Welcome to WellNet! The information below is a general description of your plan benefits and is not meant to be a complete list or complete description of available services. Feel free to contact WellNet at 800-727-1733 with specific questions about your program.

### Prescribed Drug Copays

<table>
<thead>
<tr>
<th></th>
<th>Retail (up to a 30-day supply)</th>
<th>Mail Service (up to a 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs</td>
<td>$10.00</td>
<td>$10.00</td>
</tr>
<tr>
<td>Performance Brand Drug</td>
<td>$25.00</td>
<td>$50.00</td>
</tr>
<tr>
<td>Non-Performance Brand Drug</td>
<td>$50.00</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

#### How The Copays Work

Your copays are based on the Performance Drug List. A copy of this list is included with your ID cards. This list includes both generic and brand name drugs. Generic drugs will take the lowest copay; brand name drugs on the list will take the middle copay. Brand name drugs NOT on the list will take the highest copay. This formulary is also available at www.WellNet.com.

### Program Details

#### Prior-Authorization

Some drugs may require Prior Authorization by your physician before they will be dispensed at the standard copay. Your physician must call Prior Authorization before you try to have your prescription filled. Please make sure that your physician has your member ID available.

**The following drugs/drug classes require Prior Authorization on this plan:**

- Accolate (for members over 17)
- Acne drugs (for members over 30)
- Actiq
- Anti-virals
- Arava
- Celebrex
- Rheumatoid Arthritis
- Erectile Dysfunction drugs
- Fentora
- Interferons
- Lamisil
- Neurontin
- Peg-Intron
- Provigil
- Sporanox
- Tracleer
- Vfend & Zyvox

#### Generic Substitution Program

Restrictive Generic Substitution – If the member selects the brand-name drug over its generic equivalent when the physician has indicated that a generic substitution is permissible, the member is responsible for paying the generic copay ($10) plus the difference in cost between the brand and the generic drug.

#### Quantity Level Limits

The following drugs have quantity limits on this plan:

- Migraine drugs – limited based on FDA guidelines for safety.
- Accutane – limited to 30 days based on FDA guidelines for safety.
- Erectile Dysfunction drugs – limited to 4 pills per 30 day supply
- Narcotic analgesics – limited based on FDA guidelines for safety.
- Injectable Drugs

#### SpecialtyRx

Some injectable drugs may have special dispensing requirements on your plan. These drugs must be purchased through the SpecialtyRx facility, a complete resource for injectable drugs and supplies. If you or your dependents are taking any injectable medications (not including insulin, Imirex or Epi-pens), please contact, or have your physician contact SpecialtyRx in order to coordinate your therapy.

**The following drugs/drug classes must be filled at SpecialtyRx on this plan:**

- Anti-virals
- Rheumatoid Arthritis drugs
- Interferons
- Peg-Intron
- Tracleer
The mail service program is designed to save you time and money on your maintenance prescriptions by providing home delivery and allowing you to purchase a 90-day supply of medication for a discounted price. Choose one of two easy ways to get started with mail order.

1) Ask your doctor to write your prescription for a 3-month supply plus refills. Fill out your mail order form, enclose the prescription(s) and mail it in.

2) Use the FastStart Mail Order program by calling 866-772-9414. Provide the representative with your name, ID, a list of your medications, your doctor’s name and number, and a credit card. The representative will call your doctor for you to get the prescription started. Note: You may wish to call your doctor ahead of time so there is no delay in processing your prescription request.

No matter which method you choose, your first prescription will arrive in approximately 10-14 days.

**DRUG COVERAGE**

The following drugs/drug classes are covered on this plan:

- Contraceptives - Oral/Transdermal/Injectable
- Diabetic Drugs and Supplies
- Erectile Dysfunction drugs
- Federal Legend Drugs (drugs which require a prescription by law)
- Migraine Agents
- Oral Nutritional Supplements
- OTC Prilosec, Claritin, and Zyrtec
- Pre-Natal Vitamins
- State controlled drugs
- Vitamins (oral dose forms)

**DRUG EXCLUSIONS**

The following drugs/drug classes are excluded on this plan:

- Allergy Serum
- Blood and Blood Plasma
- Contraceptive Devices (such as an I.U.D.)
- Cosmetic Drugs
- Fertility Drugs
- Growth Hormones
- Immunization Agents
- Injectable calcium supplements
- Injectable Drugs (unless listed as covered)
- Over-the-counter drugs, except Prilosec, Claritin, and Zyrtec
- Nicotine Replacement Products
- Weight Loss Drugs

**CLAIMS AND APPEALS**

**Claims:** If you have paid out of pocket for a prescription and require reimbursement, please submit your prescription receipts to WellNet, along with your Member ID and Group Number. WellNet will submit the claim on your behalf and get you reimbursed (minus the appropriate copay). Please fax your claims to: Claims Dept. 215-396-1764

**Appeals:** If your prescription is not covered on your drug plan, you have the right to file an appeal. Please contact WellNet at 1-800-727-1733 for instructions on how to complete the Appeal Process.

**DEPENDENT STUDENT STATUS**

Your plan provides coverage for dependents up to age 26 regardless of student status.

**WellNet – Important Phone Numbers & Addresses**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service</td>
<td>800-727-1733</td>
</tr>
<tr>
<td>General Customer Service Fax</td>
<td>215-396-1764</td>
</tr>
<tr>
<td>Appeals Fax</td>
<td>866-516-1759</td>
</tr>
<tr>
<td>Appeals Phone</td>
<td>800-727-1733 or 215-396-1111</td>
</tr>
<tr>
<td>Website</td>
<td><a href="https://www.caremark.com/wps/portal">https://www.caremark.com/wps/portal</a></td>
</tr>
<tr>
<td>Address</td>
<td>WellNet Corporate Center, 57 Street Road, Suite O, Southampton, PA 18966</td>
</tr>
</tbody>
</table>

**Caremark – Important Phone Numbers & Addresses**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer Service</td>
<td>866-885-4944</td>
</tr>
<tr>
<td>FastStart Mail Service</td>
<td>866-772-9414</td>
</tr>
<tr>
<td>Mail Service Inquiries</td>
<td>800-966-5772</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>888-413-2723</td>
</tr>
<tr>
<td>SpecialityRx</td>
<td>800-237-2767</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.caremark.com">www.Caremark.com</a></td>
</tr>
<tr>
<td>Mail Service Address</td>
<td>P.O. Box 659541, San Antonio, TX 78265-9541</td>
</tr>
</tbody>
</table>