

## PRESCRIPTION DRUG AMENDMENT

*This is an Amendment to your Health New England, Inc. Explanation of Coverage (“EOC”) Please keep this Amendment with your EOC as it changes the terms of that document. If specific terms of this Amendment differ from the terms of the EOC, the terms of this Amendment apply. Your EOC is amended as shown below:*

### **From an In-Plan Pharmacy**

The Copayments for up to a 30-day supply of prescription drugs received from an In-Plan pharmacy are as follows:

- \$10/ generic
- \$25/ brand name (Formulary)
- \$45/ brand name (Non-formulary)

### **Mail Order Prescriptions**

The Copayments for up to 90-day supply of maintenance medications through HNE’s participating mail order supplier are as follows:

- \$10/ generic
- \$25/ brand name (Formulary)
- \$45/ brand name (Non-formulary)

*All other information in your EOC about the prescription drug benefit remains the same.*