

Your Prescription Benefit Plan Copay Overview

The UnitedHealthcare HSA Advantage 2 Plan includes prescription benefits administered by CVS/caremark and is designed to provide plan participants with choice and control of their prescription benefit dollars. This plan offers a combined medical and pharmacy deductible and out-of-pocket maximum. This means the deductible and out-of-pocket maximum can be met with a combination of medical and pharmacy claims. You can choose to use your Health Savings Account (HSA) to pay for these expenses. Your annual deductible is \$1,600 per individual; \$2,950 per EE+spouse, EE+child(ren) or \$3,200 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)
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	10% for a generic prescription	10% 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.	10% for a preferred brand-name prescription	10% for a non-preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	10% for a non-preferred brand-name prescription	10% for a non-preferred brand-name prescription
Refill Limit	One initial fill plus two refills for long-term medications at any retail pharmacy, then you must use Maintenance Choice*	None
Annual Deductible	\$1,600 per individual; \$2,950 per EE+spouse, EE+child(ren); \$3,200 per family	
Maximum Allowable Benefit	\$10,000 for Infertility Medications**	
Maximum Out-of-Pocket	\$3,100 per individual; \$4,150 per EE+spouse, EE+child(ren); \$5,200 per family	
Prior Authorization	Log on to Caremark.com or call Customer Care to find out if your medication has a quantity limit or requires prior authorization.	
Specialty Drug Refill Limit	One initial fill plus one refill, then you must use CVS/caremark Specialty Pharmacy	

*If you do not use Maintenance Choice, you will be responsible for paying 100% of the cost for a long-term prescription purchased at any retail pharmacy.

**You must enroll in the *Fertility Solutions Program* to receive services from a Designated Provider and to fill Infertility Medications under the Maximum Allowable Benefit; if you do not enroll in the program, you will be responsible for paying 100% of the cost for Infertility prescriptions purchased at any retail or specialty pharmacy.

Where to fill your prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

Short-term medications are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS/caremark retail network.

- Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,600 CVS/pharmacy locations.
- Find a participating pharmacy at www.caremark.com
Tip: To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS/caremark retail network.

Long-term medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose one of the following easy ways to start using the Maintenance Choice program:

- Bring your prescription to a CVS/pharmacy location
- Fill out and send in a mail service order form - use the one included in this welcome kit or print one at www.caremark.com
- Visit www.caremark.com/mailservice
- Call Customer Care at 1-866-329-4023

Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail customerservice@caremark.com or call toll-free at 1-866-329-4023. For TDD assistance, please call toll-free 1-800-863-5488.

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 1-866-329-4023.

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