

2014 Medicare Member Share

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|-------------------------------------|--|-------|
| Annual Individual Deductible | | \$100 |
|-------------------------------------|--|-------|

Initial Coverage Phase Member Share up to \$2850 Total Drug Spend--Part D Covered Drugs

| Tier | Drug Type | Minimum Copay | Copay | Maximum Copay |
|--------|--------------------------------|---------------|-------|---------------|
| Tier 1 | Generics | \$5 | 30% | N/A |
| Tier 2 | Brand - No Generic Available | \$5 | 30% | N/A |
| Tier 3 | Brand with Generic Equivalents | \$5 | 50% | N/A |

Coverage Gap Phase Member Share up to \$4550 Total Out-of-Pocket Expenses--Part D Covered Drugs

| Tier | Drug Type | Minimum Copay | Copay | Maximum Copay |
|--------|--------------------------------|---------------|-------|---------------|
| Tier 1 | Generics | \$5 | 30% | N/A |
| Tier 2 | Brand - No Generic Available | \$5 | 30% | N/A |
| Tier 3 | Brand with Generic Equivalents | \$5 | 47.5% | N/A |

Catastrophic Member Share--Part D Covered Drugs

| Drug Type | Minimum Copay | Copay |
|---------------|---------------|-------|
| Generic Drugs | \$2.55 | 5% |
| Brand Drugs | \$6.35 | 5% |

Exception List

Critical Care Medications--Part D and Non-Part D Covered Drugs

| Tier | Drug Type | Minimum Copay | Copay | Maximum Copay |
|------|--------------------------------|---------------|-------|---------------|
| N/A | Generics | \$5 | 30% | \$50 |
| N/A | Brand - No Generic Available | \$5 | 30% | \$50 |
| N/A | Brand with Generic Equivalents | \$5 | 50% | \$50 |

Enhanced Drug Coverage--Non-Part D Covered Drugs

| Tier | Drug Type | Minimum Copay | Copay | Deductible/OOP* |
|------|--------------------------------|---------------|-------|-----------------|
| N/A | Generics | \$5 | 30% | N/A |
| N/A | Brand - No Generic Available | \$5 | 30% | N/A |
| N/A | Brand with Generic Equivalents | \$5 | 50% | N/A |

***Non-Part D Covered Drugs Do Not Apply Toward Deductible or Out-of Pocket Accumulators**