's particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.

- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

e. **Dispensing Quantities — Limitations**

A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.

New Prescriptions will be covered with the Contract Year Deductible and/or Coinsurance for up to a month's supply of medication. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply.

Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.

Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.

This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS**, Health Interventions, "Prescription Medication Purchased at a Retail Pharmacy", is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, Chief Executive Officer  
HMO Partners, Inc.  
d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
3-TIER COPAYMENT PLUS  
COINSURANCE (2<sup>nd</sup> & 3<sup>rd</sup> Tier) PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment plus Coinsurance for the Prescription Medication. Applicable Prescription Copayments and Coinsurance are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment and Coinsurance.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.
- xi. **Copayment and Coinsurance Information**  
 Each Prescription is covered only after the Member pays the applicable Copayment plus Coinsurance (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment plus Coinsurance for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment and Coinsurance applied for each month's supply. (See Section 10.0, Maintenance Medication.)  
 When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the second or third tier Copayment, as applicable, plus Coinsurance for each initial and refill Prescription.  
 If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the second or third tier Copayment plus Coinsurance plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.
- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.
- d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.
  - i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of "A Medications" and "B Medications.") A Medications are covered subject to the Prescription Medication Copayment and Coinsurance as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
  - ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
  - v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.
- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as "Specialty Medications" due to their route of administration, approved indication, unique

nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may be available at considerable savings through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as "Specialty Medication 1" is subject to the Prescription Medication Copayment and Coinsurance specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as "Specialty Medication 2" is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.

- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member's particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**

A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.

New Prescriptions will be covered by one Copayment plus Coinsurance for up to a month's supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment and Coinsurance applied for each month's supply.

Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.

Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.

This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS,** Health Interventions, "Prescription Medication Purchased at a Retail Pharmacy," is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
DEDUCTIBLE PLUS 3-TIER COPAYMENT PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the Prescription Drug Deductible and applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the Prescription Drug Deductible plus applicable Copayment for the Prescription Medication. Prescription Drug Deductible and applicable Prescription Copayments are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection

3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are not covered.

ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)

x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.

xi. **Copayment Information**

Each Prescription is covered only after the Member pays the applicable Copayment (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the Prescription Drug Deductible and the applicable Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the Prescription Drug Deductible and the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the Prescription Drug Deductible and the second or third tier Copayment, as applicable, for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available the Member will pay the Prescription Drug Deductible and the applicable second or third tier Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.

i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of "A Medications" and "B Medications.") A Medications are covered subject to the Prescription Drug Deductible and the applicable Prescription Medication Copayment as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,

ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.

iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.

iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.

v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health

Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.

- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as "Specialty Medications" due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may be available at considerable savings through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as "Specialty Medication 1" is subject to the Prescription Drug Deductible and the applicable Prescription Drug Copayment specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as "Specialty Medication 2" is subject to the Contract Year Drug Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member's particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**
- A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.
- New Prescriptions will be covered by one Copayment for up to a month's supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply.
- Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.
- Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.
- This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS,** Health Interventions, "Prescription Medication Purchased at a Retail Pharmacy," is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

---

David F. Bridges, Chief Executive Officer  
HMO Partners, Inc.  
d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069



**Health Advantage**

An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE  
HEALTH ADVANTAGE  
EVIDENCE OF COVERAGE**

**RETAIL DRUG BENEFITS RIDER  
4-TIER SPECIALTY COPAYMENT PLAN**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
  - i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
  - ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
  - iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
  - iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment for the Prescription Medication. Applicable Prescription Copayments are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
  - v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
  - vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
  - vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim payment will be limited to the Allowable Charge, less the applicable Prescription Copayment.
  - viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are

not covered.

- ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)
- x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.

xi. **Copayment Information**

Each Prescription is covered only after the Member pays the applicable Copayment (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the Brand Name Copayment, as applicable, for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the Brand Name Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

- xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.

- i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”) A Medications are covered subject to the Prescription Medication Copayment as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,
- ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.
- iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
- iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
- v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.

- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as “Specialty Medications” due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn’s disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as “Specialty Medication 1” is subject to the Prescription Drug Copayment specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as “Specialty Medication 2” is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage’s web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member’s particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**
- A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.
- New Prescriptions will be covered by one Copayment for up to a month’s supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month’s supply.
- Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.
- Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.
- This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS,** Health Interventions, “Prescription Medication Purchased at a Retail Pharmacy,” is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**GLOSSARY OF TERMS,** “Formulary” is hereby amended to read as follows.

**Formulary** means a specified list of Prescription Medications covered by Health Advantage. The Formulary is established by Health Advantage based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of Health Advantage. Prescription

Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the subsequent tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by Health Advantage. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, Health Advantage compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Evidence of Coverage unless or until Health Advantage places the medication on the Formulary.**

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069

**RETAIL DRUG BENEFITS RIDER  
3-TIER COPAYMENT PLAN  
VALUE FORMULARY**

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsections 3.22.1.c. and d. are hereby amended to read as follows:

- c. **Retail Pharmacy (Drug Store).** The benefit for Medications received from a licensed retail pharmacy is covered based upon the Allowable Charge for the Medication and subject to the applicable Prescription Drug Copayment specified on your Health Advantage ID card.
- i. **Covered Medications.** Only A Medications are covered under this Subsection 3.22.1.c. B Medications are covered under Subsections 3.22.1.a, b and d. (See Section 10.0 – Prescription Medication, for definitions of “A Medications” and “B Medications.”)
- ii. **Administration Charges.** Charges to administer or inject any Medication are not covered under this Subsection 3.22.1.c.
- iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.
- iv. **ID Card Presentation.** In order to receive benefits for a Prescription Medication under this Subsection 3.22.1.c, a Member must present his or her Health Advantage ID card to a Participating Pharmacy at the time the Member purchases the Prescription Medication. (“Participating Pharmacy” is defined in Section 10.0.) The pharmacist will electronically notify Health Advantage’s prescription benefits processor. The prescription benefits processor will electronically inform the pharmacist whether the Plan provides benefits for the Prescription Medication. If the prescription benefits processor indicates that the Plan does not provide benefits, the Member may call the Pharmacy Customer Service telephone number on the back of his or her ID card. If the Plan provides benefits, the pharmacist will charge the Member the applicable Copayment for the Prescription Medication. Applicable Prescription Copayments are listed on the ID card. Health Advantage will only accept a post-purchase or paper claim for Prescription Medications purchased through a retail pharmacy (drug store) if such claim is submitted (1) for an Emergency Prescription, (See Section 10.0.), (2) for Prescription Medication purchased prior to the date the Member received his or her Health Advantage ID card or (3) in accordance with Subsection 3.22.1.c.v. below.
- v. **Claim Submission.** The presentation of a Prescription to a pharmacist in accordance with this Subsection 3.22.1.c is not a claim for benefits under the terms of the Plan. However, a Member may submit a claim if, upon such a presentation, the pharmacist informs the Member that, because of the provisions of the Plan, the Plan has rejected benefits for the requested Prescription Medication.
- vi. **Non-Participating Pharmacies.** Medications purchased from a non-Participating Pharmacy, except in an emergency situation, are not covered.
- vii. **Emergency.** When a Member receives a Prescription Medication in connection with Emergency Care as defined in this Evidence of Coverage (See Section 10.0) and is unable to obtain the Medication from a Participating Pharmacy, the Member should purchase the Medication at the nearest pharmacy and submit a prescription claim form for reimbursement. The claim

payment will be limited to the Allowable Charge, less the applicable Prescription Copayment.

viii. **Medical Supplies.** Medical supplies such as, but not limited to, colostomy supplies, bandages and similar items are not generally covered under this Subsection 3.22.1.c; however, refer to Subsections 3.12 Medical Supplies and Subsection 3.22.1.d, below. Furthermore, subject to the terms, conditions, exclusions and limitations of the Plan as set forth in this Evidence of Coverage, coverage is provided under this Subsection 3.22.1.c for insulin and syringes purchased at the same time as insulin and which are to be used for the sole purpose of injecting insulin. Syringes not meeting this standard are not covered.

ix. **Immunizations.** Immunization agents and vaccines are not covered under this Subsection 3.22.1.c. (For coverage of immunizations, see Subsection 3.2.2.)

x. **Durable Medical Equipment.** Durable Medical Equipment, even though such device may require a prescription, such as, but not limited to therapeutic devices, artificial appliances, blood test glucose test meters, or similar devices, are not covered under this Subsection 3.22.1.c. Refer to Subsection 3.12 Durable Medical Equipment.

xi. **Copayment Information**

Each Prescription is covered only after the Member pays the applicable Copayment (listed on the Member's ID card) to the Participating Pharmacy. Members will be charged the appropriate Copayment for each Prescription or refill. An initial fill of a Maintenance Medication Prescription is covered for one month only. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply. (See Section 10.0, Maintenance Medication.)

