

# BENEFIT CHART

**This Benefit Chart (sometimes called Schedule of Benefits) describes the costs you must pay after benefits are provided under this Certificate and your Group Part D plan. For a more detailed explanation of benefits provided, please refer to the appropriate sections of this Certificate.**

<b>Benefit Period</b>	<b>January 1, 2014 – December 31, 2014</b>
<b>Formulary</b>	<b>Open</b>
<b>Deductible</b>	<b>\$0</b>
<b>Covered Services</b>	<b>What you pay</b>

After you have met your deductible, if you have one, and benefits have been paid by your Group Part D plan and this plan for covered drugs, you will be responsible for the amounts shown below.

<b>Retail Pharmacy</b>	per 30-day supply
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$5 copay
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$40 copay

*Typically retail pharmacies dispense a 30-day supply of medication. Some of our retail pharmacies can dispense up to a 90-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.*

<b>Covered Services</b>	<b>What you pay</b>
<b>Mail Order Pharmacy</b>	per 90-day supply
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$10 copay
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay for Select Generics
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$40 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands and Non-Formulary Drugs</li> </ul>	\$80 copay

Covered Services	What you pay
<b>Extra Covered Drugs</b>	
<i>These drugs are excluded by law from Part D plans. These drugs are covered by your Senior Rx Plus plan. If you have a deductible, the deductible does not apply to these drugs.</i>	
<b>Barbiturates</b> <b>Cough and Cold</b> <b>DESI</b> <b>Vitamins and Minerals</b>	Copay or coinsurance per 30-day supply
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$5 copay
<ul style="list-style-type: none"> <li>• Brands</li> </ul>	\$20 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 pills each 30 days. Copay or coinsurance per 30-day supply
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$5 copay
<ul style="list-style-type: none"> <li>• Preferred Brands</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Brands</li> </ul>	\$40 copay