

***THC-65 PRESCRIPTION DRUG RIDER***

---

This Rider is issued in conjunction with the 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 according to Authorized Benefits and Services of the Prescription Drug Rider, member shall pay the pharmacy the following co-payments:

Generic Co-pay	Preferred Brand Co-pay	Non-Preferred Brand Co-pay	Specialty
\$7.00	\$30.00	\$50.00	20% Co-insurance

**1.02 Co-payment at an Affiliated Mail Order Pharmacy:** When a Maintenance Medication is filled in accordance with Authorized Benefits and Services, member shall pay the pharmacy twice the co-payment amount listed above for a 90-day supply.

T@03