Your prescription drug benefit pricing policy*

Retail Pharmacy service:

- You can get up to a 30-day supply of covered medication.
- You pay a $5 co-payment or 20 percent, whichever is greater, for generic drugs.
- You pay a $15 co-payment or 20 percent, whichever is greater, for plan-preferred brand-name drugs.
- You pay a $30 co-payment or 20 percent, whichever is greater, for nonpreferred brand-name drugs.
- If the medication is less than the applicable minimum co-payment, you will pay the lower medication price.
- If you purchase a brand-name drug and a generic drug is available, you will pay the applicable co-payment, plus the difference in cost between the brand-name and the generic drug.

A participating retail pharmacy is most convenient when filling your short-term prescription needs. For long term medications, you may use your retail pharmacy for the first two fills, but for subsequent refills of up to 100-day supply, it will be more economical for you to use the Medco Health Home Delivery Pharmacy.

If you choose, as of March 1, 2004, you may continue using a participating retail pharmacy for refills subsequent to the first two fills, but it may be at a higher cost. For a 30-day supply, your co-payment will increase to 35 percent or the applicable minimum co-payment, whichever is greater.

The Medco Health Home Delivery Pharmacy Service:

- You can get up to a 100-day supply of covered medication.
- You pay a $10 co-payment or 20 percent, whichever is greater, for generic drugs.
- You pay a $30 co-payment or 20 percent, whichever is greater, for plan-preferred brand-name drugs.
- You pay a $60 co-payment or 20 percent, whichever is greater, for nonpreferred brand-name drugs.
- Standard shipping and handling is free.
- If the medication is less than the applicable minimum co-payment, you will pay the lower medication price.
- If you purchase a brand-name drug and a generic drug is available, you will pay the applicable co-payment, plus the difference in cost between the brand-name and the generic drug.

Your prescription drug plan has an individual annual cap of $10,000.

Retirees have a $50 annual family deductible per calendar year.

*This information is an overview of your prescription drug benefit. Please note that benefits and co-payments are subject to change.
Medco Health Home Delivery Pharmacy Service™ Order Form

Benefits Provided by PSC-CUNY Welfare Fund

For Refills

To order from our website: www.medcohealth.com. Have your member ID number and Prescription (Rx) number on hand. You can find your member ID below, and your 12-digit Prescription or Rx number can be found on your refill slip.

To order by phone: Call 1 800 4REFILL (1 800 473-3455) to use the automated refill system. Have your member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the Patient Information Section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For All Home Delivery Orders

Place all prescriptions and refill slips together with this completed order form and your coinsurance in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at 1 866 FUNDRXS. Best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

Member Information

Member ID:
Group: PSCRX03

Name: ____________________________
Street Address: ____________________
Street Address: ____________________
City, ST, ZIP: _____________________
Daytime telephone: ____________
Evening telephone: ____________

Shipping address if different from your mailing address
Check if □Temporary □ Permanent

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, employer, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information—Complete one line for each new prescription (Do not complete for refills)

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Sex</th>
<th>Birth date</th>
<th>Doctor name and phone number</th>
<th>Does patient have any other prescription plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Self</td>
<td>M / /</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>2</td>
<td>Self</td>
<td>M / /</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>3</td>
<td>Self</td>
<td>M / /</td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order

Optional expedited shipping

$9.00 (subject to change)

Total enclosed

(Do not send cash)

Paying by Credit Card? □Visa □MC □Disc/NOVUS □AmEx □Diners

Credit Card Number

Expiration Date

Cardholder Signature

□ Check here to have all orders billed to your credit card.
By doing so, you authorize Medco Health to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your member ID on your check or money order made payable to Medco Health.

MEDCO HEALTH
PO BOX 1015
SUMMIT, NJ 07902-1015

FORM #HDO40845 (09/92)
Please take a minute to make sure...

- You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.
- You have either filled out the credit card section on the front of this order form or included a check or money order for the required coinsurance.
- You have written your member ID on any check or money order.
- The Medco Health address on the front shows through the window of the return envelope.
- You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco Health better serve your prescription drug needs.

Expedited shipping available
For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order and cannot be applied after an order is already processed.

Additional Instructions
If you elect to have this and all future orders automatically charged to your credit card by checking the box on the front or enrolling by phone, bear in mind that the automated payment plan feature will apply to all Home Delivery Pharmacy Service orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit no additional orders will be processed until the balance is paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Get more information from our website.