





GP ABH Plan (Individual/Family) Benefits Summary

Legend:

	CVS Caremark Mail Service Pharmacy		Retail Program
---	---------------------------------------	---	----------------

	GP ABH Plan (Individual/Family)	
		
Your Cost: Generic Drugs	20% copay* for generic after deductible is met	20% copay for generic after deductible is met
Your Cost: Preferred Brand Drugs	20% copay for preferred brand-name after deductible is met	20% copay for preferred brand-name after deductible is met
Your Cost: Non-Preferred Brand Drugs	40% copay for non-preferred brand-name after deductible is met	40% copay for non-preferred brand-name after deductible is met
Your Cost: Preventive** Generic Drugs	\$20 copay for Preventive Generic, 90-day supply	
Your Cost: Preventive Preferred Brand Drugs	\$40 copay for Preventive Preferred Brands, 90-day supply	
Your Cost: Preventive Non-Preferred Brand Drugs	\$60 copay for Preventive Non-Preferred Brands, 90-day supply	
When to use	For long-term (up to a 90-day supply)	For short-term (34-day supply) or long-term (90-day supply***)
Getting Your Meds	Mail your original prescription and a completed mail service order form to CVS/caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/caremark Retail Pharmacy Network.
Supply Limits	90 days per fill	34 days per fill or 90 days per fill utilizing the CVS Maintenance Choice program***
Refill Limit	No Limit	No Limit
Individual Deductible	\$1,300	

Family Deductible	\$2,600
Individual Maximum Out of Pocket (Included Deductible amount)	\$3,000
Family Maximum Out of Pocket (Included Deductible amount)	\$6,000

* All references to copayment, copay or coinsurance represent the amount a member is required to pay for a prescription in accordance with the 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 the Plan. This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS/caremark.

** All references to Preventive medications refer to prescription medications included on the Preventive Medication List that have been approved by the U.S. Food and Drug Administration (FDA) for indications of a preventive nature. Based on government regulations, these medications are considered preventive and can be excluded from the annual deductible. For a detailed list of covered preventive medications, please refer to the Preventive Medication List. Please note that the Preventive Medication List is subject to periodic modification as dictated by the governing regulatory agencies therefore please reference the most updated version.

*** 90-day supply is typically utilized for maintenance medications (medications you take on a regular basis to treat chronic or long-term conditions). With the CVS Maintenance Choice program, you have the opportunity to obtain up to a 90-day supply from your local **CVS/pharmacy** location at a lower cost than if you filled three 30 day prescriptions at a network pharmacy location therefore reducing your out of pocket costs. Please consult the CVS/caremark Maintenance Drug List for medications to which the Maintenance Choice program applies. Please contact CVS/caremark for Maintenance Choice program details.