

KEYSTONE HEALTH PLAN EAST, INC.

(hereafter called "Keystone" or "Health Benefits Plan" or "Claims Administrator")

RIDER

This Rider modifies the benefit description material of your Health Benefits Plan, or Claims Administrator, as applicable, with updates to the plan's Covered Services. Unless noted otherwise, the effective date of these changes is the later of:

- (a) January 1, 2021;
- (b) the Contract Date;
- (c) the Member's Effective Date of Coverage; or
- (d) the Group Master Contract's anniversary date coinciding with or the next following January 1, 2021.

A. The following changes are made with regard to Off-Label Use language:

1. The last paragraph of the definition of *Experimental/Investigative Services* in the **Important Definitions** section is replaced in its entirety to read as shown below. The rest of the definition remains the same.

Any approval granted as an interim step in the FDA regulatory process (For example: An Investigational New Drug Exemption as defined by the FDA), is not sufficient. Once FDA approval has been granted for a particular diagnosis or condition, use of a drug or biological product (e.g. infusable agent) for another diagnosis, condition, or in a manner that does not align with the FDA approval shall require that one or more of the established reference Compendia identified in the Company's policies recognize the usage as appropriate medical treatment.

2. The description of *Chemotherapy* under the *Therapy Services* provision in the **Description of Covered Services**, Inpatient Services, is replaced in its entirety to read as follows:

- Chemotherapy

The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:

- The Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents.
- The FDA-approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Company's policies.
- Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

3. The description of *Chemotherapy* under the *Therapy Services* provision in the **Description of Covered Services**, Outpatient Services, is replaced in its entirety to read as follows:

▪ Chemotherapy

The treatment of malignant disease by chemical or biological antineoplastic agents used to kill or slow the growth of cancerous cells. The cost of these drugs/biologics is covered, provided if it meets all of the criteria listed below:

- The Drugs/biologics are approved by the U.S. Food and Drug Administration (FDA) as antineoplastic agents.
- The FDA-approved use is based on reliable evidence demonstrating positive effect on health outcomes and/or the use is supported by the established referenced Compendia identified in the Company's policies.
- Drugs/biologics are eligible for coverage when they are injected or infused into the body by a Professional Provider.

Note: If this Program does not provide coverage for prescription drugs, oral antineoplastic agents are covered as provided under the benefits described above.

B. The following change is made with regard to Prescription Drug Coupon Accumulation language:

1. The third-party payments provision under *Prescription Drug Limitations*, or *Pharmacy Limitations*, if applicable, in the **Schedule of Covered Services**, is replaced in its entirety with the following:

The dollar amount paid by a third party will not accumulate toward any applicable Deductible or Out-of-Pocket Maximum to the extent permitted by law.

The Benefit Booklet is changed only as stated in this Rider. All provisions of the Benefit Booklet not changed by this Rider still apply.

KEYSTONE HEALTH PLAN EAST, INC.



Paula Sunshine
SVP and Chief Marketing Executive



Jonathan Stump
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