

Here's an overview of your CVS Caremark benefits.

Plan 3

If you have any questions about your prescription plan or costs, call us at 1-888-296-6955. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

Below is a brief summary of your prescription benefits. For medications taken for a short time, you may fill them at any participating retail pharmacy in our network (local pharmacies, chain pharmacies and CVS Pharmacy locations).

Your plan is based on a combined deductible of medical and prescription claims. Deductibles are the portion of covered expenses you must pay before coinsurance begins.

Your annual deductible is \$3,500 for individual coverage or \$6,850 if you are covering one or more dependents. **Until this deductible is met, you will pay 100 percent of the cost for your prescriptions.**

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)
Annual Deductible Combined with medical	\$3,500 Employee / \$6,850 Employee + Dependent(s)	
Out-of-Pocket Maximum Combined with medical	\$6,550 Employee / \$13,100 Employee + Dependent(s) Each individual capped at \$6,850	
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	20% (\$4 min / \$15 max) (after deductible)	20% (\$10 min / \$35 max) (after deductible)
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	20% (\$20 min / \$50 max) (after deductible)	20% (\$50 min / \$125 max) (after deductible)
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	20% (\$40 min / \$80 max) (after deductible)	20% (\$100 min / \$200 max) (after deductible)
Preventive Medicines	Your plan has a Preventive Drug List. For most medications on this list, you will not be required to meet a deductible and you will pay coinsurance of 20% (subject to the applicable minimum and maximum amounts). These medicines will still accumulate towards the Out-of-Pocket Maximum.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the generic copayment.

While prescriptions can be filled at many non-CVS retail pharmacies, greater savings will be realized by utilizing a CVS retail pharmacy.

573-WKL-MCV_AD_MOOP_MAB-0817

Copayment, copay or coinsurance means the amount a plan member 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 feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-296-6955.

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

© 2018 CVS Caremark. All rights reserved.

106-46657A 082718