

## Your Prescription Benefit Plan Copay Overview

### Base Plan and Buy Up

	<b>CVS/caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>CVS/caremark Retail-90 Pharmacy</b> For short-term medications (Up to a 90-day supply)	<b>CVS/caremark Mail Service Pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Your Copay</b>	<b>\$5</b> copay for generic (Tier 1) <b>\$35</b> copay for preferred brand-name (Tier 2) <b>\$55</b> copay for non-preferred brand-name (Tier 3)	<b>\$12.50</b> copay for generic (Tier 1) <b>\$87.50</b> copay for preferred brand-name (Tier 2) <b>\$137.50</b> for non-preferred brand-name (Tier 3)	<b>\$10</b> copay for generic (Tier 1) <b>\$70</b> copay for preferred brand-name (Tier 2) <b>\$110</b> for non-preferred brand-name (Tier 3)
<b>Specialty Self-Injectable Medications 30-Day Supply</b>	<b>\$65 for preferred specialty medications</b>		

### Where to fill your prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

**Short-term medications** are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS/caremark retail network.

- Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,600 CVS/pharmacy locations.
- Find a participating pharmacy at [www.caremark.com](http://www.caremark.com)

**Tip:** To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS/caremark retail network.

**Long-term medications** are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose one of the following easy ways to start using the CVS/caremark Retail-90 program:

1. Bring your prescription to a CVS/caremark Retail-90 Pharmacy
2. Fill out and send in a mail service order form – use the one included in this welcome kit or print one at [www.caremark.com](http://www.caremark.com)
3. Visit [www.caremark.com/mailservice](http://www.caremark.com/mailservice)
4. Call Customer Care at 1-877-456-0109

### Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail [customerservice@caremark.com](mailto:customerservice@caremark.com) or call toll-free at 1-877-456-0109. For TDD assistance, please call toll-free 1-800-863-5488.

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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.