

SCHEDULE OF CO-PAY LEVELS

The co-pay levels applicable to the CVS/caremark Three-Tier Open Formulary Program are:

	30 Day Supply at a CVS/caremark Participating Pharmacy	90 Day Supply Through Mail Service or at a CVS/pharmacy	Type of Drug
Lowest Co-Pay	\$8	\$16	Covered Generic Drugs
Middle Co-Pay	\$20	\$40	Covered Brand-Name Drugs on the <i>Formulary List (i.e., "Preferred Brand-Name")</i>
Highest Co-Pay**	\$35	\$70	Covered Brand-Name Drugs not on the <i>Formulary List (i.e., "Non-Preferred Drugs")</i>

****In addition to this co-pay, if you use a brand-name drug when an FDA-approved generic equivalent is available, you will also pay the difference between the cost of the generic and of the brand-name drug.**

“MAINTENANCE CHOICE PROGRAM” (MAIL SERVICE PHARMACY BENEFITS)

Benefits for prescriptions filled at a pharmacy other than a CVS/pharmacy are limited under the plan to supplies of 30 days. In other words, for long-term prescriptions (sometimes referred to as "maintenance drugs") in order to receive any benefits under the Plan you must have those prescriptions filled through the CVS/caremark Mail Service pharmacy program or purchased at a local CVS/pharmacy, called the "Maintenance Choice Program." You must continue to use the Maintenance Choice Program to purchase maintenance drugs under the Plan for as long you continue to regularly take that prescription.

By using the CVS/caremark Maintenance Choice program you and the Plan save money. Plus, you will receive the following advantages:

- Free home delivery of your medication if you choose Mail Service.
- Up to a three-month supply of medication with each order both through Mail Service and at a CVS/pharmacy.
- Twenty-four hour access to a pharmacist.
- If you have any questions regarding the Maintenance Choice Program, please call CVS/caremark at 1-877-668-8990 or www.caremark.com.