

3-Tier Outpatient Prescription Drug Rider to the SHL Group Certificate of Coverage

Plan Retail Prescription Drug Benefits		
Prescription Drug Tier	Plan Provider Benefit	Non-Plan Provider Benefit
Tier I	Insured pays \$10 Copayment per Designated Plan Pharmacy Therapeutic Supply.	Insured pays 30% of EME for Covered Drugs less the Copayment per Therapeutic Supply.
Tier II	Insured pays \$50 Copayment per Designated Plan Pharmacy Therapeutic Supply.	Insured pays 30% of EME for Covered Drugs less the Copayment per Therapeutic Supply.
Tier III	Insured pays \$80 Copayment per Designated Plan Pharmacy Therapeutic Supply.	Insured pays 30% of EME for Covered Drugs less the Copayment per Therapeutic Supply.
Prescription Drug Products from a Mail Order Network Pharmacy or 90 Day Retail Plan Network Pharmacy Insured pays up to 2.5 times the applicable Tier Cost-share per Pharmacy Therapeutic Supply.		
Please refer to the SHL 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 SHL COC. NOTE: Prescription Drugs for which Prior Authorization is required but not obtained are excluded from coverage.		

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 Certificate of Coverage (COC) and Attachment A Benefit Schedule issued by Sierra Health and Life, 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 SHL COC and herein.

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