

Compare Your Benefits

A side-by-side comparison of the plans you selected.

Legend:



	CDHP - 1350 Coinsurance Family Plan	
Your Cost: Generic Drugs	\$10	\$5
Your Cost: Preferred Brand Drugs	25% Min \$40 Max \$120	25% Min \$20 Max \$60
Your Cost: Non-Preferred Brand Drugs	50% Min \$80 Max \$200	50% Min \$40 Max \$100
When to use	For long term medication needs (up to a 90-day supply)	For short- term medication needs (30 day supply)
Supply Limits	90-day supply	30-day supply
Getting Your Meds	1. Mail your original prescription and a completed mail service form to CVS Caremark, and have your drugs delivered directly to your home or office at no extra charge. 2. Fill your prescription at a CVS/ Pharmacy	Fill your prescription at any location in the CVS Caremark Retail Pharmacy Network.
Refill Limit	No limit	After 3rd fill copay doubles on maintenance medications
Deductible Integrated Medical/RX	\$2,700	
Maximum Out of Pocket Integrated Medical/Rx	\$5,400	