Here's an overview of your CVS Caremark benefits.

Plan 1

If you have any questions about your prescription plan or costs, call us at 1-888-296-6955. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

Below is a brief summary of your prescription benefits. For medications taken for a short time, you may fill them at any participating retail pharmacy in our network (local pharmacies, chain pharmacies and CVS Pharmacy locations).

Your plan is based on a combined deductible of medical and prescription claims. Deductibles are the portion of covered expenses you must pay before coinsurance begins.

Your annual deductible is $1,600 for individual coverage or $3,200 if you are covering one or more dependents. **Until this deductible is met, you will pay 100 percent of the cost for your prescriptions.**

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	**Long-Term Medicines** CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply)
Annual Deductible Combined with medical	$1,600 Employee only / $3,200 Employee + Dependent(s)	
Out-of-Pocket Maximum Combined with medical	$3,200 Employee only / $6,850 Employee + Dependent(s)	
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	**20% ($4 min / $15 max)** (after deductible)	**20% ($10 min / $35 max)** (after deductible)
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	**20% ($20 min / $50 max)** (after deductible)	**20% ($50 min / $125 max)** (after deductible)
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	**20% ($40 min / $80 max)** (after deductible)	**20% ($100 min / $200 max)** (after deductible)
Preventive Medicines	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% (subject to the applicable minimum and maximum amounts). These medicines will still accumulate towards the Out-of-Pocket Maximum.	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the generic copayment.

While prescriptions can be filled at many non-CVS retail pharmacies, greater savings will be realized by utilizing a CVS retail pharmacy.

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Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a 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 a Plan. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-296-6955.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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