

AMENDMENT #1
To

State Contract No.: DMS 10/11-011 HMO Services
AvMed d/b/a AvMed Health Plans

This Amendment, effective January 1, 2013, is by and between the State of Florida, Department of Management Services (Department), Division of State Group Insurance (Division), an agency of the State of Florida with offices at 4050 Esplanade Way, Tallahassee, Florida 32399-0950, and AvMed d/b/a AvMed Health Plans (Service Provider), a corporation registered to do business in Florida, and amends State Contract No.: DMS 10/11-011, AvMed d/b/a AvMed Health Plans.

Whereas the Department issued Invitation to Negotiate No. DMS 10/11-011, Health Maintenance Organization (HMO) Services, and awarded the Contract to AvMed d/b/a AvMed Health Plans,

Now therefore, in consideration of the mutual promises contained in the Contract, the parties agree to the following:

1. CONTRACT CHANGE.

The Department hereby amends the Prescription Drugs Section of the Contract, specifically pages 19 and 20 of Appendix B, Exhibits, Subsection 3, entitled *State Employees Health Maintenance Organization Plan Benefit Document* attached to the initial ITN. The Parties agree that pages 19 and 20 of Appendix B are now replaced with revised pages 19 and 20 attached hereto.

This amendment clarifies the existence of a Prescription Drug Program that is independent of the health maintenance organization benefit plan. The Prescription Drug Program is managed by a separate pharmacy benefit manager who administers all of the pharmacy benefits for the State's Preferred Provider Organization and the health maintenance organization plans. The revised pages 19 and 20 now set forth the coverage regarding drugs and medicines for the Prescription Drug Program and the Service Provider as a health maintenance organization plan.

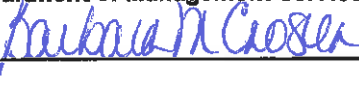
2. WARRANT OF AUTHORITY.

Each person signing this Amendment warrants that he or she is duly authorized to do so and to bind the respective party.

3. EFFECT.

Unless otherwise modified by this Amendment, all terms and conditions contained in the Contract shall continue in full force and effect.

State of Florida,
Department of Management Services:

By: 

Name: Barbara M. Crosier

Title: Director of State Group Insurance

Date: 1/7/13

AvMed d/b/a AvMed Health Plans

By: 

Name: JAMES M. REPP

Title: SENIOR VICE PRESIDENT

Date: 12/20/12

State Employees' Prescription Drug Program (PDP)

Covered members purchase prescription drugs designated on the PDP's formulary, which is a list of covered generic, preferred brand and non-preferred brand name drugs. Prescriptions may be filled at any of the PDP's participating pharmacies, a list of which is included in the PDP's Provider Directory. Prescription drugs are subject to the PDP's preferred drug list and the provisions noted below.

The prescription drug copayments for generic and brand name are shown in the schedule of member copayments. Covered persons present their PDP member identification card and pay the copay to the participating pharmacy each time a prescription is filled or refilled.

In addition to the higher brand name copayment, if a generic is available, the covered person pays the pharmacist 100 percent of the difference between the generic and the brand name prescription drug when it is dispensed at the request of the covered person. If the prescribing physician or other participating provider authorized to prescribe drugs within the scope of his or her license indicates on the prescription "brand name medically necessary" or "dispense as written" for a drug for which there is a generic equivalent, the brand name drug shall be dispensed for the brand name copayment only. The Florida Boards of Medicine and Pharmacy, pursuant to chapter 465, Florida Statutes, have established that no drug substitution shall be allowed for the following:

- Digitoxin
- Conjugated estrogen
- Dicumarol
- Chlorpromazine (solid oral dosage forms)
- Theophylline (controlled release)
- Pancrelipase (oral dosage forms)

Drugs That Are Covered by the Prescription Drug Plan

Covered drugs shall include, but are not limited to:

- Insulin;
- Needles and syringes with insulin;
- FDA-approved glucose strips and tablets;
- Prepackaged items, such as insulin with needles or syringes, dispensed for the number of days' usage prescribed, or package quantity, whichever is greater;
- Those items associated with an insulin prescription or prepackaged with other medications;
- Prescription refills once a usage percentage of the previous prescription, as established by the PDP, has been met based on the dosage schedule prescribed by the physician or other participating provider.

Drugs That Are Covered by the Service Provider

Covered drugs shall include, but are not limited to:

- Any drug, medicine, medication or immunization that is consumed or provided at the place where the prescription is given (provider's office or health care facility);
- Any drug, medicine or medication that is dispensed or administered by a physician or other participating provider (other than a pharmacy) including, but not limited to,

STATE EMPLOYEES' HEALTH MAINTENANCE ORGANIZATION PLAN

- outpatient facilities;
- Prescriptions that are to be taken by or administered to the covered person, in whole or in part, while he or she is a patient in a hospital, skilled nursing facility, convalescent hospital, inpatient hospice facility, or other facility where drugs are ordinarily provided by the facility on an inpatient basis.

Drugs That Are Not Covered by the Service Provider or Prescription Drug Plan

- Prescription refills in excess of the number specified by the physician or dispensed more than one year from the date of the participating provider's original order;
- Medication that is covered by Worker's Compensation or Occupational Disease Laws or by any state or governmental agency;
- Prescriptions ordered or received in excess of any maximums covered under this benefit and not covered under any other provision in this PDP;
- Any drug, medicine or medication labeled "Caution-Limited by Federal Law to Investigational Use." Any experimental drug or drug used for non-FDA approved indication or prescribed for use by a route of administration that is not approved by the FDA even though a charge is made to the covered person;
- Immunizing agents;
- Non-federal legend or over-the-counter drugs;
- Devices or appliances including, but not limited to, hypodermic needles/syringes, and other non-medical substances, regardless of intended use;
- Retin-A for cosmetic purposes;
- Anti-obesity drugs;
- Non-prescription smoking cessation aides (i.e., gums, patches, lozenges)
- Amphetamines and/or anorexiant for weight loss;
- Hormone treatment in preparation for sexual reassignment;
- Any costs related to the mailing, sending or delivery of prescription drugs;
- Prescriptions filled at a non-participating pharmacy, except for prescriptions required during emergency care; and
- Prescription medications that are not on the formulary.