

**RIDER TO THE CERTIFICATE
REGARDING THE OUTPATIENT
PRESCRIPTION DRUG PROGRAM**

The Certificate, to which this Rider is attached and becomes a part, is hereby amended as follows:

BENEFIT HIGHLIGHTS

- Your Cost for Prescription Drugs Obtained from a Prescription Drug Provider Participating in the **34-Day Supply** Prescription Drug Program:
 - Generic Drugs \$10 per Prescription
 - Formulary brand-name
Drugs \$20 per Prescription
 - Non-Formulary brand-name
Drugs \$35 per Prescription
 - Self-Injectable Drugs
other than Insulin
and Infertility Drugs \$50 per Prescription
 - Diabetic Supplies None

- Your Cost for Prescription Drugs Obtained from a Prescription Drug Provider Not Participating in the **34-Day Supply** Prescription Drug Program:
 - For drugs purchased within Illinois:
No benefits will be provided for drugs purchased from a Non-Participating Prescription Drug Provider.
 - For drugs purchased outside Illinois:
The appropriate Copayment(s) indicated above plus any difference between the Participating Provider's Charge and the Non-Participating Provider's Charge for drugs prescribed for emergency conditions.

- Your Cost for Prescription Drugs Obtained from a Prescription Drug Provider Participating in the **90-Day Supply** Prescription Drug Program:
 - Generic Drugs \$20 per Prescription
 - Formulary brand-name
Drugs \$40 per Prescription

Non-Formulary brand-name Drugs	\$70 per Prescription
Self-Injectable Drugs other than Insulin and Infertility Drugs	\$50 per Prescription
Diabetic Supplies	None

- Your Cost for Prescription Drugs Obtained from a Prescription Drug Provider Not Participating in the **90-Day Supply** Prescription Drug Program:

No benefits will be provided for a Prescription Drug Provider not participating in the 90-day supply program.

OUTPATIENT PRESCRIPTION DRUG PROGRAM BENEFITS

When you are being treated for an illness or accident, your Physician may prescribe certain drugs or medicines as part of your treatment. Your coverage includes benefits for drugs and supplies which are self-administered. This section of your Certificate explains which drugs and supplies are covered and the benefits that are available for them. Benefits will be provided only if such drugs and supplies are Medically Necessary.

PRIOR AUTHORIZATION REQUIREMENT

When certain medications and drug classes are prescribed, your Physician will be required to obtain authorization from the Plan in order to receive benefits.

Your Physician must send a letter to the Plan's prescription drug administrator explaining the reason for the prescription. The prescription drug administrator will review the letter and determine whether the reason for the prescription meets the criteria for medically necessary care. You and your Physician will be notified of the prescription drug administrator's determination within twenty-four (24) hours. No benefits will be provided for such drugs if prior authorization is not received.

You should refer to the formulary list, contact your Pharmacy or refer to the Blue Cross and Blue Shield website to determine which medications and drug classes require prior authorization.

COVERED SERVICES

The drugs and supplies for which benefits are available under this Benefit Section are:

- drugs which are self-administered that require, by federal law, a written prescription;
- injectable insulin and insulin syringes;
- diabetic supplies, as follows: test strips, glucagon emergency kits and lancets.

Benefits for self-injectable drugs are limited to:

- insulin;
- drugs prescribed for the treatment of Infertility, or
- drugs prescribed for a particular condition for which they have been specifically approved by the Food and Drug Administration.

Benefits for these drugs will be provided when:

- you have been given a written prescription for them by your Physician, Dentist, Optometrist or Podiatrist;
- you purchase the drugs from a Pharmacy or from a Physician, Dentist, Optometrist or Podiatrist who regularly dispenses drugs, and
- the drugs are self-administered.

Benefits will not be provided for:

- drugs used for cosmetic purposes;
- any devices or appliances except as specifically mentioned above;
- any charges that you may incur for the drugs being administered to you;
- drugs for which there is an over-the-counter product available with the same active ingredient(s);
- drugs which are not self-administered.

In addition, benefits will not be provided for any prescription or refill dispensed after one year from the date of the prescription.

One prescription means up to a 34 consecutive day supply for most medications. Certain drugs may be limited to less than a 34 consecutive day supply. However, for certain maintenance type drugs, larger quantities may be obtained through the 90-day supply prescription drug program. Specific information on these maintenance drugs can be obtained from a Prescription Drug Provider participating in the 90-day supply prescription drug program or the Plan. Benefits for prescription inhalants will not be restricted on the number of days before an inhaler refill may be obtained.

34-DAY SUPPLY PRESCRIPTION DRUG PROGRAM

Benefit payment for the 34-day supply prescription drug program

The benefits you receive for drugs will differ depending upon whether you purchase a generic Drug, Formulary brand-name Drug or a non-Formulary brand-name Drug, whether or not the drug is purchased from a Participating Prescription Drug Provider, and whether or not the drug is self-injectable.

When you purchase drugs from a Participating Prescription Drug Provider, you will not be charged any amount other than the specified Copayment amount. The Copayment amount differs for generic Drugs, Formulary brand-name Drugs, non-Formulary brand-name Drugs, and Self-Injectable Drugs. The Copayment amounts are shown in the Benefit Highlights section above. You will be charged the Copayment amount for each prescription. There is no charge to you for diabetic supplies.

No benefits will be provided for drugs purchased from a Non-Participating Prescription Drug Provider in Illinois. However, if the Non-Participating Prescription Drug Provider is located outside of Illinois, then benefits for drugs purchased for emergency conditions will be provided at 100% of the amount that would have been paid had you purchased such drugs from a Participating Prescription Drug Provider, minus the Copayment amount.

90-DAY SUPPLY PRESCRIPTION DRUG PROGRAM

Benefit payment for the 90-day supply prescription drug program

In addition to the benefits described in this Benefit Section, your coverage includes benefits for maintenance type drugs obtained from a Prescription Drug Provider (which may include retail or mail order pharmacies) participating in the 90-day supply prescription drug program. You will not be charged any amount other than the specified Copayment amount. The Copayment amounts are shown in the Benefit Highlights section above. There is no charge to you for diabetic supplies.

Benefits will not be provided for 90-day supply drugs purchased from a Prescription Drug Provider not participating in the 90-day supply program.

You can obtain an order form for the 90-day supply prescription drug program from your Group or from the Plan.

DEFINITIONS

Formulary Drugmeans a brand name prescription drug that has been designated as a preferred drug by the Plan.

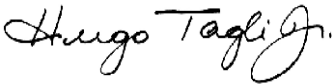
Prescription Drug Providermeans any Pharmacy which regularly dispenses drugs.

1. **Participating Prescription Drug Provider** means a Prescription Drug Provider which has entered into a written agreement with this Plan, or any entity designated by the Plan to administer its prescription drug program, to provide services to you at the time services are rendered to you and, for Pharmacies located in the state of Illinois, which has direct on-line computer access to the Plan or such administrative entity.
2. **Non-Participating Prescription Drug Provider** means a Prescription Drug Provider which does not meet the definition of a Participating Prescription Drug Provider.

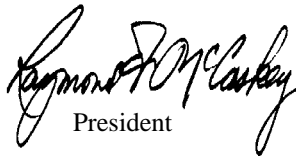
Except as amended by this Rider, all terms and conditions of the Certificate to which this Rider is attached will remain in full force and effect.

Attest:

Health Care Service Corporation
a Mutual Legal Reserve Company
(Blue Cross and Blue Shield of Illinois)



Secretary



President