



**BPL 50014 – HMO
PRESCRIPTION BENEFIT SUMMARY OF MEMBER RESPONSIBILITY TABLE**

**\$1500 individual / \$3000 family combined medical and prescription deductible
\$2000 individual / \$4000 family combined medical and prescription out-of-pocket maximum**

NOTE: The following copayments apply after the annual deductible has been satisfied. Copayments will apply towards your out-of-pocket limit. 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.

PRESCRIPTION DRUGS, CONTRACEPTIVES, INSULIN, AND DIABETIC SUPPLIES:	
a. Retail Pharmacy	<p>Prescription drugs, contraceptives, insulin, and diabetic supplies prescribed by a NHP participating practitioner and dispensed through a NHP participating retail pharmacy:</p> <p style="margin-left: 40px;">Tier 1 \$10 copayment per prescription or refill</p> <p style="margin-left: 40px;">Tier 2 \$25 copayment per prescription or refill</p> <p style="margin-left: 40px;">Tier 3 \$50 copayment per prescription or refill</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"> • Contraceptives can be filled in quantities up to an 84 day supply (copayment required for each 28 day supply) • Insulin and diabetic supplies can be filled in quantities up to a 91 day supply (copayment required for each 31 day supply) <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 practitioner and dispensed through a NHP participating mail order pharmacy in quantities up to a 91 day supply:</p> <p style="margin-left: 40px;">Tier 1 \$25 copayment per prescription or refill</p> <p style="margin-left: 40px;">Tier 2 \$60 copayment per prescription or refill</p> <p style="margin-left: 40px;">Tier 3 \$150 copayment per prescription or refill</p> <p>NOTE: Tier 4 drugs (preferred specialty products) and Tier 5 drugs (non-preferred specialty products) are not available through the mail order pharmacy.</p>

SPECIALTY PRODUCTS (Please refer to Chapter 19 of the NHP Preferred Drug List):	
c. Specialty Pharmacy	<p>Specialty Products prescribed by a NHP participating practitioner and dispensed through a NHP participating specialty pharmacy in quantities up to a 31 day supply:</p> <p>Preferred Specialty Products (Tier 4) \$50 copayment per prescription or refill</p> <p>Non-Preferred Specialty Products (Tier 5) \$80 copayment per prescription or refill</p>
d. Practitioner's Office	<p>Specialty Products prescribed by a NHP participating practitioner and administered in a NHP participating practitioner's office:</p> <p>Preferred Specialty Products (Tier 4) \$50 copayment per administration</p> <p>Non-Preferred Specialty Products (Tier 5) \$80 copayment per administration</p>

All benefits are subject to the terms, limitations and exclusions of the Policy, Summary of Member Responsibility Table, Certificate of Coverage, and any applicable Riders. Network Health Plan's coverage includes benefits for all state mandated benefits. Please refer to your Certificate of Coverage and any applicable Riders for detailed benefit information, eligible services and coverage guidelines.

Copayments for Non-Specialty injectable medications administered in a NHP 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 copayment/coinsurance plus the ancillary charge. The ancillary charge is the cost difference between the brand name product and the generic product. 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.