

# 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.

## Northrop Grumman

	Value Plan: Low Premium / High Deductible		Premium Plan: Medium Premium / Medium Deductible		Premium Plus Plan: High Premium / Low Deductible	
	Short-Term Medications	Long-Term Medications	Short-Term Medications	Long-Term Medications	Short-Term Medications	Long-Term Medications
	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply
Your Cost: Generic Drugs	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum
Your Cost: Preferred Brand Drugs	25% coinsurance	25% coinsurance/ \$200 maximum	25% coinsurance	25% coinsurance/ \$200 maximum	25% coinsurance	25% coinsurance/ \$200 maximum
Your Cost: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance/ \$200 maximum	35% coinsurance	35% coinsurance/ \$200 maximum	35% coinsurance	35% coinsurance/ \$200 maximum
Refill Limit	None	One initial fill plus one refill	None	One initial fill plus one refill	None	One initial fill plus one refill
Specialty Medications	25% coinsurance/ \$400 maximum		25% coinsurance/ \$400 maximum		25% coinsurance/ \$400 maximum	
Individual Deductible	\$3,500	\$3,500	\$1,700	\$1,700	\$150	\$150
Individual +1 Deductible	\$5,250	\$5,250	\$3,300	\$3,300	\$200	\$200
Family Deductible	\$6,750	\$6,750	\$3,400	\$3,400	\$250	\$250
Individual Maximum Out-of-Pocket	\$6,500	\$6,500	\$4,000	\$4,000	\$2,000	\$2,000
Individual +1 Maximum Out-of-Pocket	\$9,750	\$9,750	\$6,000	\$6,000	\$3,000	\$3,000
Family Maximum Out-of-Pocket	\$13,000	\$13,000	\$8,000	\$8,000	\$4,000	\$4,000

Getting Your Meds

You can fill your medication at any pharmacy in your network.  
CVS Caremark® Mail Service Pharmacy can deliver 90-day supplies of medications you take regularly to your door.

## Register today at Caremark.com/StartNow


**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



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	Sunnyvale Premium Plan		Sunnyvale Value Plan	
	Short-Term Medications Up to a 30-day supply	Long-Term Medications Up to a 90-day supply	Short-Term Medications Up to a 30-day supply	Long-Term Medications Up to a 90-day supply
Your Cost: Generic Drugs	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum
Your Cost: Preferred Brand Drugs	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum
Your Cost: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance/ \$200 maximum	35% coinsurance	35% coinsurance/ \$200 maximum
Refill Limit	None	One initial fill plus one refill	None	One initial fill plus one refill
Specialty Medications	20% coinsurance/ \$200 maximum		20% coinsurance/ \$200 maximum	
Individual Deductible	N/A	N/A	\$1,700	\$1,700
Individual +1 Deductible	N/A	N/A	\$3,300	\$3,300
Family Deductible	N/A	N/A	\$3,500	\$3,500
Individual Maximum Out-of-Pocket	\$3,000	\$3,000	\$6,000	\$6,000
Individual +1 Maximum Out-of-Pocket	\$4,500	\$4,500	\$9,000	\$9,000
Family Maximum Out-of-Pocket	\$6,000	\$6,000	\$12,000	\$12,000

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	Baltimore Value Plan		Baltimore Premium Plan		Baltimore Premium Plus Plan	
	Short-Term Medications	Long-Term Medications	Short-Term Medications	Long-Term Medications	Short-Term Medications	Long-Term Medications
	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply	Up to a 30-day supply	Up to a 90-day supply
Your Cost: Generic Drugs	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum
Your Cost: Preferred Brand Drugs	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum	20% coinsurance	20% coinsurance/ \$200 maximum
Your Cost: Non-Preferred Brand Drugs	35% coinsurance	35% coinsurance/ \$200 maximum	35% coinsurance	35% coinsurance/ \$200 maximum	35% coinsurance	35% coinsurance/ \$200 maximum
Refill Limit	None	One initial fill plus one refill	None	One initial fill plus one refill	None	One initial fill plus one refill
Specialty Medications	20% coinsurance/ \$200 maximum		20% coinsurance/ \$200 maximum		20% coinsurance/ \$200 maximum	
Individual Deductible	\$1,700	\$1,700	N/A	N/A	N/A	N/A
Individual +1 Deductible	\$3,300	\$3,300	N/A	N/A	N/A	N/A
Family Deductible	\$3,300	\$3,300	N/A	N/A	N/A	N/A
Individual Maximum Out-of-Pocket	\$6,000	\$6,000	\$5,000	\$5,000	\$4,000	\$4,000
Individual +1 Maximum Out-of-Pocket	\$9,000	\$9,000	\$7,500	\$7,500	\$6,000	\$6,000
Family Maximum Out-of-Pocket	\$12,000	\$12,000	\$10,000	\$10,000	\$8,000	\$8,000

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