







Compare Your Benefits

A side-by-side comparison of the plans you selected.

Legend:





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

	Plan 3: Low Premium / High Deductible 01/01/2020 – 12/31/2020		Plan 2: Medium Premium / Medium Deductible 01/01/2020 – 12/31/2020		Plan 1: High Premium / Low Deductible 01/01/2020 – 12/31/2020	
						
Your Cost: Generic Drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs
Your Cost: Preferred Brand Drugs	25% coinsurance with a \$200 maximum for preferred brand drugs	25% coinsurance for preferred brand drugs	25% coinsurance with a \$200 maximum for preferred brand drugs	25% coinsurance for preferred brand drugs	25% coinsurance with a \$200 maximum for preferred brand drugs	25% coinsurance for preferred brand drugs
Your Cost: Non-Preferred Brand Drugs	35% coinsurance with a \$200 maximum for nonpreferred brand drugs	35% coinsurance for nonpreferred brand drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs

When to use	For long-term (up to a 90day supply)	For short-term (30 day supply)	For long-term (up to a 90day supply)	For short-term (30 day supply)	For long-term (up to a 90day supply)	For short-term (30 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.	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.	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-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply
Refill Limit	No limit	2 Fills	No limit	2 Fills	No limit	2 Fills
Individual Deductible	\$3500.00	\$3500.00	\$1700.00	\$1700.00	\$150.00	\$150.00

Individual +1 Deductible	\$5250.00	\$5250.00	\$2800.00	\$2800.00	\$200.00	\$200.00
Family Deductible	\$6750.00	\$6750.00	\$3400.00	\$3400.00	\$250.00	\$250.00
Individual Maximum Out of Pocket	\$6500.00	\$6500.00	\$4000.00	\$6000.00	\$2000.00	\$2000.00
Individual +1 Maximum Out of Pocket	\$9750.00	\$9750.00	\$8000.00	\$8000.00	\$3000.00	\$3000.00
Family Maximum Out of Pocket	\$13000.00	\$13000.00	\$11000.00	\$11000.00	\$4000.00	\$4000.00







	<u>Sunnyvale Premium Plan</u> 01/01/2020 – 12/31/2020		<u>Sunnyvale Value Plan</u> 01/01/2020 – 12/31/2020	
				
Your Cost: Generic Drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs

Your Cost: Preferred Brand Drugs	20% coinsurance with a \$200 maximum for preferred brand drugs	20% coinsurance for preferred brand drugs	20% coinsurance with a \$200 maximum for preferred brand drugs	20% coinsurance for preferred brand drugs
---	--	---	--	---

Your Cost: Non-Preferred Brand Drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs
When to use	For long-term (up to a 90day supply)	For short- term (30 day supply)	For long-term (up to a 90day supply)	For short- term (30 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.	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-day supply	30-day supply	90-day supply	30-day supply
Refill Limit	No limit	2 Fills	No limit	2 Fills
Individual Deductible	N/A	N/A	\$1700.00	\$1700.00
Individual +1 Deductible	N/A	N/A	\$2800.00	\$2800.00
Family Deductible	N/A	N/A	\$3300.00	\$3300.00
Individual Maximum Out of Pocket	\$3000.00	\$3000.00	\$6000.00	\$6000.00
Individual +1 Maximum Out of Pocket	\$4500.00	\$4500.00	\$9000.00	\$9000.00

Family Maximum Out of Pocket	\$6000.00	\$6000.00	\$12000.00	\$12000.00
-------------------------------------	-----------	-----------	------------	------------

	<u>Baltimore Union Value Plan 01/01/2020 – 12/31/2020</u>		<u>Baltimore Union Premium Plan 01/01/2020 – 12/31/2020</u>		<u>Baltimore Union Premium Plus Plan 01/01/2020 – 12/31/2020</u>	
						
Your Cost: Generic Drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs	20% coinsurance with a \$200 maximum for generics drugs	20% coinsurance for generics drugs
Your Cost: Preferred Brand Drugs	20% coinsurance with a \$200 maximum for preferred brand drugs	20% coinsurance for preferred brand drugs	20% coinsurance with a \$200 maximum for preferred brand drugs	20% coinsurance for preferred brand drugs	20% coinsurance with a \$200 maximum for preferred brand drugs	20% coinsurance for preferred brand drugs
Your Cost: Non-Preferred Brand Drugs	35% coinsurance with a \$200 maximum for nonpreferred brand drugs	35% coinsurance for nonpreferred brand drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs	35% coinsurance with a \$200 maximum for non-preferred brand drugs	35% coinsurance for nonpreferred brand drugs
When to use	For long-term (up to a 90day supply)	For short-term (30 day supply)	For long-term (up to a 90day supply)	For short-term (30 day supply)	For long-term (up to a 90day supply)	For short-term (30 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.	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.	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-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply
Refill Limit	No limit	2 Fills	No limit	2 Fills	No limit	2 Fills
Individual Deductible	\$1700.00	\$1700.00	N/A	N/A	N/A	N/A
Individual +1 Deductible	\$2800.00	\$2800.00	N/A	N/A	N/A	N/A

Family Deductible	\$3300.00	\$3300.00	N/A	N/A	N/A	N/A
Individual Maximum Out of Pocket	\$6000.00	\$6000.00	\$5000.00	\$5000.00	\$4000.00	\$4000.00
Individual +1 Maximum Out of Pocket	\$9000.00	\$9000.00	\$7500.00	\$7500.00	\$6000.00	\$6000.00
Family Maximum Out of Pocket	\$12000.00	\$12000.00	\$10000.00	\$10000.00	\$8000.00	\$8000.00

*Copayment, copay or coinsurance means the amount a 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.

This page contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.