

## State of Nevada 4-Tier Outpatient Prescription Drug Rider to the HPN Group Evidence of Coverage

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| <b>THIS PRESCRIPTION DRUG BENEFIT RIDER CONTAINS A CALENDAR YEAR DEDUCTIBLE (“CYD”)</b>                                                                                                       |                                                                                    |
| <b>The Prescription Drug Calendar Year Deductible (CYD) applies to Tier IV</b>                                                                                                                |                                                                                    |
| <b>\$100 Prescription Drug Calendar Year Deductible per Member not to exceed \$200 for all Members in a Family.</b>                                                                           |                                                                                    |
| <b>Plan Retail Prescription Drug Benefits</b>                                                                                                                                                 |                                                                                    |
| <b>Prescription Drug Tier</b>                                                                                                                                                                 | <b>Tier I HMO Plan Benefit</b>                                                     |
| Tier I                                                                                                                                                                                        | Member pays \$10 Copayment per Designated Plan Pharmacy Therapeutic Supply.        |
| Tier II                                                                                                                                                                                       | Member pays \$40 Copayment per Designated Plan Pharmacy Therapeutic Supply.        |
| Tier III                                                                                                                                                                                      | Member pays \$75 Copayment per Designated Plan Pharmacy Therapeutic Supply.        |
| Tier IV<br>(Specialty Drugs)                                                                                                                                                                  | After CYD, Member pays 20% of EME per Designated Plan Pharmacy Therapeutic Supply. |
| <b>Prescription Drug Products from a Mail Order Network Pharmacy or 90 Day Retail Plan Network Pharmacy</b>                                                                                   |                                                                                    |
| Member pays up to 2.5 times the applicable Tier Cost-share per Pharmacy Therapeutic Supply.                                                                                                   |                                                                                    |
| Please refer to the HPN Prescription Drug List (PDL) for the listing of Covered Drugs and for any Covered Drugs requiring Prior Authorization and/or Step Therapy as outlined in the HPN EOC. |                                                                                    |

This Prescription Drug Benefit Rider is issued in consideration of: (a) Group’s election of coverage under this Rider, (b) your eligibility for the benefits described in this Rider, and (c) payment of any additional premium.

This Prescription Drug Benefit Rider is a supplement to your Evidence of Coverage (EOC) and Attachment A Benefit Schedule issued by Health Plan of Nevada, Inc., and amends your coverage to include benefits for Covered Drugs. This coverage is subject to the applicable terms, conditions, limitations and exclusions contained in your HPN EOC and herein.

Out of Pocket amounts paid for Covered Drugs accumulate to the Annual Out of Pocket Maximum as set forth in the HPN Attachment A Benefit Schedule.