

SCHEDULE OF BENEFITS – PRESCRIPTION DRUGS

\$5/\$20/\$40

(all amounts are per Prescription or Refill)

Calendar Year Deductible: None

Calendar Year Coinsurance: None

Retail Pharmacy	Participating	Non-Participating
Generic Drugs	\$5	\$5* Then 75% of Eligible Expenses
Brand Name Drugs (without a Generic Equivalent)	\$20	\$20* Then 75% of Eligible Expenses
Brand Name Drugs (with a Generic Equivalent)	\$40	\$40* Then 75% of Eligible Expenses

Mail Order Pharmacy (90 day supply)	Participating	Non-Participating
Generic Drugs	\$10	Not Available
Brand Name Drugs (without a Generic Equivalent)	\$40	Not Available
Brand Name Drugs (with a Generic Equivalent)	\$80	Not Available

* If you use a Non-Participating Pharmacy, you must pay the pharmacy for the Prescription Drug and then submit a request for reimbursement. If reimbursement is appropriate under the terms of this Rider, reimbursement will be paid at the same rate as paid to contracted Participating Pharmacies less the applicable Copay and Deductible. You may call the 800 number on your identification card to locate a Participating Pharmacy.

SOME PRESCRIPTION ORDERS ARE SUBJECT TO PRIOR AUTHORIZATION, STEP THERAPY AND OTHER QUALIFICATIONS. NO BENEFITS WILL BE PAID IN THE ABSENCE OF PRIOR AUTHORIZATION IF REQUIRED OR OTHER QUALIFICATIONS ARE NOT MET.

ADHERENCE TO PRIOR AUTHORIZATION OR OTHER QUALIFICATIONS IS NOT A GUARANTEE THAT BENEFITS WILL BE PAYABLE UNDER THIS POLICY. ALL BENEFITS PAYABLE ARE SUBJECT TO ALL OF THE TERMS, CONDITIONS, PROVISIONS, EXCLUSIONS AND LIMITATIONS OF THE POLICY.