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

### PRESCRIPTION DRUG BENEFITS

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

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