

Plan #		Retail Generic	Retail Formulary	Retail Non-Formulary	Mail Order Generic	Mail Order Formulary	Mail Order Non-Formulary	Individual Annual Deductible
<b>B</b>	<b>Co-Pays</b>	\$10	<b>GENERIC ONLY PLAN</b>		\$5	<b>GENERIC ONLY PLAN</b>		N/A
	<b>Days</b>	34			30			
<b>BW ****</b>	<b>Co-Pays</b>	\$10	<b>GENERIC ONLY PLAN</b>			<b>NO MAIL ORDER</b>		N/A
	<b>Days</b>	34						
<b>D</b>	<b>Co-Pays</b>	\$10	\$50	\$100	\$5	\$40	\$90	N/A
	<b>Days</b>	34			30			
<b>E</b>	<b>Co-Pays</b>	\$10	\$25	\$50	\$5	\$20	\$40	<b>\$150</b>
	<b>Days</b>	34			30			
<b>EW ****</b>	<b>Co-Pays</b>	\$10	\$25	\$50		<b>NO MAIL ORDER</b>		<b>\$150</b>
	<b>Days</b>	34						
<b>H *</b>	<b>Co-Pays</b>	\$10	\$25	\$50	\$5	\$20	\$40	N/A
	<b>Days</b>	34			30			
<b>HW ****</b>	<b>Co-Pays</b>	\$10	\$25	\$50		<b>NO MAIL ORDER</b>		N/A
	<b>Days</b>	34						
<b>N</b>		<b>NO PRESCRIPTION BENEFITS AT ALL</b>						
<b>S</b>		<b>APPLIED TO DEDUCTIBLE AND CO INSURANCE</b>						
<b>All RX Plans are the greater of the copays listed or 20% of the cost.</b>								
* Plan H is available on Deductibles of \$2,000 or Less								
**** Copays available at Wal-Mart Pharmacies ONLY.								