

**MVP PREFERRED
PRESCRIPTION DRUG RIDER
\$10/\$30/\$50 Copayment
515S**

This Rider amends the terms of your MVP Health Insurance Company (“MVP”) Certificate of Coverage (the “Contract”) as follows:

1. Generally. This Rider removes the exclusion for prescription drugs in your Contract and provides the coverage described below.
2. Definitions.
 - A. Any reference to **Covered Drugs** in this Rider, shall refer collectively to Medically Necessary FDA approved self-administered prescription drugs, including prescription drugs for infertility and bone mineral density ,enteral formulas, and modified solid food products not excluded by the terms and conditions of this Rider or your Contract. Covered Drugs must also be recognized as safe and effective for treatment of the prescribed indication in prevailing Peer Reviewed Medical Literature or one or more of the Standard Medical Reference Compendia listed below:
 1. Standard Medical Reference Compendia
 - a. The American Hospital Formulary Service Drug Information; or
 - b. The United States Pharmacopoeia Drug Information
 - B. Any reference to **Participating Pharmacy** (this includes references to Retail, Mail or Specialty Pharmacies) in this Rider shall mean a pharmacy within MVP’s Participating Provider Network. You may obtain a list of Participating Pharmacies by contacting MVP’s Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by viewing the list online at www.mvphealthcare.com.
 - C. Any reference to **Allowable Charge** or **Allowable Amount** in this Rider refers to the maximum amount or benefit that MVP will pay for a Covered Drug. The Allowable Amount shall be equivalent to the negotiated rate charged to MVP or at the pharmacy's usual and customary cost whichever is less. Any cost share requirements (e.g. Copayment, Deductible and Coinsurance) shall be deducted from MVP’s Allowable Charge in determining your benefit.
3. Conditions of Coverage. MVP will provide coverage for Covered Drugs, subject to the terms, conditions, and limits set forth in this Rider and in your Contract, that are:
 - A. Prescribed pursuant to a written order by a Participating Provider who is authorized to write prescriptions; AND

- B. For prescriptions drugs, obtained from an MVP Participating Retail Pharmacy with the following exceptions:
- (i) prescription drugs listed on MVP's Mail Order List may be obtained at either an MVP Participating Retail Pharmacy or at MVP's Mail Order Pharmacy. You or your prescribing provider may obtain a copy of MVP's Mail Order List or inquire as to whether a particular prescription drug is available through MVP's mail order pharmacy program by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by contacting us online at www.mvphealthcare.com and following the instructions provided.
 - (ii) prescription drugs listed on MVP's Specialty Pharmacy List must be obtained at MVP's Specialty Pharmacy Vendor, upon prior approval from MVP. You or your prescribing provider may inquire as to whether a particular prescription drug is listed on MVP's Specialty Pharmacy List by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by viewing the list contacting us online at www.mvphealthcare.com and following the instructions provided.
- C. Enteral formulas must be obtained from an MVP Participating Retail Pharmacy if they are to be covered as a pharmacy benefit. MVP will only provide coverage for enteral formulas taken for home use that are:
- (i) Medically Necessary;
 - (ii) Taken under a written order by a Participating Provider, who is authorized to write such order, for purposes of Supplemental Nutrition.
 - (iii) Supplemental Nutrition is subject to Prior Authorization.
 - (iv) Enteral Formulas for sole source nutrition do not require Prior Authorization and must be obtained through a Participating Durable Medical Equipment vendor.
- D. For modified solid food products, MVP will only provide coverage for Medically Necessary modified solid food products that are low protein or which contain modified protein for the treatment of certain inherited diseases of amino acid and organic metabolism. Notwithstanding, MVP shall not provide benefits for modified solid food products in excess of twenty-five hundred dollars (\$2,500.00) during any Calendar Year.

4. Benefits Available.

- A. Retail Pharmacy Benefit. For covered prescription drugs obtained at an MVP Participating Retail Pharmacy, MVP will provide coverage subject to our

Allowable Charge for up to a thirty (30) day supply per dispensing (Standard Supply) and subject to the following cost share requirements:

- (i) Tier 1 drugs listed on MVP's Formulary are subject to a \$10 Copayment per Standard Supply or the Allowable Charge, whichever is less.
- (ii) Tier 2 drugs listed on MVP's Formulary are subject to a \$30 Copayment per Standard Supply or the Allowable Charge, whichever is less.
- (iii) Tier 3 drugs are subject to a \$50 Copayment per Standard Supply or the Allowable Charge, whichever is less, including compounded prescriptions.

