

Anthem

2011

Retail Pharmacy Program for short-term use up to a 34-day supply

- \$5 generic
- \$15 Preferred (On Medco's Preferred Drug List) brand-name medications
- \$45 Non-Preferred (Not on Medco's Preferred Drug List) brand-name medications
- \$40 for Partial Waiver of Non-Preferred Brand copayment **
- 50% Discretionary Drugs

Maintenance medications*, if refilled at a retail pharmacy after 2nd fill

- \$10 generic
- \$25 Preferred (On Medco's Preferred Drug List) brand-name medications
- \$75 Non-Preferred (Not on Medco's Preferred Drug List) brand-name medications
- \$70 for Partial Waiver of Non-Preferred Brand copayment **
- 50% Discretionary Drugs

Mail-Order Program for maintenance medications* up to a 90-day supply

A \$1,000 maximum copayment per person per calendar year applies. Non-Preferred brand-name medications do not apply.

- \$10 generic
- \$25 Preferred (On Medco's Preferred Drug List) brand-name medications
- \$75 Non-Preferred (Not on Medco's Preferred Drug List) brand-name medications
- \$70 for Partial Waiver of Non-Preferred Brand copayment **
- 50% Discretionary Drugs

2012

Retail Pharmacy Program for short-term use up to a 34-day supply

- \$5 generic
- \$20** Preferred (On CVS Caremark's Preferred Drug List) brand-name medications
- \$50** Non-Preferred (Not on CVS Caremark's Preferred Drug List) brand-name medications****
- \$40 for Partial Waiver of Non-Preferred Brand copayment **
- 50% Discretionary Drugs

Maintenance medications*, if refilled at a retail pharmacy** after 2nd fill

- \$10 generic
- \$40** Preferred (On CVS Caremark's Preferred Drug List) brand-name medications
- \$100** Non-Preferred (Not on CVS Caremark's Preferred Drug List) brand-name medications****
- \$70 for Partial Waiver of Non-Preferred Brand copayment ***
- 50% Discretionary Drugs

Mail Service/Maintenance Choice@*Program** for maintenance medications* up to a 90-day supply

Out-of-Pocket Maximum, per person each calendar year: \$1,000 (excluding Non-Preferred Brand-Name Medication copayments, Discretionary Drug coinsurance, and "Member Pays the Difference" differential)

- \$10 generic
- \$40** Preferred (On CVS Caremark's Preferred Drug List) brand-name medications
- \$100** Non-Preferred (Not on CVS Caremark's Preferred Drug List) brand-name medications****
- \$70 for Partial Waiver of Non-Preferred Brand copayment ***
- 50% Discretionary Drugs