

# Here's an overview of your CVS Caremark benefits.

## PPO Plan

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

	<b>Short-Term Medicines</b>		<b>Long-Term Medicines</b>
	CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)		CVS Caremark Mail Service Pharmacy, CVS Pharmacy Locations, or Falcon Health Center (Up to a 90-day supply)
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>\$10</b> for one 30-day supply of a generic medicine	<b>\$30</b> for three 30-day supplies of a generic medicine	<b>\$20</b> for a generic medicine
<b>Preferred Brand-Name Medicines</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>20% (\$100 max)</b> for one 30-day supply of a preferred brand-name medicine	<b>20% (\$300 max)</b> for three 30-day supplies of a preferred brand-name medicine	<b>20% (\$300 max)</b> for a preferred brand-name medicine
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>40% (\$125 max)</b> for one 30-day supply of a non-preferred brand-name medicine	<b>40% (\$375 max)</b> for three 30-day supplies of a non-preferred brand-name medicine	<b>40% (\$375 max)</b> for a non-preferred brand-name medicine
<b>Erectile Dysfunction and Infertility Medications</b>	100% coinsurance		
<b>ACA Mandated Contraceptives</b>	\$0 for ACA mandated contraceptive drugs and devices		
<b>Maximum Out-of-Pocket</b>	\$6,650 per individual / \$12,550 per family		

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.

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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. 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.