

Your Prescription Benefit Plan Copay/Coinsurance Summary

Promise HealthSavings/No Promise HealthSavings CDHP

This chart is a guide to how much you will pay for medications based on:

1. **Length of prescription.** Short-term medications are generally taken for 30 to 90 days. If you are taking a long-term medication, you will pay less by ordering in 90-day supplies. This prescription benefit plan lets you choose to receive your long-term prescriptions at either a CVS/caremark Retail-90 Pharmacy or through the CVS Caremark Mail Service Pharmacy for the same low copay/coinsurance.
2. **Type of medication you are taking.** You will generally pay less for a generic or preferred brand-name medication.

| | CVS/caremark Retail Pharmacy Network | CVS Caremark Mail Service Pharmacy or CVS/caremark Retail-90 Pharmacy |
|--|--|--|
| | For short-term medications (Up to a 30-day supply) | For long-term medications (Up to a 90-day supply) |
| Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less. | 20% after deductible is met for a generic prescription | 20% after deductible is met for a generic prescription |
| Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list. | 20% after deductible is met for a preferred brand-name prescription | 20% after deductible is met for a preferred brand-name prescription |
| Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list. | 20% after deductible is met for a non-preferred brand-name prescription | 20% after deductible is met for a non-preferred brand-name prescription |
| Refill Limit | None | None |
| Specialty Medications | 20% after deductible is met for a generic prescription 20% after deductible is met for a preferred brand-name prescription 20% after deductible is met for a non-preferred brand-name prescription A 30-day supply limit applies to all, and members must obtain specialty medications from a CVS Caremark Specialty Network pharmacy. | |
| Durable Medical Equipment | 20% after deductible is met *** (e.g. ostomy supplies, elastic bandages, peak flow meters, aerochambers) | |
| Annual Deductible (Combined with medical) | \$1,500 Individual, \$3,000 Family (Once deductible amount is met, above copays/coinsurance apply) | |
| Maximum Out-of-Pocket | \$2,500 Individual, \$5,000 Family (Combined with medical) | |

*Different cost-share will apply at an out-of-network pharmacy. You will be asked to pay 100% of cost. If you file a claim reimbursement, you will still be responsible for the regular copay plus any amount exceeding the maximum allowable plan charge.

**Certain pharmacies participate in a "mail at retail" program that will allow up to a 90-day supply for the mail copay.

*****CVS/caremark Prescription Card:** Members can fill prescriptions for durable medical equipment at a participating network pharmacy using their CVS/caremark card. Members will pay the applicable coinsurance for their health plan option and this WILL NOT be subject to the MEDICAL (BCBST/Cigna) deductible or applied to the out-of-pocket maximum.

*****BCBST or Cigna Card:** Members can purchase durable medical equipment at a participating medical supply vendor using their BCBST or Cigna card. Members will pay the applicable coinsurance for their health plan option and this WILL be subject to the MEDICAL (BCBST/Cigna) deductible and/or applied to the out-of-pocket maximum.

To order a short-term medication:

Prescriptions with limited refills can be ordered at a CVS/caremark Network Retail Pharmacy. Remember to use a participating retail pharmacy when available. There are more than 67,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,300 CVS/pharmacy locations. Find one near you at info.caremark.com/stateoftn.

Want to avoid filling out claims paperwork? Be sure to bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS/caremark retail network.

To order a long-term medication:

If you are taking a long-term medication, you can choose to receive your 90-day supplies either from CVS Caremark Mail Service Pharmacy or at a CVS/caremark Retail-90 Pharmacy near you. Whether you choose mail or retail, you will pay the same copay.

- To order 90-day supplies through CVS Caremark Mail Service, send in a mail order form one is included here, visit www.caremark.com/faststart, or call FastStart toll-free at 1-800-875-0867.
- To order 90-day supplies at a CVS/caremark Retail-90 Pharmacy, stop by and talk to the pharmacist.
- Plan members who fill a 90 day supply of their medication through the CVS Caremark Mail Order pharmacy may now spread their copayment or coinsurance in an equal amount over a 3 month period if they choose to do so. To enroll in the installment program, please contact CVS Caremark Mail Order at 1-877-522-8679. This program only applies to mail order and not to prescriptions filled at a retail pharmacy or any specialty prescription regardless of where filled.

Customer Care

If you have any questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail customerservice@caremark.com or call toll-free at 1-877-522-8679.

Telecommunications Device (TDD)

If you have a hearing impairment and need TDD assistance, please call toll-free 1-800-863-5488.