

**CALPERS HEALTH BENEFITS PROGRAM:  
2005 PERS Choice and PERSCare Benefit Changes  
Outpatient Prescription Drug Program**

<b>PRESCRIPTION DRUG BENEFITS</b>			
	<b>Generic</b>	<b>Preferred Brand</b>	<b>Non-Preferred Brand</b>
<b>Retail Pharmacy*</b> <i>(short-term use)</i>	\$ 5	\$15	\$45 ((\$30 if medical necessity approved))
<b>Retail Pharmacy Maintenance Medications after 2<sup>nd</sup> Fill</b> <i>(A maintenance medication taken longer than 60 days for chronic conditions.)</i>	\$10	\$25	\$75 ((\$45 if medical necessity approved))
<b>Mail Service</b> <i>(up to 90-day supply)</i> <i>A \$1,000 maximum copayment per person per calendar year applies.</i>	\$10	\$25	\$75 ((\$45 if medical necessity approved))

**\*PERSCare** *(up to 34-day supply)*, **PERS Choice** *(up to 30-day supply)*