

Ohio Copay Accumulator Language for 2019 Qualified Health Plans

Plan	Language	Source
Buckeye Community Health (Ambetter)	Cost sharing paid on your behalf for any prescription drugs obtained by you through the use of a drug discount, coupon, or copay card provided by a prescription drug manufacturer <u>will not apply</u> toward your plan deductible or your maximum out of pocket.	Buckeye (Ambetter) Evidence of Coverage (page 49 of 82)
Anthem BCBS	If You participate in certain drug Cost-Share assistance programs offered by drug manufacturers or other third parties to reduce the Cost-Share (Copayment, Coinsurance) You pay for certain Specialty Drugs, the reduced amount You pay <u>may be the amount We apply to Your Deductible and/or Out-of-Pocket Limit</u> when the Specialty Drug is provided by a Network Provider. Your eligibility to participate in such programs is dependent on the programs' applicable terms and conditions, which may be subject to change from time to time. We may discontinue applying such reduced amounts to Your Cost-Share at any given time.	Anthem BCBS Certificate of Coverage (page 57 of 134)
Molina	Please note, cost-sharing reduction for any prescription drugs obtained by You through the use of a discount card or coupon provided by a prescription drug manufacturer <u>will not apply</u> toward any Deductible, or the Annual Out-of-Pocket maximum under Your Plan.	Molina Summary of Benefits (page 2 of 6) Molina Evidence of Coverage (page 5 of 107)

- CareSource, Summa, and Paramount are health plans participating in the 2019 Ohio marketplace that are not implementing copay accumulators.

Ohio Copay Accumulator Language (cont.)

Plan	Language	Source
<p>Medical Mutual</p>	<p>The Covered Person is responsible for any Deductible, Copayment, or Coinsurance amounts specified in the Schedule of Benefits. The requirement to pay the applicable cost sharing (Deductible, Copayments or Coinsurance) cannot be waived by a Provider, a Pharmacy or anyone else under any "fee forgiveness," "not out-of-pocket," "discount program," "coupon program" or similar arrangement. Additionally, applicable cost sharing amounts cannot be paid for using funds from a patient assistance program, regardless if the member is receiving such assistance due to financial need from a pharmaceutical manufacturer, government program, or a charitable organization. Pharmaceutical manufacturers may sponsor patient assistance programs (PAPs) that provide financial assistance or drug free products (through in-kind product donations) to low income individuals to augment any existing prescription drug coverage. If you receive any amount from a patient assistance program or if a Provider, a Pharmacy or anyone else waives the required cost sharing (Deductible, Copayments, Coinsurance) for a particular claim, the cost sharing amounts covered by the patient assistance program or waived shall not be considered as true out-of-pocket expenses for Covered Persons, and these amounts shall not apply to Deductibles and/or Out-of-Pocket Maximums.</p>	<p>Medical Mutual Schedule of Benefits (page 43 of 82)</p>

Ohio Copay Accumulator Language (cont.)

Plan	Language	Source
Oscar	<p>Policy on Third Party Payment of Cost-Sharing and Premium. The Plan only accepts Premium payments from: The Member; The Member's family; or Entities the law requires the Plan to accept Cost-Sharing payments from, which as of the Effective Date currently are: § Ryan White HIV/AIDS programs, § Entities required under title XXVI of the Public Health Service Act, § Indian tribes, tribal organizations and urban Indian organizations; § State and Federal government programs, as described in 45 CFR § 156.1250.</p> <p>Cost-Sharing payments from any other party, other than those listed above, will not be applied to Your coverage. Premium payments from any party, other than those listed above, will not be credited to Your account which may result in termination or cancellation of coverage in accordance with the Termination provisions of this Policy.</p> <p>We will review all other third-party payments, including payments made by private, not-for-profit foundations, on a case-by-case basis. We may decline to accept third party payments, including payments by third-party individuals, that raise concerns for potential conflicts of interest, adverse selection, or fraud. In its review, We will take into consideration factors, including whether eligibility was based solely on the enrollee's financial status, without consideration of the enrollee's health status, and if assistance is provided for the entire policy year. We will closely review, and reserve the right to decline, all third-party payments from provider-affiliated organizations (including nonprofit organizations affiliated with providers), with which the Federal Department of Health and Human Services has identified various concerns, including the potential for future financial harm to consumers</p>	<p>Oscar Buckeye State Insurance Evidence of Coverage (page 136 of 142)</p>