Sendero IdealCare Platinum / $10 PCP, Specialist, and Gen Rx /Free Wellness & Preventive Screening + Dedicated Healthcare Team + 24/7 Virtual MD Visits + No Pre-existing Condition Restrictions

Pharmacy Benefits Schedule of Coverage

The following information summarizes the benefits described in your Evidence of Coverage. It is important that you carefully read it so you are aware of the plan requirements, provisions, limitations, and exclusions.

*This health plan may synchronize refills for maintenance medications and pro-rate any cost-sharing amount charged for a prescription drug dispensed in a quantity that is less than a 30-day supply.

As a Health Maintenance Organization (HMO), IdealCare may impose copayment charges to supplement payment for health care services. A reasonable copayment option may not exceed 50% of the total cost of services provided. In addition, an HMO may not impose copayment charges in excess of 200% of the total annual premium cost in that calendar year paid by or on behalf of that enrollee. This limitation applies only if the enrollee demonstrates that copayments in that amount have been paid in that year.

Sendero prohibits step-therapy for prescription drugs used to treat stage-four advanced metastatic cancer or associated conditions. This prohibition only applies to an FDA-approved drug when its use is consistent with best practices for the treatment of stage-four advanced metastatic cancer or an associated condition and is supported by peer-reviewed, evidence-based literature.

Prescription Drug coverage is subject to change. Any prescription drug that was approved or covered under the plan for a medical condition or mental illness, regardless of whether the drug has been removed from the health benefit plan's drug formulary before the plan renewal date.

Based on State law, advanced written notice to you is required for the following modification that affects Prescription Drug coverage:

1. Removal of a drug from the Drug Formulary;
2. Requirement that you receive prior authorization for a drug;
3. An imposed or altered quantity limit;
4. An imposed step-therapy restriction;
5. Moving a drug to a higher cost-sharing level unless a generic alternative to the drug is available.

Sendero will only make these types of changes to Prescription Drug coverage at renewal of the Contract. We will provide written notice no later than 60 days prior to the effective date of the change.

This section does not prohibit a physician or other health professional who is authorized to prescribe a drug from prescribing a drug that is an alternative to a drug for which continuation of coverage is required under Subsection

(a) if the alternative drug is:

(1) covered under the health benefit plan; and

(2) medically appropriate for the enrollee.

Sendero will continue to offer the prescription drug at the contracted benefit level and until the plan's renewal date.

Mandated Benefit Description	Benefit Reduced
An HMO may charge a deductible only for services performed out of the HMO's service area or for services performed by a physician or provider who is not in the HMO's delivery network.	Not applicable.

Overall Payment Provisions	**In-Network Benefits**	**Out-of-Network Benefits**
Calendar Year Deductibles (applies to all Eligible Expenses including Pharmacy)	$0 Individual / $0 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Out-of-Pocket Limits (applies to all Eligible Expenses including Pharmacy)	$3,350.00 Individual / $6,700.00 Family (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Maximum Lifetime Benefits – per participant	Unlimited (Out-of-Network Services are Excluded unless they are approved by the Plan or are Emergency Services)	
Generic (Tier 1)	100% of Allowed Amount after a $10.00 Copayment per 30 day supply	No coverage for Out-of-Network Services
Preferred (Tier 2)	100% of Allowed Amount after a $10.00 Copayment per 30 day supply	No coverage for Out-of-Network Services
Non-preferred (Tier 3)	100% of Allowed Amount after a $10.00 Copayment per 30 day supply	No coverage for Out-of-Network Services
Specialty Drugs (Tier 4)	100% of Allowed Amount after a $100.00 Copayment per 30 day supply	No coverage for Out-of-Network Services
Preventive, includes Vaccinations obtained at the Pharmacy (Tier 6)	100% of Allowed Amount	No coverage for Out-of-Network Services