

■ Medicare Co-pays

Express Scripts for Aetna Medicare and Paramount Elite

| | Retail (30-day supply) | Home Delivery (90-day supply) |
|---------------------------------|--|---|
| Generic | \$7.50 co-pay max. | \$15 co-pay max. |
| Preferred brand name | 25% of cost (min. \$25, max. \$100) | 25% of cost (min. \$45, max. \$200) |
| Specialty medications | 25% of cost (min. \$25, max. \$100) | 25% of cost (min. \$15, max. \$67 per 30-day supply) |
| Non-preferred brand name | No coverage | No coverage |
| Insulin Only | | |
| Preferred brand name | 25% of cost (min. \$25, max. \$30) | 25% of cost (min. \$45, max. \$60) |
| Non-preferred brand name | 25% of cost (max. \$45) | 25% of cost (max. \$115) |

PrimeTime

| | Retail (30-day supply) | Home Delivery (90-day supply) |
|---------------------------------|--|--|
| Generic | \$7.50 co-pay, max. | \$15 co-pay, max. |
| Preferred brand name | 25% of cost (min. \$25, max. \$100) | 25% of cost (min. \$45, max. \$200) |
| Non-preferred brand name | 50% of cost | 50% of cost |
| Insulin Only | | |
| Preferred brand name | \$30 co-pay | \$60 co-pay |
| Non-preferred brand name | \$45 co-pay | \$115 co-pay |

In the event of a conflict between this information and the plan documents, the plan documents prevail.

