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

## Family HSA Plan B & C

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.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	Long-Term Medicines CVS Caremark Mail Service Pharmacy, CVS Pharmacy Locations, or Falcon Health Center (Up to a 90-day supply)
Generic Medicines 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	10% for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>10%</b> for one 30-day supply of a preferred brand-name medicine	10% for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	<b>10%</b> for one 30-day supply of a non-preferred brand-name medicine	10% for a non-preferred brand-name medicine
Erectile Dysfunction, Infertility and Contraceptives	100% coinsurance  Does not apply to deductible and maximum out-of-pocket	
Oral Contraceptives	\$0 at Falcon Health Center Pharmacy or through CVS/caremark Mail Service Pharmacy (generic and single source brands)	
Annual Deductible (Combined with Medical)	\$4,000 per family (Family must meet entire deductible before benefits apply to any individual)	
Maximum Out-of-Pocket	\$6,750 per individual / \$8,000 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.