

# 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.

	<b>Short-Term Medicines</b> CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	<b>Long-Term Medicines</b> 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>10%</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>10%</b> for one 30-day supply of a preferred brand-name medicine	<b>10%</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>10%</b> for one 30-day supply of a non-preferred brand-name medicine	<b>10%</b> for a non-preferred brand-name medicine
<b>Erectile Dysfunction, Infertility and Contraceptives</b>		<b>100% coinsurance</b> Does not apply to deductible and maximum out-of-pocket
<b>Oral Contraceptives</b>		<b>\$0</b> at Falcon Health Center Pharmacy or through CVS/caremark Mail Service Pharmacy (generic and single source brands)
<b>Annual Deductible (Combined with Medical)</b>	<b>\$4,000</b> per family (Family must meet entire deductible before benefits apply to any individual)	
<b>Maximum Out-of-Pocket</b>	<b>\$6,750</b> per individual / <b>\$8,000</b> 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.