

Your Personal Prescription Benefit Program

Advantage Health Plan

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total _out of pocket_ amount you must pay before your prescription benefit plan coverage will take effect.

Your annual deductible is \$1,500 for an individual or \$3,000 for a family. Until this deductible amount is met, you will pay 100 percent for your prescriptions. Once the deductible is met, your costs will be as follows:***

	CVS/caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy For long-term medications (Up to a 90-day supply)
Where	The CVS/caremark Retail Network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and CVS/pharmacy locations. To locate a CVS/caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com or call a Customer Care representative toll-free at 1-866-236-8236.	You have the convenience of getting your long-term medications at one of our 9,600 CVS/pharmacy locations for your mail service copay. Or simply mail your original prescription and the mail service order form to CVS/caremark. Your medications will be sent directly to your home, office or a location of your choice.
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	20% for a generic prescription	20% for a generic prescription
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	20% for a preferred brand-name prescription	20% for a preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	20% for a non-preferred brand-name prescription	20% for a non-preferred brand-name prescription
Refill Limit	Up to 3 fills before transitioning to mail order/Maintenance Choice for Maintenance Medications	None
Annual Deductible	\$1,500 per individual / \$3,000 per family (combined with medical)	
Maximum Out-of-Pocket	\$3,500 per individual / \$7,000 per family (combined with medical)	
Specialty Medications	20% (30 day Max)	
Preventive Drug List	Your High Deductible Health Plan includes a Preventative Drug list. Generic medications on this list are not subject to deductible. The Preventative Drug list can be found on Caremark.com	
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
Customer Care	Visit www.caremark.com or call toll-free at 1-866-236-8236.	
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.		

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice® offers you choice and savings when it comes to filling long-term prescriptions. Now you have **two ways to save:**

CVS/caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

CVS/pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE...	THEN...
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.
To pick up at CVS/pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none">• Register or log into www.caremark.com to select a CVS/pharmacy location for pick up• Visit your local CVS/pharmacy and talk to the pharmacist• Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest
To sign up for mail service for the first time	You can do so easily online or by phone. <ul style="list-style-type: none">• Register or log into www.caremark.com, select Start a New Prescription, then click on FastStart®• Call Customer Care at 1-866-236-8236. We'll handle the rest
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS/pharmacy.

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