

<p>202 /2 Orange Plan Schedule of In-Network Benefits</p>	<p>In Network Retail Pharmacy (network does include local pharmacies other than CVS that participants may use)</p>	<p>CVS or Target Retail Pharmacy OR CVS / Caremark Mail Service Pharmacy</p>	<p>All Other In Network Retail Pharmacies*</p>
<p><b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.</p> <p><b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, as the health care provider or other from, as these drug list cost less.</p>	<p>For short term medications Up to a 30-Day Supply</p> <p>\$10 (after deductible)</p>	<p>For long-term maintenance medications <b>Up to a 90-Day Supply</b></p> <p>\$20 (after deductible)</p>	<p>Up to a 30-Day Supply Not eligible in plan; expense will be 100% employee cost (will not apply to deductible)</p>