

2026 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.

Plan 1

Under your plan, you can save money by filling prescriptions for long-term medications (used to treat conditions like diabetes, asthma or high blood pressure) in 90-day supplies at participating pharmacies in your plan's network. If you're currently filling in 30-day supplies at a participating pharmacy or another pharmacy, you can make the change and start saving today. **You can choose to fill these prescriptions in 30-day supplies or at another pharmacy, but you will pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications	Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	20% (\$20 max) for one 30-day supply	20% (\$50 max) for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	20% (\$150 max) for one 30-day supply	20% (\$375 max) for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	20% (\$200 max) for one 30-day supply	20% (\$500 max) for one 90-day supply
Preventive Medication	Your plan has a Preventive Drug List. For most medications on this list, you will not be required to meet a deductible and you will pay coinsurance of 20%, up to the plan maximum. These medications will still accumulate towards the Out-of-Pocket Maximum.	
Annual Deductible	\$1,800 Employee only / \$3,600 Employee + Dependent(s)	
Maximum Out-of-Pocket	\$4,000 Employee only / \$8,000 Employee + Dependent(s) Each individual capped at \$7,200	

Please Note: If you choose a brand-name drug when a generic equivalent is available, you will pay the brand coinsurance plus the cost difference between the brand and generic. This extra cost won't count toward your deductible or out-of-pocket maximum.

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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 medications 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](https://caremark.com).

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