Maintenance Choice Prescription Program:
If you have a condition that requires ongoing prescription medication, you will receive the lowest total copay possible by requesting that your doctor provide a prescription for a 90-day supply of your medication. You will have the option to fill this 90-day prescription at any CVS/pharmacy or through CVS Caremark mail order, helping you save time and money! Please note: The number of 30-day fills for maintenance prescriptions at a retail pharmacy (including CVS) is limited to three. After your third 30-day fill of a maintenance prescription you will pay the higher copay. To pay the lowest copay possible, be sure to obtain a 90-day prescription from your doctor and fill via mail order or at a CVS/pharmacy.

TO GET STARTED TODAY:

BY MAIL - THROUGH THE CVS CAREMARK MAIL SERVICE PHARMACY
• Ask your doctor to fax or call in 90-day prescription(s) to the CVS Caremark Mail Service Pharmacy toll-free at (800) 378-0323 (by fax) or (800) 378-5697 (by phone).
• Visit www.caremark.com to order 90-day prescription(s) online. If you have not registered yet as a member, it takes only a few minutes to do so. Click on the “Order Prescriptions” link to get started and then click “Request a Prescription with FastStart®.”
• To receive help getting your 90-day prescription, please call CVS Caremark’s FastStart Department toll-free at (800) 875-0867.

Your prescription(s) will be mailed directly to your home. You will pay nothing for regular shipping. Please allow 10-14 days for Caremark to receive, process, and mail your order. Expedited shipping is also available at a cost.

BY RETAIL-THROUGH YOUR LOCAL CVS/PHARMACY
• Ask your doctor to call in your 90-day prescription(s) to a local CVS/pharmacy
• Call your local CVS/pharmacy to provide your prescription card information and arrange for your prescription(s) to be ready for pick up or
• Bring your 90-day prescription(s) to your local CVS/pharmacy and provide your prescription card information

<table>
<thead>
<tr>
<th>OPTIONS TO FILL 90-DAY MAINTENANCE PRESCRIPTION</th>
<th>AT CVS/PHARMACY</th>
<th>THROUGH MAIL-ORDER</th>
<th>AT RETAIL OTHER THAN CVS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drug Copay</td>
<td>$37.50</td>
<td>$37.50</td>
<td>$90 ($30.00 per month)</td>
</tr>
<tr>
<td>Preferred Brand Copay</td>
<td>$87.50</td>
<td>$87.50</td>
<td>$165.50 ($55.00 per month)</td>
</tr>
<tr>
<td>Non-Preferred Brand Copay</td>
<td>$175</td>
<td>$175</td>
<td>$315 ($105.00 per month)</td>
</tr>
</tbody>
</table>

* Three 30-day fills allowed at retail copays - $15/$35/$70, then pay higher copays listed