



DRUG OPTION 3

NETWORK PRESCRIPTION DRUG PHARMACY BENEFIT

| | <u>Co-Pay</u> | <u>Deductible</u> | <u>Details</u> |
|------------------|---------------|-------------------|---|
| Generic Drugs | \$5 | \$0 | Copay is paid per prescription or refill of a generic drug obtained at a Network Provider retail pharmacy and is covered for a maximum 30 day supply. A separate copay applies for each 30 day supply. |
| Brand Name Drugs | | | After a separate, per family deductible the copay is paid per prescription or refill of brand name drugs on the formulary (preferred), brand name drugs not on the formulary (non-preferred) or injectables. Drugs obtained at a Network Provider retail pharmacy are covered for a maximum 30 day supply. A separate copay applies for each 90 day supply. |
| Preferred | \$25 | \$1,000 | |
| Non-Preferred | \$65 | | |
| Injectables | \$65 | | |

NETWORK PRESCRIPTION DRUG MAIL ORDER BENEFIT

| | <u>Co-Pay</u> | <u>Deductible</u> | <u>Details</u> |
|------------------|---------------|-------------------|--|
| Generic Drugs | \$10 | \$0 | Copay is paid per prescription or refill of a generic drug obtained by mail from a Network Provider and is covered for a maximum 90 day supply. A separate copay applies for each 90 day supply. |
| Brand Name Drugs | | | After a separate, per family deductible, the copay is paid per prescription or refill of brand name drugs on the formulary (preferred), brand name drugs not on the formulary (non-preferred) or injectables. Drugs obtained by mail from a Network Provider are covered for a maximum 90 day supply. A separate copay applies for each 90 day supply. |
| Preferred | \$50 | \$1,000 | |
| Non-Preferred | \$130 | | |
| Injectables | \$130 | | |

Prescription Drug Coverage

Your Plan provides benefits for prescription drugs, including oral contraceptives and self-administered injectables, only under the Prescription Drug Pharmacy Benefit Program and Prescription Drug Mail Order Benefit Addendum. Benefits are available only for prescription drugs dispensed at a Network Provider pharmacy. Your Plan covers generic drugs when available. If a brand name drug is purchased, the Covered Person must pay the difference between the generic and the brand name price in addition to the copay. If a brand name is purchased and there is no generic equivalent, the Covered Person must still pay the brand name copay. Prescription drug benefit copays do not accumulate towards or apply to the deductible or out-of-pocket maximum. See Prescription Drug Pharmacy and Mail Order Benefit Program Addendum for details.

If You do not have Your medical coverage identification card when You get a prescription filled at a Network Provider pharmacy, You must tell the pharmacist who Your pharmacy benefit manager is, as shown on Your card. If You do not do this, You may be responsible for charges that exceed Your copay.

Please Note: This schedule applies as indicated in the Summary Plan Description. This schedule must be read in conjunction with the entire Summary Plan Description and has no full meaning by itself.