

SelectOption 2008 PART D RX SCHEDULE OF COPAYMENTS & LIMITATIONS

PRESCRIPTION DRUG BENEFIT BETWEEN \$0 AND \$4,050 TrOOP (True Out of Pocket Cost)*		COPAYMENT
Network Retail Pharmacy (30-day supply)	Generic Drugs	\$ 5
	Brand Preferred Drugs	\$10
	Brand Non-Preferred Drugs	\$15
Network Mail Order Pharmacy (up to 90-day supply)	Generic Drugs	\$ 5
	Brand Preferred Drugs	\$10
	Brand Non-Preferred Drugs	\$15
Network Retail Pharmacy Maintenance Medication (up to 90-day supply)	Generic Drugs	\$15
	Brand Preferred Drugs	\$30
	Brand Non-Preferred Drugs	\$45
PRESCRIPTION DRUG BENEFIT FROM \$4,050 TrOOP (True Out of Pocket Cost)* AND THEREAFTER		COPAYMENT
Network Retail Pharmacy (30-day supply)	Generic Drugs	GREATER OF \$2.25/\$5.60 OR 5% coinsurance
	Brand Preferred Drugs	
	Brand Non-Preferred Drugs	
Network Mail Order Pharmacy (up to 90-day supply)	Generic Drugs	GREATER OF \$2.25/\$5.60 OR 5% coinsurance
	Brand Preferred Drugs	
	Brand Non-Preferred Drugs	
Network Retail Pharmacy Maintenance Medication (up to 90-day supply)	Generic Drugs	GREATER OF \$2.25/\$5.60 OR 5% coinsurance
	Brand Preferred Drugs	
	Brand Non-Preferred Drugs	

LIMITATION

Formulary subject to change

- Certain drugs may require prior authorization or have quantity edit limits.
- This is an enhanced Part D Drug Plan which may provide coverage for Part D excluded drugs. Part D excluded drugs do not apply to your TrOOP.

***TrOOP (True Out-Of-Pocket Cost)** – If your copayments reach \$4,050, then the Part D catastrophic benefit applies.

Non-Participating Retail Pharmacy: Reimbursement in full minus applicable copayment
