

Prescription Benefits through CVS Caremark Fairfax County Public Schools 2020

Active Employees and Retirees/Dependents Not Eligible for Medicare and Enrolled in Aetna/Innovation Health and CareFirst BlueChoice Advantage Plans

Member Cost Sharing Changes in Yellow

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 <mark>\$75</mark>
— 31 to 90-day supply	\$14	20% of cost of drug, maximum \$100	\$14	20% of cost of drug, maximum <mark>\$150</mark>
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 <mark>\$75</mark>
— 31 to 60-day supply	\$14	20% of cost of drug, maximum \$100	\$14	20% of cost of drug, maximum <mark>\$150</mark>
— 61 to 90-day supply	\$21	20% of cost of drug, maximum \$150	\$21	20% of cost of drug, maximum <mark>\$225</mark>
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 <mark>\$75</mark>
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.

This information is provided as brief overview. For detailed plan information, go to https://info.caremark.com/fcps and view the Pharmacy Benefits Handbook.