B. Mail Order Pharmacy Benefit. For covered prescription drugs listed on MVP's Mail Order List and obtained through MVP's Mail Order Pharmacy, MVP will provide coverage subject to our Allowable Charge for up to a ninety (90) day supply per dispensing (Standard Mail Order Supply) and subject to following cost share requirements:

- (i) Tier 1 drugs listed on MVP's Formulary are subject to a \$20 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less.
- (ii) Tier 2 drugs listed on MVP's Formulary are subject to a \$60 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less.
- (iii) Tier 3 drugs are subject to a \$100 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less, including compounded prescriptions.

C. Specialty Pharmacy Benefit. For covered prescription drugs listed on MVP's Specialty Pharmacy List that are obtained through an MVP Specialty Pharmacy Vendor, MVP will provide coverage subject to our Allowable Charge for up to a thirty (30) day supply per dispensing (Standard Supply) and subject to the following cost share requirements:

- (i) Tier 1 drugs listed on MVP's Formulary are subject to a \$20 Copayment per Standard Supply or the Allowable Charge, whichever is less.
- (ii) Tier 2 drugs listed on MVP's Formulary are subject to a \$60 Copayment per Standard Supply or the Allowable Charge, whichever is less.

- (iii) Tier 3 drugs are subject to \$100 Copayment per Standard Supply or the Allowable Charge, whichever is less, including compounded prescriptions.

D. Prescriptions cannot be refilled until at least seventy-five percent (75%) of the original prescription (or a subsequent refill) has been used. Drugs with quantity limits are not subject to this rule.

5. MVP Prescription Drug Formulary.

MVP's Pharmacy and Therapeutics Committee, which includes physicians, pharmacists, and other health care professionals, evaluates FDA approved drugs and devices and determines their Tier status and any utilization management requirements. You or your prescribing provider may at any time obtain a copy of MVP's Formulary by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by visiting MVP's website.

6. Prior Authorization Requirements. In some instances, MVP may require that your prescribing provider satisfy MVP Prior Authorization Requirements before a prescription is filled at the pharmacy. Drugs that must be Prior Authorized before they are filled are identified on the Formulary and are also listed by therapeutic categories on our Prior Justification Drug List. MVP notifies Participating Providers, in writing, when we change these requirements. New FDA approved prescription medications are subject to Prior Authorization for a minimum of six (6) months.

7. Exclusions. In addition to all of the terms, conditions, and limits in your Contract and in this Rider, MVP will not provide benefits for the following items:

- A. Non-Medically Necessary drugs.
- B. Experimental and/or Investigational drugs unless recommended pursuant to an external appeal in accordance with New York State law.
- C. Compounded prescriptions (prescriptions that require the mixing of two or more ingredients but do not contain at least one legend ingredient with a valid NDC number) or other drug formulations compounded solely for the convenience or ease of administration of the member.
- D. Drugs that require a prescription but have an exact equivalent that is available over the counter, unless the prescription is Medically Necessary.
- E. Drugs used in connection with a medical service that is not covered under your Contract.

- F. Any drugs for which we provide benefits under your Contract without the purchase of this Rider.
- G. Devices (including but not limited to hypodermic needles and syringes).
- H. Refills of prescription drugs (or other items covered under this Rider) that exceed the Standard Supply or Mail Order Supply limitations. For example, refills requested because the Covered Person lost or misused his or her supply of prescription drugs will not be covered.
- I. Nutritional Supplements.
- J. Medications which are primarily intended to improve your appearance or lifestyle, Subject to Medical Necessity review, including but not limited to:
 - (1) Rogaine and other products for hair growth and/or restoration;
 - (2) Retinoic acid and similar products for the prevention of the wrinkling of the skin; and
 - (3) Agents affecting the color, tone, pigmentation or texture of the skin.
 - (4) Smoking cessation products.
- K. Vaccines, immunizations and medications received by injection that are not self-administered.
- L. Prescription drugs not approved by the Food and Drug Administration (FDA) of the United States for the indication prescribed and/or the duration, frequency or dosage prescribed and/or not recommended in one of the below established reference compendia. MVP, however, will not exclude coverage of drugs approved by the FDA for the treatment of certain types of cancer on the basis that such drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the FDA. Provided, however, that such drug has been recognized for treatment of the specific type of cancer for which the drug has now been prescribed in one of the below established reference compendia MVP will also evaluate coverage for medications for Non-FDA approved indications if the drug has been recognized as safe and effective in one of the below established reference compendia:
 - (i) The American Medical Association Drug Evaluations, or
 - (ii) The American Hospital Formulary Service Drug Information; or
 - (iii) The United States Pharmacopeia Drug Information.
- M. Contraceptive Drugs and Devices.

