

**COVENTRY HEALTH CARE OF DELAWARE, INC.**  
(Maryland)  
**2751 Centerville Road, Suite 400**  
Wilmington, DE 19808-1627

**PRESCRIPTION DRUG RIDER SCHEDULE OF MEMBER PAYMENTS**

**\$0/\$25/\$50 Copayments**

This Schedule of Member Payments is part of Prescription Drug Rider but does not replace it. This Rider and your Group Membership Agreement contain complete definitions, limitations and exclusions. Reading this Schedule by itself could give You an inaccurate impression of the terms of Your Prescription Drug Coverage. This Schedule must be read with the Prescription Drug Rider and your Group Membership Agreement.

The Member's financial responsibility is as follows:

**Pharmacy Deductible per Individual:** .....None

**Copayments**

Copayments for Prescription Drugs dispensed by a retail, Mail Order, or Specialty Pharmacy are as follows:

- Formulary Generic Drug .....\$0 Copayment per Prescription Order or Refill  
(\$0 Copayment per Prescription Order or Refill for a  
90 consecutive day supply for Maintenance Drugs.)
- Formulary Brand Name Drug.....\$25 Copayment per Prescription Order or Refill  
(\$50 Copayment per Prescription Order or Refill for a  
90 consecutive day supply for Maintenance Drugs.)
- Non- Formulary Drug.....\$50 Copayment per Prescription Order or Refill  
(\$100 Copayment per Prescription Order or Refill for a  
90 consecutive day supply for Maintenance Drugs.)

Self-Administered Injectable Drugs are not available by mail order.

**Annual Maximum**.....None