

PRESCRIPTION DRUG RIDER

SUMMARY OF CHANGES EFFECTIVE JANUARY 1, 2026

HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits in compliance with state and federal laws and are structured to best manage health care costs.

This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. It should not be used as the certificate for the plan. The 2026 *Guide to Benefits* or plan certificate will contain complete information on these changes as well as other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the 2026 *Guide to Benefits* or plan certificate, the 2026 *Guide to Benefits* or plan certificate takes precedence.

BENEFIT CHANGES

- **Diabetic Supplies.** Diabetic supplies will be covered at the same benefit levels as other covered drugs and supplies, copayments may vary. Refer to the plan's Drug Formulary for a list of covered drugs and supplies and their benefit categories.
- **Diaphragms and Cervical Caps.** Diaphragms and cervical caps will be covered at the same benefit levels as other contraceptives, copayments may vary. Refer to the plan's Drug Formulary for a list of covered drugs and supplies and their benefit categories.
- **Immunizations.** Immunizations recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP) will be covered at 100% of eligible charges.
- **Other Supplies.** A new benefit for Other Supplies will be added to cover supplies listed in the plan's Drug Formulary, such as diabetic equipment. The member's copayments for Other Supplies will be:
 - Participating Provider (up to a 30-day supply) – 20% of eligible charge
 - Nonparticipating Provider (up to a 30-day supply) – 30% of eligible charge
 - Contracted Provider for maintenance prescriptions (up to a 90-day supply) – 20% of eligible charge
- **Specialty Drugs.** The member's copayments for Specialty Drugs will change to:
 - Tier 4 – 20% of eligible charge
 - Tier 5 – 25% of eligible charge