# State of Nevada <br> 4-Tier Outpatient Prescription Drug Rider to the HPN Group Evidence of Coverage 

| THIS PRESCRIPTION DRUG BENEFIT RIDER CONTAINS A CALENDAR YEAR |  |
| :---: | :---: |
| DEDUCTIBLE ("CYD") |  |$|$| Plan Retail Prescription Drug Benefits |  |  |
| :---: | :---: | :---: |
| \$100 Prescription Drug Calendar Year Deductible per Member not to exceed \$200 for all |  |  |
| Members in a Family. |  |  |

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 Evidence of Coverage (EOC) and Attachment A Benefit Schedule issued by Health Plan of Nevada, 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 HPN EOC and herein.

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

