



**PRESCRIPTION DRUG BENEFITS**

Program Type:

**Standard Plan:** \$5 generic \$10 Brand with \$0/\$5 mail order

**Triple Option designs- generic/preferred/brand**

- \$7/ \$20/ \$50-
- \$7/ \$15/ \$35
- \$10/ \$25/ \$50
- \$50 deductible: Available with triple option drug riders only

**III. SIGNATURE**

This Addendum forms a part of the Application between the Group and Us. In the event of a conflict between the provisions of this Addendum and the Application, the provisions of this Addendum will prevail. All other terms and conditions of the Application remain in full force and effect. Nothing contained in this Addendum will be held to vary, alter, waive, or extend any of the terms, conditions, provisions or limitations of the Application to which this Addendum is attached, other than as specifically stated herein.

Dated at: \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Print Name of Officer, Partner or Proprietor

\_\_\_\_\_  
Signature of Officer, Partner or Proprietor

\_\_\_\_\_  
Witness to Signature

**Note:** *If there are any modifications to the statements and answers given in this application (i.e., crossed out, whited-out, erased information), the applicant must attest to the modifications by giving a complete signature in the margin near the modification.*