

\$5.00/ \$15.00 COPAY PRESCRIPTION DRUG RIDER

This Rider is issued in conjunction with the Group's Certificate of Coverage Agreement and Prescription Drug Rider.

All definitions, terms, conditions, exclusions and limitations in the Certificate of Coverage Agreement and the Prescription Drug Rider shall remain unchanged except as provided in this Rider.

I. LIMITATIONS

- 1.01 Co-payment at an Affiliated Pharmacy:** When a prescription is filled in accordance with Section II, Authorized Benefits and Services of the Prescription Drug Rider, member shall pay the pharmacy a co-payment of \$5.00 for generic drugs and \$15.00 or 50% of Total Health Care's reimbursement, whichever is less, for brand name drugs.
- 1.02 Co-payment at an Affiliated Mail Order Pharmacy:** When a Maintenance Medication is filled in accordance with Section II, Authorized Benefits and Services, member shall pay the pharmacy a co-payment of \$10.00 for a 90 day supply of generic drugs, and \$30.00 for a 90 day supply of brand-name drugs.