

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.

HSA Plan

Under your Maintenance Choice Plan, prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) must be filled in 30-day supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 90-day supplies or at any other pharmacy, your medications won't be covered, and you'll have to pay the entire cost.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications	Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	10% (\$10 min / \$20 max) for one 30-day supply	% (\$20 min / 40 max) for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	20% (\$20 min / \$50 max max) for one 30-day supply	% (\$ 40 min / \$ 10 0 max) for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	40% (\$40 min / \$100 max) for one 30-day supply	40% (\$ 80 min / \$ 20 0 max) for one 90-day supply
Refill Limit	None	None
Specialty Medications	30-day supply only (must meet deductible) Generic Medications: 10% (\$10 min/\$20 max) Preferred Brand-Name Medications: 20% (\$20 min/ \$50 max) Non-Preferred Brand-Name Medication: 40% (\$40 min/ \$100 max)	
Annual Deductible	\$1,600 per individual / \$3,200 individual + one / \$3,800 for family	
Maximum Out-of-Pocket	\$4,000 per individual / \$ 6,500 individual + one / \$ 6,750 for family	

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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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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.

