

SPECIAL NOTICE REGARDING  
REFERENCES TO PREFERRED AND NON-PREFERRED PHARMACY  
NETWORKS.

Effective January 1, 2016, your Member Handbook is amended by the following changes.

The information under Covered Services #29 Emergency Medications is deleted in its entirety and is replaced with the following:

29. Emergency Medications –

Medications prescribed by an ER Provider are covered when filled at a Network pharmacy.

The information under Your Prescription Drug Benefits, Preferred and Non-Preferred Retail Network Pharmacies is deleted in its entirety and is replaced with the following:

**Retail Network Pharmacies**

When you purchase your prescriptions at a retail Network pharmacy, you will pay your Plan's published Cost-Share for each tier for a 30-day supply. A list of retail Network pharmacies can be found on [www.globalhealth.com/state](http://www.globalhealth.com/state).

Except as amended, your Handbook remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR MEMBER HANDBOOK FOR  
FUTURE REFERENCE.