

Here's an overview of your CVS Caremark benefits.

If you have any questions about your prescription plan or costs, call us at 1-866-246-7207. We can help anytime 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)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$10 for a generic medicine	\$25 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.	\$30 for a preferred brand-name medicine	\$75 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$50 for a non-preferred brand-name medicine	\$125 for a non-preferred brand-name medicine
Maximum Out-of-Pocket	\$2,000 per individual / \$4,000 per family (combined with medical)	

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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 1-866-246-7207. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.