

**UTAH SHEET METAL - GROUP # S006**  
**PRESCRIPTION BENEFITS**

**RETAIL COPAY: Effective 1/1/2011**

**Generic:           \$10.00 or 10% (whichever is greater)**  
**Brand:            \$30.00 or 30% (whichever is greater)**  
**Non-formulary:  \$50.00 or 50% (whichever is greater)**

**MAIL ORDER COPAY (UP TO A 90- DAY SUPPLY)**

**Generic:           \$20.00**  
**Brand:            \$50.00**  
**Non-formulary:  \$75.00**

**SPECIALTY DRUG PROGRAM (UP TO A 30-DAY SUPPLY)**

**50% With a \$75 maximum copay per prescription**

**CONTACT INFORMATION**

**CVS Caremark**

**1-888-321-2597**

**[www.caremark.com](http://www.caremark.com)**

**IMPORTANT MESSAGE**

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and not intended to be used as an authorization for services to be provided. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice.