

**Selected Benefit Descriptions  
Colorado Health Plan Description Form Addendum**

PacifiCare Life Assurance Company  
Name of Carrier

Basic & Standard Indemnity Pharmacy Plan  
Name of Plan

<b>BENEFIT</b>	<b>BENEFIT LEVEL</b>
<p>11. PRESCRIPTION DRUGS</p> <p>Level of coverage and restrictions on prescriptions</p>	<p>Participating Pharmacy and Non-Participating Pharmacy: 50% after Deductible. A 90-day supply of maintenance medications, or a three-cycle maximum of oral contraceptives, is available through the mail-order prescription pharmacy.</p> <p>For more information on the mail-order prescription drug program, or for information on drugs on our approved formulary list, call Customer Service at 1-866-316-9776.</p> <p>NOTE: PacifiCare's prescription drugs coverage relies on a framework provided by a drug formulary. Quite simply, a formulary is a list of preferred or recommended drugs that have been carefully selected by physicians and pharmacists based upon the safety and effectiveness of those drugs.</p>