Maintenance Choice/Mail: 20% with a $200.00 maximum copay for generics
Maintenance Choice/Mail: 25% with a $200.00 maximum copay for preferred brand-name
Maintenance Choice/Mail: 35% with a $200.00 maximum copay for non-preferred brand-name drugs

Retail: 20% coinsurance for generics
Retail: 20% coinsurance for preferred brand-name
Retail: 35% coinsurance for non-preferred brand-name drugs
Refill Limit: 2 Fills

Specialty Drugs: 25% with a $400.00 Maximum copay. Limited to 30 days supply.

Mail service for long-term medicines (up to a 90-day supply), and retail service for short-term medicines (usually 30-60 day supplies or less)

**Annual Deductible:** $150 per individual / $200 individual + 1 / $250 per family

**Maximum Out-of-Pocket:** $5,500 per individual / $8,000 individual + 1 / $11,000 per family combined with medical

More than 60,000 pharmacies in the CVS/Caremark network

Choose mail service or a CVS/pharmacy to fill your long-term maintenance medications. You will pay the same copay either way. Your copay may increase if you use another retail pharmacy.

You usually pay less for your prescriptions when you use generic or preferred brand drugs. Nonpreferred brand drugs may cost you more.

Some medications require prior approval (or prior authorization) from your doctor before CVS/Caremark can fill and cover your prescriptions.