



Schedule A-CC150

Pharmacy (“Provider”) agrees to participate in this Medco Health Solutions, Inc. (“Medco”) **Schedule A-CC150**, (“Schedule”) in accordance with the terms set forth in this Schedule, the Provider Agreement, and the Pharmacy Services Manual (collectively, the “Agreement”). Provider agrees to accept the following which has terms and reimbursement rates for providing of Covered Services to Eligible Persons as follows:

The reimbursement rate for each Covered Service dispensed shall be equal to the lowest of:

- (i) Pharmacy’s Usual and Customary Price;
- (ii) MAC (where applicable) plus a minimum dispensing fee of \$X.XX;
- (iii) Average Wholesale Price minus (-) up to XX.XXXX percent for brands plus a minimum dispensing fee of \$X.XX;
- (iv) Average Wholesale Price minus (-) up to XX percent for generics plus a minimum dispensing fee of \$X.XX
- (v) Pharmacy’s submitted ingredient cost plus a minimum dispensing fee of \$X.XX.

Notwithstanding the rates set above, Zero Balance Logic (ZBL) for minimum co-payment applies, except as may be excluded or modified by an individual Plan Sponsor. ZBL applies only for plans requiring flat or fixed dollar co-payments.

Schedule supplements and becomes part of the Agreement in effect between Provider and Medco. Provider acknowledges and agrees to maintain participation in the Schedule for the duration of Medco’s agreements with Plan Sponsors under this Schedule by signing below where indicated or by providing Covered Services in accordance herewith.

Please print name

Signature

Date

Form #: 20090009

NCPDP #: << >>

<<PHARMACY NAME>>

<<ADDRESS1>>

<<CITY>>,<<STATE>>,<<ZIP>>

NPI #:<< >>

Medco Account #: << >>