

Express Scripts

Schedule of Prescription Drug Benefits

| Drug Type | Retail 30 Day Supply | Retail 90 Day Supply | Express Scripts Mail Order |
|--------------------------|---|---------------------------------|----------------------------|
| \$0 Copay Generic Drugs* | \$0 copay for generic statins and generic oral anti-diabetic drugs | | |
| Over-the-Counter Drugs** | \$2 | \$6 | \$6 |
| Generic | The greater of: \$10 or 20% | The greater of: \$30 or 20% | \$20 |
| Preferred Brand | The greater of: \$25 or 30% | The greater of: \$70 or 30% | \$85 |
| Non-Preferred Brand | The greater of: \$50 or 40% | The greater of: \$130 or 40% | \$160 |
| Specialty | \$60 Copay with a 30-day supply limit Must be filled through Express Scripts Specialty Pharmacy, Accredo | | |

The Plan covers OTC **Nasal Sprays**: Flonase® Allergy OTC, Nasacort® Allergy 24HR, and Rhinocort OTC nasal sprays. **Non-sedating Antihistamines**: Allegra® (fexofenadine), Claritin® (loratadine), Xyzal® Allergy, Zyrtec® (cetirizine) in all forms. **Proton Pump Inhibitors**: Nexium 24HR, Prevacid 24HR, or Prilosec OTC or Zegerid OTC.

Note: Your prescription must state "OTC" on it from your doctor in order for above drugs to be covered for \$2 copay.

Mandatory Generic. If you or your prescriber request a brand drug when a generic is available, you will pay the brand copay plus the cost difference between the brand and generic.