



## **Prescription Rider Rx C – 20/30/40**

The following rider is an addendum to the “Subscriber Contract” which provides for the provision of all basic health services.

### **Benefits**

The “Benefits” section of the Subscriber Contract is amended as follows:

#### **Outpatient Prescription Drugs or Medicines**

- Outpatient Food and Drug Administration (FDA) approved prescription drugs or medicines are covered when medically necessary and prescribed by a licensed Provider. Each prescription is limited to a maximum 34-day supply, with up to four refills when authorized by a licensed Provider.
- If you purchase a covered drug at a non-participating pharmacy, you must pay the retail price for the drug, and then submit a claim for reimbursement from the Plan. Reimbursement for drugs purchased at non-participating pharmacies will be limited to the Reasonable Charge for the drug minus the co-payment.

#### **Prescription drug coverage also includes:**

- Medically necessary enteral formulas for home use when prescribed by a licensed provider. The formula must have been proven effective as a disease-specific treatment regime for those individuals who are or will become malnourished or suffer from disorders, which if left untreated, cause chronic disability, mental retardation or death.
- Modified solid food products that are low protein, when medically necessary for certain inherited diseases of amino acids and organic metabolism. The maximum coverage for any authorized modified solid food products for any calendar year or for any continuous period of 12 months shall not exceed \$2,500
- Hypodermic needles and syringes used to administer medications that are covered by Atlantis, when prescribed by a licensed practitioner and purchased through a Plan Pharmacy.
- Certain non-FDA approved prescribed drugs recognized for the treatment of specific types of cancer by one of the following:
  - A. The American Medical Association Drug Evaluations
  - B. The American Hospital Formulary Service Drug Information; or
  - C. The United States Pharmacopoeia Drug Information; or recommended by review article or editorial comment in a major peer reviewed professional journal.
- Pre-natal Vitamins for pregnant women ONLY, when prescribed by a licensed provider.
- Allergy Serums.

#### **Generic Mail Order / Brand Maintenance Mail Order Drug Programs**

You are encouraged to utilize our Generic Mail Order / Brand Maintenance Mail Order drug programs if you are required to use a maintenance drug on the Plan’s approved list.

- a) **Brand Maintenance Mail Order Program:** Brand Maintenance drugs on the Plan’s approved list are covered for a 90-day supply with a written prescription by a Provider. This mail order option allows you to obtain a 90-day supply of brand maintenance drugs in the following categories: anti-diabetics, anti-hypertensives, anti-hyperlipidemics, beta-blockers, calcium blockers, diuretics, anti-seizure, contraceptives and thyroid medications. Prescriptions must filled at the Atlantis approved Brand Maintenance Mail Order Pharmacy.

- b) **Generic Drug Mail Order Program:** Generic drugs are covered with a written prescription by a Provider. Prescriptions must be filled at the Atlantis approved Generic Drug Mail Order Pharmacy.

### **Co-payments**

- You are responsible for a \$20 co-payment for each generic prescription filled at a Pharmacy.
- You are responsible for a \$30 co-payment for each brand formulary prescription filled at a Pharmacy.
- You are responsible for a \$40 co-payment for each brand non-formulary prescription filled at a Pharmacy.
- You are responsible for a \$0 co-payment for each mail order generic prescription.
- You are responsible for a copayment of one and half times (1.5x) the regular copay for 90 day brand maintenance mail order drugs.

### **Limitations and Exclusions**

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

1. Any drug which does not require a prescription, such as over-the-counter or non-legend drugs, even if a prescription is written.
2. Any durable medical equipment appliance or device.
3. Some drugs and medications used to treat infertility may be covered, based upon the requirements of New York State Law.
4. Antibacterial soaps/detergents, shampoos, toothpaste/gels and mouthwashes/rinses.
5. Prescription drugs dispensed to a Member while he is a patient in a hospital, nursing home, or other institution.
6. Prescription drugs used in connection with drug addiction, unless medically necessary and pre-authorized by Atlantis.
7. Amphetamines, appetite suppressants, and hair growth stimulants unless medically necessary and pre-authorized by Atlantis.
8. Medications for cosmetic purposes only.
9. Prescription drugs dispensed by a physician/provider office.
10. Experimental and Investigational Drugs which are defined as drugs which have not been approved by the FDA and or NIH or have not been shown to be safe and effective through clinical trials or are not generally accepted as safe and effective by a majority of clinical providers with significant experience in the usage of the drugs.
11. Replacements of drugs resulting from loss, theft or breakage.
12. Some drugs require Pre-authorization. Provider/Member is responsible for obtaining the necessary authorization prior to prescribing the drug.

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