When a Generic Medication is dispensed, the Member will pay the first tier Medication Copayment specified on the Member's ID card for each initial and refill Prescription. If there is no generic equivalent, the Member will pay the Brand Name Medication Prescription Copayment, as applicable, for each initial and refill Prescription.

If a Brand Name Medication is dispensed when a Generic Medication is available, the Member will pay the second or third tier Copayment plus the difference in the cost of the Brand Name Medication and Generic Medication, or the cost of the medication, whichever is less.

xii. **Prescriptions, Excluded Providers.** Prescriptions ordered or written by any Physician or Provider who is excluded from coverage under the Plan, are not covered. Prescriptions presented to or filled by any Pharmacy which is excluded from coverage under the Plan, are not covered. See Subsection 4.2.

d. **Home Infusion Therapy Pharmacy.** The benefit for Medications received from a licensed retail pharmacy designated by Health Advantage as a home infusion therapy Provider is covered based upon the Allowable Charge for the Medication.

i. **Covered Medications.** A Medications and B Medications are covered under this Subsection 3.22.1.d. (See Section 10.0 – Prescription Medication, for definitions of "A Medications" and "B Medications.") A Medications are covered subject to the Prescription Medication Copayment as listed on the Health Advantage ID card. B Medications are covered subject to the Contract Year Deductible, Copayment and Coinsurance listed in the Schedule of Benefits,

ii. FDA approved medications that exist as separate components and are intended for reconstitution prior to administration are covered. Examples include, but are not limited to, total parental, intravenous antibiotics and hydration therapy.

iii. **Conditions of Coverage.** Conditions of coverage set forth in Subsections 3.22.2. a, b, c, d and e are applicable to this coverage.

- iv. **Medical Supplies.** Medical Supplies used in connection with home infusion therapy are covered under this Subsection 3.22.1.d. See Subsection 3.12.
- v. **Administration Charges.** Charges to administer or inject Medication by a licensed medical professional operating under his/her scope of practice are covered under this Subsection 3.22.1.d. according to the allowable fee schedule for skilled nursing under both home infusion therapy and Home Health.

**BENEFITS AND SPECIFIC LIMITATIONS IN THE PLAN**, Subsection 3.22.2. is hereby amended to read as follows:

- a. **Prior Approval.** Selected Prescription Medications, as designated from time to time by Health Advantage, are subject to Prior Approval through criteria established by Health Advantage before coverage is allowed. A list of Medications for which Prior Approval is required is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.a. is applicable to Prescription Medication covered by Subsections 3.22.1.b. c. and d.
- b. **Specialty Medications.** Selected Prescription Medications are designated by Health Advantage as "Specialty Medications" due to their route of administration, approved indication, unique nature, or inordinate cost. These medications usually require defined handling and home storage demands, crucial patient education, and careful monitoring. Such medications include, but are not limited to growth hormones, blood modifiers, immunoglobulins, and medications for the treatment of hemophilia, deep vein thrombosis, hepatitis C, Crohn's disease, cystic fibrosis, multiple sclerosis and rheumatoid arthritis. Specialty Medications may be A Medications or B Medications. Coverage for Specialty Medications is subject to Prior Approval and may only be purchased through a specialty pharmacy vendor under contract with Health Advantage. The benefit for a Specialty Medication that is designated by Health Advantage as "Specialty Medication 1" is subject to the Prescription Drug Copayment specified on the Health Advantage ID card. The benefit for a Specialty Medication that is classified by Health Advantage as "Specialty Medication 2" is subject to the Contract Year Deductible, Copayment and Coinsurance specified in the Schedule of Benefits. A list of Specialty Medications is available from Health Advantage upon request or, if you have Internet access, you may review this list on Health Advantage's web site at [WWW.HEALTHADVANTAGE-HMO.COM](http://WWW.HEALTHADVANTAGE-HMO.COM). This Subsection 3.22.2.b is applicable to Prescription Medication covered by Subsections 3.22.1.b, c. and d.
- c. **Formulary.** Except in limited circumstances set out in this Subsection 3.22.2.c. and elsewhere in this Evidence of Coverage, a Prescription Medication must be listed in the Formulary in order to be covered. (See Section 10.0 - Formulary.) However, if a Prescription Medication in the Formulary causes or has caused adverse or harmful reactions for a particular Member, or has been shown to be ineffective in the treatment of a Member's particular disease or condition, such Member may be able to obtain coverage for a Prescription Medication not in the Formulary by requesting Prior Approval. This Subsection 3.22.2.c is applicable to Prescription Medication covered by Subsections 3.22.1. b., c. and d.
- d. **Step Therapy.** Selected Prescription Medications as designated from time to time by Health Advantage in its discretion, are subject to Step Therapy restrictions. (See Section 10.0 - Step Therapy.) Such Step Therapy must be completed before coverage for the selected Prescription Medication is provided. The Step Therapy requirements for a particular Prescription Medication are available from Health Advantage upon request. This Subsection 3.22.2.d is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.
- e. **Dispensing Quantities — Limitations**  
A Prescription Medication will not be covered for any quantity or period in excess of that authorized by the prescribing Physician or health care Provider.

