

SPECIAL NOTICE REGARDING
REFERENCES TO PREFERRED AND NON-PREFERRED PHARMACY NETWORKS.

Effective January 1, 2016, your Schedule of Benefits is amended by the following changes.

The information under Prescription Drugs is deleted in its entirety and is replaced with the following:

Prescription Drugs

Retail Pharmacy – 30-day supply

Benefit Description	You Pay
<p><i>Tier One</i></p> <ul style="list-style-type: none"> • Low-cost generic drugs • Preferred generic drugs 	<p>Low-cost Generic: \$5 Copayment</p> <p>Preferred Generic: \$10 Copayment</p>
<p><i>Tier Two</i></p> <ul style="list-style-type: none"> • Preferred brand name drugs 	\$50 Copayment
<p><i>Tier Three</i></p> <ul style="list-style-type: none"> • Non-preferred brand name drugs • Specified high-cost generic drugs 	\$75 Copayment
<p><i>Tier Four</i></p> <ul style="list-style-type: none"> • Preferred specialty drugs • Non-preferred specialty drugs 	<p>Preferred Specialty: \$100 Copayment</p> <p>Non-preferred Specialty: \$200 Copayment</p>

Home Delivery or Extended Retail Supply Pharmacy – 90-day supply

Benefit Description	You Pay
<p><i>Tier One</i></p> <ul style="list-style-type: none"> • Low-cost generic drugs • Preferred generic drugs 	<p>Low-cost Generic: \$10 Copayment</p> <p>Preferred Generic: \$20 Copayment</p>
<p><i>Tier Two</i></p> <ul style="list-style-type: none"> • Preferred brand name drugs 	\$100 Copayment
<p><i>Tier Three</i></p> <ul style="list-style-type: none"> • Non-preferred brand name drugs • Specified high-cost generic drugs 	\$150 Copayment

Except as amended, your Schedule of Benefits remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR SCHEDULE OF BENEFITS FOR FUTURE REFERENCE.