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.

<table>
<thead>
<tr>
<th>Short-Term Medicines</th>
<th>Long-Term Medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)</td>
<td>CVS Caremark Mail Service Pharmacy, CVS Pharmacy Locations, or Falcon Health Center (Up to a 90-day supply)</td>
</tr>
</tbody>
</table>

**Generic Medicines**
Always ask your doctor if there’s a generic option available. It could save you money.

- **$10** for one 30-day supply of a generic medicine
- **$30** for three 30-day supplies of a generic medicine
- **$20** 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.

- **20% ($100 max)** for one 30-day supply of a preferred brand-name medicine
- **20% ($300 max)** for three 30-day supplies of a preferred brand-name medicine
- **20% ($300 max)** for a preferred brand-name medicine

**Non-Preferred Brand-Name Medicines**
Drugs that aren’t on your plan’s preferred list will cost more.

- **40% ($125 max)** for one 30-day supply of a non-preferred brand-name medicine
- **40% ($375 max)** for three 30-day supplies of a non-preferred brand-name medicine
- **40% ($375 max)** for a non-preferred brand-name medicine

**Erectile Dysfunction and Infertility Medications**

- 100% coinsurance

**ACA Mandated Contraceptives**

- **$0** for ACA mandated contraceptive drugs and devices

**Maximum Out-of-Pocket**

- **$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.

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 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.

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