

CAREMARK

Prescription Drug Summary of Benefits For Southwestern University January 2009 through December 2009

RETAIL PRESCRIPTION DRUG BENEFITS Customer Service - 800-221-1786

	Short Term Medications Up to 30 day supply		Long Term Medications (Maintenance) Up to 30 day supply			
Standard Plan	Participating Pharmacy	Non-Participating Pharmacy	Participating Pharmacy First 2 Refills	Participating Pharmacy After 2nd Refill	Non-Participating Pharmacy First 2 Refills	Non-Participating Pharmacy After 2nd Refill
Generic	\$10 copay	\$10 copay + 20% of remaining cost	\$10 copay	\$20 copay	\$10 copay + 20% of remaining cost	\$20 copay + 20% of remaining cost
Formulary, Brand Name	\$20 copay	\$20 copay + 20% of remaining cost	\$20 copay	\$40 copay	\$20 copay + 20% of remaining cost	\$40 copay + 20% of remaining cost
Non-Formulary, Brand Name	\$45 copay	\$45 copay + 20% of remaining cost	\$45 copay	\$90 copay	\$45 copay + 20% of remaining cost	\$90 copay + 20% of remaining cost
Basic Plan	Participating Pharmacy	Non-Participating Pharmacy	Participating Pharmacy First 2 Refills	Participating Pharmacy After 2nd Refill	Non-Participating Pharmacy First 2 Refills	Non-Participating Pharmacy After 2nd Refill
Generic	\$15 copay	\$15 copay + 20% of remaining cost	\$15 copay	\$30 copay	\$15 copay + 20% of remaining cost	\$30 copay + 20% of remaining cost
Formulary, Brand Name	\$25 copay	\$25 copay + 20% of remaining cost	\$25 copay	\$50 copay	\$25 copay + 20% of remaining cost	\$50 copay + 20% of remaining cost
Non-Formulary, Brand Name	\$50 copay	\$50 copay + 20% of remaining cost	\$50 copay	\$100 copay	\$50 copay + 20% of remaining cost	\$100 copay + 20% of remaining cost

**MAIL ORDER PRESCRIPTION
DRUG BENEFITS**

Customer Service – 800-221-1786

Up to a 90 day supply of medications	
Standard Plan	
Generic	\$20
Formulary, Brand Name	\$40
Non-Formulary, Brand Name	\$90
Basic Plan	
Generic	\$30
Formulary, Brand Name	\$50
Non-Formulary, Brand Name	\$100

SPECIALTY/BIOTECH MEDICATION PRESCRIPTION DRUG BENEFITS

Customer Service – 800-237-2767

Standard Plan

Participant pays 25% of the cost of the prescription up to a maximum of \$375 per prescription.

\$50, 000 calendar year maximum allowable benefit (MAB) per participant.

Participants will be responsible for 100% of the prescription cost once the MAB has been reached.

Basic Plan

Participant pays 25% of the cost of the prescription up to a maximum of \$500 per prescription.

\$50, 000 calendar year maximum allowable benefit (MAB) per participant.

Participants will be responsible for 100% of the prescription cost once the MAB has been reached.

New Benefit for Standard and Basic Plans:

Members may purchase a 90-day supply of their maintenance medications at a local CVS pharmacy retail outlet, but pay the same rate as the mail-order program (two-times co-pay).