New Prescriptions will be covered by one Copayment for up to a month's supply of medication. A refilled Maintenance Medication Prescription may be covered for up to a 3-month supply with one Copayment applied for each month's supply.

Early refills are covered at the discretion of Health Advantage. A prescription will not be covered if refilled after one year from the original date of the prescription.

Coverage of selected Prescription Medications as designated from time to time by Health Advantage in its discretion, is subject to Dose Limitations. (See Section 10.0 - Dose Limitation.) The Dose Limitation for a particular Prescription Medication is available from Health Advantage upon request.

This Subsection 3.22.2.e is applicable to Prescription Medication covered by Subsections 3.22.1. c. and d.

**SPECIFIC PLAN EXCLUSIONS**, Health Interventions, "Prescription Medication Purchased at a Retail Pharmacy," is hereby deleted in its entirety. All remaining subsections are hereby renumbered to correlate with the change.

**GLOSSARY OF TERMS**, "**Formulary**" is hereby amended to read as follows.

**Formulary** means a specified list of Prescription Medications covered by Health Advantage. The Formulary is established by Health Advantage based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of Health Advantage. Prescription Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the subsequent tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by Health Advantage. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, Health Advantage compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Evidence of Coverage unless or until Health Advantage places the medication on the Formulary.**

This amendment becomes a part of the Health Advantage Group Contract Evidence of Coverage. All provisions of the Evidence of Coverage which are not contrary to the provisions of this amendment remain in full force and effect.

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David F. Bridges, President  
HMO Partners, Inc. d/b/a/ Health Advantage  
Post Office Box 8069  
Little Rock, Arkansas 72203-8069

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 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.002C Any Size Group - HMO  
 Maintenance (HMO)  
 Product Name: General Amendments  
 Project Name/Number: Pharmacy Riders/33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12

## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	11/09/2011
<b>Comments:</b>	Please see attached.		
<b>Attachment:</b>	Flesch Certification Form HA, 33-01,33-02,33-04,33-05,33-09,33-10,33-11,33-12 R1-12.pdf		
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	11/09/2011
<b>Bypass Reason:</b>	Not required.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	11/09/2011
<b>Bypass Reason:</b>	Not required.		
<b>Comments:</b>			
		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	11/09/2011
<b>Bypass Reason:</b>	Not PPACA related.		
<b>Comments:</b>			

# Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association

**Re: HMO Partners, Inc. d/b/a Health Advantage  
Form Nos. 33-01,33-02,33-03,33-04,33-05,33-09,33-10,33-11,33-12 R1/12**

## FLESCH READING EASE CERTIFICATION

This is to certify that the above referenced document has achieved a Flesch Reading Ease Score average of 40.8 and complies with the requirements of A.C.A. §23-80-201 *et. seq.*, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in cursive script that reads "Dail Brulje".

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Name

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President

Title

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November 8, 2011

Date