8. How to file a Claim for Retail Pharmacy Benefits (including Enteral Formulas), Mail Order Pharmacy Benefits or Specialty Pharmacy Benefits.
 - A. **STEP ONE:** Have your MVP Participating Professional Provider write a prescription and complete any required Prior Authorization requirements.
 - B. **STEP TWO:** Bring your prescription along with your MVP ID Card to an MVP Participating Retail Pharmacy or, as applicable, complete a Mail Order Pharmacy Order Form or Specialty Pharmacy Order Form and mail the completed order form along with your prescription to the address listed on the form. If the pharmacist fills your prescription and charges you in accordance with your prescription drug benefit, then you will have completed the Claim filing process. If the pharmacist does not fill your prescription or in your opinion has not properly applied your benefit, then you must proceed to **STEP THREE** to complete the Claim filing process.
 - C. **STEP THREE:** If the pharmacist does not fill your prescription or in your opinion has not properly applied your benefit, then you may do the following:
 - (1) You may decline to have the pharmacist fill your prescription and submit a Prior Authorization request directly to MVP, or
 - (2) Alternatively, you may elect to have the prescription filled (pay the full pharmacy charges) and submit a Post Service Claim for benefits to Medco.
9. How to file a Claim for Pharmacy Benefits. To file a Claim you, your designee or your prescribing provider, must mail a completed Medco Claim Form to the address listed on the form. To complete the form, you must fill in all required information; you must have the dispensing pharmacist sign the form; and, you must attach the original receipt for the prescription to the form. You may obtain Medco Claim Forms by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by visiting MVP's website. Claims must be properly submitted to Medco within one (1) year from the date the prescription was filled. MVP will make a decision on your Claim within the timeframe set forth in your Certificate.
10. How to file a Prior Authorization request for Pharmacy Benefits. To request Prior Authorization for a medication, you, your designee or the prescribing provider must fax a request to MVP at 1-800-280-7346. MVP will make a decision on your Prior Authorization request within the timeframe set forth in your Contract.
11. How to file an Urgent Prior Authorization request for Pharmacy Benefits. To file an Urgent Prior Authorization request you, your designee or your prescribing provider must mark the faxed request "Urgent". MVP will make a decision on your Urgent Care Claim within the timeframe set forth in your Contract.

12. How to File a Claim for Covered Modified Solid Food Products. To file a claim for benefits for covered modified solid food products, you, your designee or the prescribing provider must contact MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277), and follow the instructions provided.
13. Restricted Members. If MVP determines that you have received contraindicated, excessive or duplicative pharmacy services over an extended period, MVP may impose one or more of the following restrictions on the provision of benefits to you under this Contract:
- A. MVP will restrict benefits to Covered Drugs obtained from one or more designated Participating Pharmacies.
 - B. MVP will restrict benefits to Covered Drugs prescribed by one or more designated Participating Providers.
 - C. MVP may require that you obtain Prior Authorization from MVP before changing your Primary Care Physician.

Before MVP will impose any of the above restrictions, we will provide you with at least thirty (30) days prior written notice. The notice will specify the effective date and scope of the restrictions, explain the reasons for the restrictions, your right to file a complaint and/or appeal and the procedures for filing a complaint or appeal. You may request a copy of MVP's protocols regarding contraindicated, excessive or duplicative services by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277). Nothing in this Subsection shall limit MVP's ability to terminate your coverage under this Contract for any of the reasons set forth in your Group or Subscriber Contract.

14. **Other Provisions.** All of the terms, conditions, and limits of your Contract also apply to this Rider, except where changed by this Rider.
15. Your group has added this Rider to your Contract. In addition to the provisions of paragraph 14, this Rider may be deleted, at your group's option, upon renewal of the group's contract with MVP.

MVP Health Insurance Company
Schenectady, New York



By: _____
President