

# Your Prescription Benefit Plan Copay Overview

## High Deductible Health Plan

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total “out of pocket” amount you must pay before your prescription benefit plan coverage will take effect. Your annual deductible is \$1,750 for an individual / \$3,500 for a family combined medical/prescription per calendar year. **Until this deductible amount is met, you will pay 100 percent for your prescriptions.**

Once the deductible is met, your costs will be as follows:

	<b>CVS/caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>CVS/caremark Retail-90 Pharmacy or CVS/caremark Mail Service Pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Your Copay</b>	<b>20% or a \$5 minimum-whichever is greater-</b> for each prescription AFTER deductible is met	
<b>Annual Deductible</b>	\$1,750 for an individual / \$3,500 for a family combined medical/prescription per calendar year	
<b>Maximum Out-of-Pocket</b>	\$4,500 for an individual / \$9,000 for a family combined medical/prescription per calendar year	

## 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.