

**PRESCRIPTION SCHEDULE OF BENEFITS
OPTUMRX**

Benefit Plan(s) 001

<p>Annual Pharmacy Out-Of-Pocket Maximum Per Calendar Year:</p> <ul style="list-style-type: none"> • Per Person • Per Family <ul style="list-style-type: none"> - Individual Embedded Out-Of-Pocket Maximum <p>Note: Embedded Out-Of-Pocket Maximum Means That If You Have Family Coverage, Any Combination Of Covered Family Members May Help Meet The Family Out-Of-Pocket Maximum; However, No One Person Will Pay More Than His Or Her Embedded Individual Out-Of-Pocket Maximum Amount.</p>	<p>\$1,820</p> <p>\$3,640</p> <p>\$1,820</p>
<p>Infertility Medication:</p> <ul style="list-style-type: none"> • Paid By Plan After Deductible 	<p>80%</p>
<p>By Participating Retail Pharmacy</p> <ul style="list-style-type: none"> • Covered Person's Co-pay Amount <p>Generic Drugs (Tier 1)</p> <p>Preferred Brand-Name Drugs (Tier 2)</p> <p>Nonpreferred Brand-Name Drugs (Tier 3)</p> <p>Co-pay For Each Supply By Participating Pharmacy For The Following Diabetes Supplies: Test Strips And Lancets; And Diabetic Medications: Insulin.</p>	<p>For Up To A 31-Day Supply:</p> <p>\$10</p> <p>\$35</p> <p>\$70</p> <p>After 3 Retail Maintenance Medication Fills, Retail Co-Pay changes to triple Co-pays. Refer to By OptumRx Home Delivery below.</p> <p>\$0</p>
<p>By OptumRx Home Delivery</p> <ul style="list-style-type: none"> • Covered Person's Co-pay Amount <p>Generic Drugs (Tier 1)</p> <p>Preferred Brand-Name Drugs (Tier 2)</p> <p>Nonpreferred Brand-Name Drugs (Tier 3)</p> <p>Co-pay For Each Supply By Participating Pharmacy For The Following Diabetes Supplies: Test Strips And Lancets; And Diabetic Medications: Insulin.</p>	<p>For Up To A 90-Day Supply:</p> <p>\$20</p> <p>\$70</p> <p>\$140</p> <p>\$0</p>
<p>Specialty Drugs</p> <ul style="list-style-type: none"> • Covered Person's Co-pay Amount <p>Generic Drugs (Tier 1)</p> <p>Brand-Name Drugs (Tier 2)</p> <p>Note: Optum Specialty Pharmacy Must Be Used To Fill Specialty Medications.</p>	<p>For Up To A 30-Day Supply:</p> <p>\$50</p> <p>\$50</p>

By Non-Participating Pharmacy	Use Of A Non-Participating Pharmacy, Requires Payment For The Prescription Up Front. The Covered Person May Then Submit A Claim Reimbursement Form With A Receipt To OptumRx For Reimbursement. Reimbursement For Covered Prescription Drugs Will Be Based On The Lowest Contracted Amount Of A Participating Pharmacy Minus Any Applicable Deductible And/Or Retail Co-pay Shown In This Schedule.
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Note: The Deductible and/or Co-pay may not apply to preventive Prescription and over-the-counter products and contraceptives.

Note: When the Covered Person purchases a brand-name product that has a generic equivalent available, he or she must pay the applicable brand Co-pay (or deductible, if applicable) plus the difference in cost between the generic drug and the brand-name drug when the medical professional has not specified a brand-name drug or has not indicated that the brand-name drug is Medically Necessary.

PREScription DRUG BENEFITS

What this section includes:

- Benefits available for Prescription Drugs;
- How to utilize the retail and home delivery service for obtaining Prescription Drugs;
- Any benefit limitations and exclusions that exist for Prescription Drugs; and
- Definitions of terms used throughout this section related to the Prescription Drug Benefits.

Prescription Drug Benefit Highlights

Prescription Drug Benefits will not be coordinated with those of any other health coverage plan.

Identification Card (ID Card) – Network Pharmacy

You must either show Your ID card at the time You obtain Your Prescription Drug at a Network Pharmacy or provide the Network Pharmacy with identifying information that can be verified by OptumRx during regular business hours.

