

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Base Plan

Your plan's copay information for medications filled at In-Network and Out-of-Network pharmacies is below:

	In-Network Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Out-of-Network Medications Fill at any pharmacy outside of your plan's network; Cost for up to a 30-day supply
Generic Medications Best option to help you save money	30% (\$10 max)	50%
Preferred Brand-Name Medications Best option when a generic isn't available	30% (\$200 max)	50%
Non-Preferred Brand-Name Medications Highest cost option	Not Covered, unless medically necessary. Upon approval, you will pay the above Preferred Brand coinsurance.	
Specialty Medications *limited to a 30-day supply only	30% coinsurance; \$0 copay for members enrolled in PrudentRx Program. *Please call CVS Customer Care at 1-866-490-3376 for more information on PrudentRx.	
Maximum Out-of-Pocket	\$6,500 per individual / \$13,000 per family (combined with medical out-of-pocket maximum). Once your out-of-pocket maximum is met, a \$0 copay will apply.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the generic copayment.

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Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card. Specialty pharmacy delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify. Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.



