STATE EMPLOYEES' PRESCRIPTION DRUG PLAN

» HIGH DEDUCTIBLE HEALTH PLAN HMO OPTION - Effective January 1st, 2022 »

Welcome to the State Employees' Prescription Drug Plan administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money. The following is a brief summary of your prescription benefits, including details about your prescription benefit plan, which offers two ways for you to save on your maintenance medications. CVS Caremark and the State of Florida are confident you will find value with your prescription benefit program.

	For short-term medications 30-day supply **Participating Retail Pharmacy**	For maintenance medications 90-day supply **Mail Service Pharmacy or Participating 90-Day Maintenance at Retail Pharmacy**
Maximum Supply	Up to a **30-day** supply	Up to a **90-day** supply
When to Use / Where to Refill	For a short-term medication such as antibiotics, fill a 30-day supply at a retail pharmacy participating in the CVS Caremark network. Our network includes more than 59,000 pharmacies nationwide, including chain pharmacies and 20,000 independent pharmacies.	For maintenance medications that are taken regularly for chronic conditions such as high blood pressure, asthma, diabetes or high cholesterol, this Plan offers you choice and ways to save by filling a 90-day supply thru: **CVS Caremark Mail Service Pharmacy** » Enjoy convenient home delivery » Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging » Talk to a pharmacist by phone **OR** **90-Day Maintenance at Retail:** » Pick up your maintenance medication at a time that is convenient for you » Enjoy same-day prescription availability » Talk with a pharmacist face-to-face
Cost to You	Generic Medications[1] **30%** Preferred Brand-Name Medications[2] **30%** Non-Preferred Brand-Name Medications[3] **50%**	Generic Medications[1] **30%** Preferred Brand-Name Medications[2] **30%** Non-Preferred Brand-Name Medications[3] **50%**
Annual Deductible	**$1,400 per individual • $2,800 per family** (Combined Pharmacy and Medical)	
Annual Coinsurance Maximum	**$1,600 per individual • $3,200 per family** (Combined Pharmacy and Medical)	
Global In-Network Out-of-Pocket Maximum	**$3,000 per individual • $6,000 per family** (Combined Pharmacy and Medical)	
Web Services	**—Caremark.com/sofrxplan** for general RX Plan information **—Caremark.com** register and log in for personal information	
Customer Care	Toll-free at 1-888-766-5490.	

[1] Ask your doctor or other prescriber if there is a generic available, as these generally cost less.

[2] If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from the preferred drug list.

[3] You will pay the most for medications not on the preferred drug list.

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 brand copayment. Caremark.com/sofrxplan is your pre-enrollment site where you can access your prescription drug plan's co pay information, preferred drug list, maintenance medication drug list and information about the Plan. You can easily order refills and manage your prescriptions anytime at Caremark.com;registration and log-in required.

This is only a summary of benefits; refer to your Benefit Document or Certificate of Coverage for a more detailed description of the benefits covered under your Plan.