

CAREMARK PRESCRIPTION PLAN EFFECTIVE 10/01/08 Non-HDP Benefit

Your prescription drug benefit plan enables you to obtain prescription drugs at a **retail pharmacy** or through one of **Caremark's Mail Service pharmacies**.

AT-A-GLANCE

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
WHEN TO USE IT	For immediate drug needs or short-term medications	For maintenance or long-term medications
YOU PAY	<p>35% (\$5 min, \$150 max) for each generic prescription</p> <p>35% (\$15 min, \$150 max) for each brand name* prescription on the Primary Drug List</p> <p>35% (\$35 min, \$150 max) for each brand name* prescription not on the Primary Drug List</p>	<p>25% (\$10 min, \$150 max) for each generic prescription</p> <p>25% (\$30 min, \$150 max) for each brand name* prescription on the Primary Drug List</p> <p>25% (\$70 min, \$150 max) for each brand name* prescription not on the Primary Drug List</p>
MAXIMUM OUT-OF-POCKET	\$1,500 per individual annually \$3,000 per family annually	
DAYS SUPPLY LIMIT	30-day supply	90-day supply
REFILL LIMIT	None	None
CAREMARK CUSTOMER CARE	1-800-841-5550 or www.caremark.com	

*When a generic is available, but the pharmacy dispenses the brand name drug for any reason, you will pay the difference between the brand name drug and the generic plus the generic co-payment. The difference (penalty) between the brand and the generic will not apply to the maximum out-of-pocket.

As a part of the Wellness Program, mail-order asthma, diabetes and cardiac medications are covered at a 20% co-insurance rate, versus the 25% co-insurance rate for other mail order prescriptions. The three tier minimum co-pays and \$150 maximum out-of-pocket cost for each prescription still apply.

How To Use Your Retail Program

At a Caremark participating retail pharmacy you will pay:

- 35% (\$5 min, \$150 max) for each generic prescription, up to a 30-day supply
- 35% (\$15 min, \$150 max) for each brand name* prescription on the Primary Drug List, up to a 30-day supply
- 35% (\$35 min, \$150 max) for each brand name* prescription not on the Primary Drug List, up to a 30-day supply

*When a generic is available, but the pharmacy dispenses the brand name drug for any reason, you will pay the difference between the brand name drug and the generic plus the generic co-payment.

How To Use Your Mail Order Program

For prescriptions received from one of the Caremark Mail Service pharmacies you will pay:

- 25% (\$10 min, \$150 max) for each generic prescription, up to a 90-day supply
- 25% (\$30 min, \$150 max) for each brand name* prescription on the Primary Drug List, up to a 90-day supply
- 25% (\$70 min, \$150 max) for each brand name* prescription not on the Primary Drug List, up to a 90-day supply