

<b>Savers Plan cvs Caremark Retail Pharmacy Network</b>	<b>CVS Caremark Retail Pharmacy</b>	<b>CVS Caremark Mail Service Pharmacy</b>	<b>Wellness Center Locations Only</b>	<b>Wellness Center Locations Only</b>
<b>When to use</b>	For a short-term(Up to a 30 day supply)	For a long-term(Up to a 90 day supply)	For a short-term(Up to a 30 day supply)	For a long-term(Up to a 90 day supply)
<b>Where</b>	The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, and 7,100 CVS/Pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care Representative toll-free at 1-888-766-8451.	Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be delivered directly to your home, office, or location of your choice. OR Fill your 90-day prescription locally, at any CVS location.	Visit the Wellness Center to fill your prescription.	Visit the Wellness Center to fill your prescription.
<b>Generic Medications</b> Save money by asking for a generic first	<b>\$10</b> for a preventive* generic prescription at all times <b>\$10</b> for a non-preventive generic medication after the deductible is met.	<b>\$25</b> for a preventive* generic prescription at all times <b>\$25</b> for a non-preventive generic medication after the deductible is met.	<b>\$8</b> for a preventive* generic prescription at all times <b>\$8</b> for a non-preventive generic medication after the deductible is met.	<b>\$20</b> for a preventive* generic prescription at all times <b>\$20</b> for a non-preventive generic medication after the deductible is met.
<b>Preferred Brands</b> You will generally pay more for a brand-name medication.	<b>30% (\$40 min/ \$125 max)</b> for a preventive* brand prescription at all times <b>30% (\$40 min/ \$125 max)</b> for a non-preventive medication after the deductible is met	<b>30% (\$100 min/ \$312.50 max)</b> for a preventive* brand prescription at all times <b>30% (\$100 min/ \$312.50 max)</b> for a non-preventive medication after the deductible is met	<b>25% (\$30 min/ \$100 max)</b> for a preventive* brand prescription at all times <b>25% (\$30 min/ \$100 max)</b> for a non-preventive medication after the deductible is met	<b>25% (\$75 min/ \$250 max)</b> for a preventive* brand prescription at all times <b>25% (\$75 min/ \$250 max)</b> for a non-preventive medication after the deductible is met

Non-Preferred Brands	40% (\$60 min/ \$200 max) after the deductible is met	40% (\$150 min/ \$500 max) after the deductible is met	35% (\$50 min/ \$150 max) after the deductible is met	35% (\$125 min/ \$375 max) after the deductible is met
Annual Deductible			\$1,350 per individual for combined medical/pharmacy (in-network)\$2,700 per family for combined medical/pharmacy (in-network)	
Maximum Annual Out of Pocket			\$5,000 per individual for combined medical/pharmacy (in-network)\$6,850 per individual within family plan; \$10,000 family total for combined medical/pharmacy (in-network)	
Web Services			Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register have your prescription card ready.	
Customer Care			Visit www.caremark.com or call toll-free at 1-888-766-8451.	
*For a list of covered preventive medications visit www.Caremark.com/Kohls				