



**100% HSA – POS  
PRESCRIPTION BENEFIT SUMMARY OF MEMBER RESPONSIBILITY TABLE**

**NOTE:** Upon reaching the out-of-pocket limit, prescription drugs, contraceptives, insulin, diabetic supplies, and specialty products will be covered at 100% up to the maximum policy benefit. Please refer to the Summary of Member Responsibility Table for annual deductible, out-of-pocket limit, and maximum policy benefit amounts.

**NOTE:** Prescriptions dispensed through a non-participating pharmacy are not covered. All covered prescription dispensed through a participating pharmacy will apply to your annual IN PLAN deductible, out-of-pocket limit, and maximum policy benefit amounts. Exception: Medications administered in a non-participating practitioner’s office will apply to your annual OUT OF PLAN deductible, out-of-pocket limit, and maximum policy benefit amounts.

<b>PRESCRIPTION DRUGS, CONTRACEPTIVES, INSULIN, AND DIABETIC SUPPLIES:</b>	
a. Retail Pharmacy	<p>Prescription drugs, contraceptives, insulin, and diabetic supplies prescribed by a NHP participating OR non-participating practitioner, and dispensed through a NHP participating retail pharmacy:</p> <p align="center">Subject to deductible and out-of-pocket limit listed in the Summary of Member Responsibility Table</p> <p>All prescriptions, or refills, can be dispensed in quantities up to a 31 day supply. In addition:</p> <ul style="list-style-type: none"> <li>• Contraceptives can be filled in quantities up to an 84 day supply</li> <li>• Insulin and diabetic supplies can be filled in quantities up to a 91 day supply</li> </ul> <p>Diabetic supplies refers to, for example, alcohol swabs/wipes, lancets, lancet devices, insulin syringes and needles, glucose monitors/meters, glucose control solutions, and blood and urine glucose and ketone test strips.</p> <p>For insulin pump supplies, please refer to your medical supply benefit.</p>
b. Mail Order Pharmacy	<p>Prescription drugs, contraceptives, insulin, and diabetic supplies prescribed by a NHP participating OR non-participating practitioner, and dispensed through a NHP participating mail order pharmacy in quantities up to a 91 day supply:</p> <p align="center">Subject to deductible and out-of-pocket limit listed in the Summary of Member Responsibility Table</p> <p><b>NOTE:</b> Preferred Specialty Products and Non-Preferred Specialty Products are not available through the mail order pharmacy.</p>

<b>SPECIALTY PRODUCTS (Please refer to Chapter 19 of the NHP Preferred Drug List):</b>	
c. Specialty Pharmacy	Specialty Products prescribed by a NHP participating OR non-participating practitioner, and dispensed through a NHP participating specialty pharmacy in quantities up to a 31 day supply:  Subject to deductible and out-of-pocket limit listed in the Summary of Member Responsibility Table
d. Practitioner's Office	Specialty Products prescribed by a NHP participating OR non-participating practitioner, and administered in a NHP participating OR non-participating practitioner's office:  Subject to deductible and out-of-pocket limit listed in the Summary of Member Responsibility Table

All benefits are subject to the terms, limitations and exclusions of the Certificate of Coverage. Please refer to your Certificate of Coverage, Preventive Coverage or Preventive Services Guide, and any applicable Riders for detailed benefits information, eligible services and coverage guidelines. Network Health Plan's coverage includes benefits for all State of Wisconsin and Federal mandated benefits.

Benefits for Non-Specialty injectable medications administered in a NHP participating practitioner OR non-participating practitioner's office are covered under the medical benefit and will follow the copays outlined above in Section a. Retail Pharmacy.

If the practitioner indicates "Dispense As Written", or if the member requests the brand name product for a medication where a generic is available, the member must pay the applicable ancillary charge. The ancillary charge is the cost difference between the brand name product and the generic product. The ancillary charge will not count towards the deductible. When generic substitution conflicts with state regulations or restrictions the pharmacist must gain approval from the prescriber to use the generic equivalent.

To receive a copy of the Network Health Plan Preferred Drug List, please call Customer Service at 1-800-826-0940, or visit [www.networkhealth.com](http://www.networkhealth.com).