

The amounts you are required to pay as shown below in the *Outpatient Prescription Drug Schedule of Benefits* are based on the Prescription Drug Charge for Network Benefits and the Out-of-Network Reimbursement Rate for out-of-Network Benefits. For out-of-Network Benefits, you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

Description and Supply Limits	What Is the Co-payment or Co-insurance You Pay? This May Include a Co-payment, Co-insurance or Both
	<p>For a Tier 1 Prescription Drug Product on the List of Preventive Medications: \$12.50 per Prescription Order or Refill.</p> <p>For a Tier 2 Prescription Drug Product: \$100 per Prescription Order or Refill.</p> <p>For a Tier 2 Prescription Drug Product on the List of Preventive Medications: \$12.50 per Prescription Order or Refill.</p> <p>For a Tier 3 Prescription Drug Product: \$312.50 per Prescription Order or Refill.</p> <p>For a Tier 3 Prescription Drug Product on the List of Preventive Medications: \$12.50 per Prescription Order or Refill.</p> <p>For a Tier 4 Prescription Drug Product: \$750 per Prescription Order or Refill.</p> <p>For a Tier 4 Prescription Drug Product on the List of Preventive Medications: \$12.50 per Prescription Order or Refill.</p>

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