

Plan Year	2019		2020	
Where Your Prescription is Filled:	Your copay or coinsurance*		Your copay or coinsurance*	
Mail Order through CVS Caremark or at a local CVS Retail Pharmacy**	Generic	Brand	Generic	Brand
— up to a 30-day supply	\$7	20% of cost of drug, maximum \$50	\$7	20% of cost of drug, maximum \$75
— 31 to 90-day supply	\$14	20% of cost of drug, maximum \$100	\$14	20% of cost of drug, maximum \$150
Participating (non-CVS) Retail Pharmacy**	Generic	Brand	Generic	Brand
— up to a 30-day supply	\$7	20% of cost of drug, maximum \$50	\$7	20% of cost of drug, maximum \$75
— 31 to 60-day supply	\$14	20% of cost of drug, maximum \$100	\$14	20% of cost of drug, maximum \$150
— 61 to 90-day supply	\$21	20% of cost of drug, maximum \$150	\$21	20% of cost of drug, maximum \$225
Specialty medicines from CVS Specialty Pharmacy	Generic	Brand	Generic	Brand
— up to a 30-day supply	\$7	20% of cost of drug, maximum \$50	\$7	20% of cost of drug, maximum \$75
Note: Specialty medicines must be filled through CVS Specialty Pharmacy after the initial fill at a retail pharmacy				

* If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.

** To locate CVS retail pharmacies and participating (non-CVS) retail pharmacies in your area, visit <https://info.caremark.com/fcps>.