

# Liberty Health Advantage (HMO)

|                                 | Copayments for Members of Preferred Choice (HMO) 2012 |                             |                               | Copayments for Members of Dual Power (HMO SNP) 2012 |                             |                               |
|---------------------------------|---|-----------------------------|-------------------------------|---|-----------------------------|-------------------------------|
|                                 | Retail Pharmacy or Mail Order Initial Stage           |                             |                               | Retail Pharmacy or Mail Order Initial Stage         |                             |                               |
|                                 | One month supply (31 days)                            | Two months supply (62 days) | Three months supply (92 days) | One month supply (31 days)                          | Two months supply (62 days) | Three months supply (92 days) |
| Tier 1 – Preferred Generics     | \$0   | \$0                         | \$0                           | \$0 or \$1.10 or \$2.60                             | \$0 or \$2.20 or \$5.20     | \$0 or \$3.30 or \$7.80       |
| Tier 2 – Non Preferred Generics | \$10  | \$20                        | \$30                          | \$0 or \$1.10 or \$2.60                             | \$0 or \$2.20 or \$5.20     | \$0 or \$3.30 or \$7.80       |
| Tier 3 – Preferred Brand        | \$25  | \$50                        | \$75                          | \$0 or \$3.30 or \$6.50                             | \$0 or \$6.60 or \$13.00    | \$0 or \$9.90 or \$19.50      |
| Tier 4 – Non Preferred Brands   | \$50  | \$100                       | \$150                         | \$0 or \$3.30 or \$6.50                             | \$0 or \$6.60 or \$13.00    | \$0 or \$9.90 or \$19.50      |
| Tier 5 – Specialty Drugs        | 25% coinsurance                                       | 25% coinsurance             | 25% coinsurance               | \$0 or \$3.30 or \$6.50                             | \$0 or \$6.60 or \$13.00    | \$0 or \$9.90 or \$19.50      |

Liberty Health Advantage Inc. is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the New York State Medicaid program