If You do not show Your ID card or provide verifiable information at a Network Pharmacy, You will be required to pay the Usual and Customary Charge for the Prescription Drug at the pharmacy.

Benefit Levels

Benefits are available for Outpatient Prescription Drugs that are considered a Covered Expense.

The Plan pays benefits at different levels for tier 1, tier 2, and, if applicable, tier 3 Prescription Drugs. All Prescription Drugs covered by the Plan are categorized into these three tiers on the Prescription Drug List (PDL). The tier status of a Prescription Drug may change periodically, as frequently as monthly, based on the Prescription Drug List Management Committee's periodic tiering decisions. When that occurs, You may pay more or less for a Prescription Drug, depending on its tier assignment. Since the PDL may change periodically, for the most current information, You can visit www.UMR.com, and navigate to the Pharmacy section, or call OptumRx at 877-559-2955.

Each tier is assigned a Co-pay or Participation, which is the amount You pay when You visit the pharmacy or order Your medications through home delivery. Your Co-pay or Participation will also depend on whether or not You visit the pharmacy or use the home delivery service; see the Prescription Schedule of Benefits for further details. Here is how the tier system works:

Tier 1 is Your lowest Co-pay or Participation option. For the lowest out-of-pocket expense, You should consider tier 1 drugs if You and Your Physician decide they are appropriate for Your treatment.

Tier 2 is Your middle Co-pay or Participation option. Consider a tier 2 drug if no tier 1 drug is available to treat Your condition.

Tier 3, if applicable, is Your highest Co-pay or Participation option. The drugs in tier 3 are usually more costly. Sometimes there are alternatives available in tier 1 or tier 2.

For Prescription Drugs at a retail Network Pharmacy, You are responsible for paying the lower of:

- The applicable Co-pay, Participation, or Deductible amount;
- The Network Pharmacy's Usual and Customary Charge for the Prescription Drug; or
- The Prescription Drug Charge that OptumRx agreed to pay the Network Pharmacy.

For Prescription Drugs from a home delivery Network Pharmacy, You are responsible for paying the lower of:

- The applicable Co-pay, Participation, or Deductible amount; or
- The Prescription Drug Charge for that particular Prescription Drug.

Retail

The Plan has a network of participating retail pharmacies, which includes many large drug store chains. You can obtain information about Network Pharmacies by visiting www.UMR.com, and navigating to the Pharmacy section, or call OptumRx at 877-559-2955.

To obtain Your Prescription from a retail pharmacy, simply present Your ID card and pay the Co-pay, Participation or Deductible amount. The Plan pays benefits for certain covered Prescription Drugs as written by a Physician and in accordance with the Plan.

Note: Pharmacy Benefits apply only if Your Prescription is for a Covered Expense, and not for Experimental, Investigational, or Unproven Services. Otherwise, You are responsible for paying 100% of the cost.

Home Delivery

The home delivery service may allow You to purchase up to a 90-day supply of a covered maintenance drug through the mail. Maintenance drugs help in the treatment of chronic illnesses, such as heart conditions, allergies, high blood pressure, and arthritis.

To use the home delivery service, all You need to do is complete a patient profile and enclose Your Prescription order. Your medication, plus instructions for obtaining refills, will arrive by mail about 14 days after Your order is received. If You need a patient profile form, or if You have any questions, You can reach OptumRx at 877-559-2955.

The Plan pays home delivery benefits for certain covered Prescription Drugs as written by a Physician and in accordance with the Plan.

You may be required to fill an initial Prescription Drug order and obtain one or more refills through a retail pharmacy prior to using a home delivery Network Pharmacy.

Note: To maximize Your benefit, ask Your Physician to write Your Prescription order or refill for a 90-day supply, with refills when appropriate. You will be charged a home delivery Co-pay, Participation, or Deductible amount for any Prescription order or refill if You use the home delivery service, regardless of the number of days' supply that is written on the order. Be sure Your Physician writes Your home delivery or refill for a 90-day supply, not a 30-day supply with three refills.

Designated Pharmacy

If You require certain Prescription Drugs, OptumRx may direct You to a Designated Pharmacy with whom it has an arrangement to provide those Prescription Drugs.

Please see the Definitions in this section for the definition of Designated Pharmacy.

Want to lower Your out-of-pocket Prescription Drug costs?

Consider tier 1 Prescription Drugs, if You and Your Physician decide they are appropriate.