

Plan Summary



Health Benefits

Together, we are working toward a healthier community.

SLEOLA Plan – Effective January 1, 2024

Welcome to your new prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and State of Maryland are confident you will find value with your new prescription benefit program.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 90-day supply)	Long-Term Medicines CVS Caremark Mail Service Pharmacy network (Up to a 90-day supply)	
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$5 for up to a 45-day supply of a generic medicine	\$10 for a 46-90-day supply of a generic medicine	\$10 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$15 for up to a 45-day supply of a preferred brand-name medicine	\$30 for a 46-90-day supply of a preferred brand-name medicine	\$20 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$25 for up to a 45-day supply of a non-preferred brand-name medicine	\$50 for a 46-90-day supply of a non-preferred brand-name medicine	\$20 for a non-preferred brand-name medicine
Maximum Out-of-Pocket	\$700 per individual / \$700 per family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment. This difference is not counted towards your out of pocket maximum.

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. 106-52041N 080122

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Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

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 CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

