



Prescription Benefits Summary

\$1000 Deductible Plan

Your annual prescription drug deductible is \$100 for an individual or \$300 for a family.

Until this deductible amount is met, you will pay 100% for your prescriptions.

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. We can help any time after your plan starts. For TDD assistance please call 1-800-863-5488.

	CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to a 90-day supply)
Tier 1 Medicines Always ask your doctor if there's a generic option available. It could save you money.	You pay \$10 (after Rx deductible)	You pay \$25 (after Rx deductible)
Tier 2 Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	You pay \$30 (after Rx deductible)	You pay \$75 (after Rx deductible)
Tier 3 Medicines Drugs that aren't on your plan's preferred list will cost more.	You pay \$50 (after Rx deductible)	You pay \$125 (after Rx deductible)
Preventive Medicines	Your plan includes a Generics Only Preventive Drug Therapy List. Generic medications on this list are not subject to the deductible and are available at a \$5 / \$10 / \$50 copay at retail and at mail for a \$12.50 / \$37.50 / \$125 copay. You can access the Preventive Drugs Therapy List on Caremark.com.	

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 feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.