PRESCRIPTION DRUGS

Your prescription drug benefit

If you are in an HMO, see the chart below for information on prescription drug coverage.

If you are in the HealthSelectSM of Texas Prescription Drug Program, you can get maintenance medications with no extra fee if you go to a retail pharmacy in the Extended Days Supply (EDS) network.

• Through the EDS network, HealthSelect members can buy 31- to 90-day supplies of maintenance drugs at certain retail pharmacies and pay no retail maintenance fees.

• This option is available at pharmacies that have agreed to match the health plan’s mail service cost. Participating pharmacies include Brookshire, CVS, HEB, Kroger, Safeway stores (including Tom Thumb and Randalls), Sears/Kmart, Walmart and a number of independent pharmacies. See a full list of participating EDS network pharmacies at www.caremark.com/ers, or call Caremark toll-free at (888) 886-8490.

If a generic is available and you choose to buy the brand-name drug, you will pay the generic copay plus the cost difference between the brand-name and generic drugs.

NOTE: If you are in the HealthSelect of Texas Prescription Drug Program and go to a pharmacy that is not in the network, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. Your deductible will be subtracted if not yet met.

Your prescription drug deductibles

• You and your covered dependents each have a $50 deductible for prescription drugs.

• The HealthSelect $50 prescription drug deductible is now based on a calendar year, which is from January 1 to December 31. Beginning January 1, 2016, this change aligns total network out-of-pocket maximum amounts for both medical and prescription benefits.

• For Plan Year 2015, the $50 prescription deductible that began on September 1, 2014, will now carry participants through December 31, 2015.

• For Plan Year 2016, the $50 prescription deductible is from January 1, 2016 to December 31, 2016.

Prescription drug benefits

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Each participant must pay a $50 annual deductible before copays apply (for the calendar year, January 1 to December 31).</th>
<th>HMO deductibles are for the plan year, September 1 to August 31.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating pharmacies</td>
<td>Copays for up to a 30-day supply of non-maintenance medications are $10 for Tier 1 drugs, $35 for Tier 2 drugs, and $60 for Tier 3 drugs. For up to a 30-day supply of maintenance medication, you will be charged a retail maintenance copay of $10 for Tier 1 drugs, $45 for Tier 2 drugs, and $75 for Tier 3 drugs.</td>
<td></td>
</tr>
<tr>
<td>Non-participating pharmacies</td>
<td>For up to a 30-day supply, you will be reimbursed 60% of the lesser of the amount you pay for the prescription, minus your copay OR the average wholesale price of the drug, plus a dispensing fee, minus your copay. The deductible will be subtracted if not met.</td>
<td>HMOs may not provide benefits at non-participating pharmacies.</td>
</tr>
<tr>
<td>Extended Days Supply (EDS) network</td>
<td>If you order prescription drugs through an EDS network pharmacy, you pay the following copays for a 90-day supply: $30 for Tier 1 drugs, $105 for Tier 2 drugs, and $180 for Tier 3 drugs.</td>
<td>Does not apply to HMOs.</td>
</tr>
<tr>
<td>Mail order</td>
<td>If you order prescription drugs through the mail service program offered by your health plan, you pay the following copays for a 90-day supply: $30 for Tier 1 drugs, $105 for Tier 2 drugs, and $180 for Tier 3 drugs.</td>
<td></td>
</tr>
</tbody>
</table>

Network pharmacies and covered drugs are listed on each health plan’s website.