

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

## CDHP / HSA

Your annual deductible is the amount that each covered individual must pay out of pocket before the plan will begin covering any prescription drug costs. **Until this deductible amount is met, you will pay 100% for your prescriptions.** If you have any questions about your prescription plan or costs, call us at 1-877-522-8679 or visit [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn). We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	<b>Up to 30-day supply</b> (typically short term meds) CVS Caremark Retail Pharmacy Network	<b>31-90-day supply</b> (typically long term meds) CVS Caremark Mail Service or CVS Caremark Retail-90 Pharmacy network	<b>Maintenance medications</b> (mail order or Retail 90)
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>20%</b> for a generic medicine (after deductible)	<b>20%</b> for a generic medicine (after deductible)	<b>10%</b> without having to meet the deductible
<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>20%</b> for a preferred brand-name medicine (after deductible)	<b>20%</b> for a preferred brand-name medicine (after deductible)	<b>10%</b> without having to meet the deductible
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>20%</b> for a non-preferred brand-name medicine (after deductible)	<b>20%</b> for a non-preferred brand-name medicine (after deductible)	<b>10%</b> without having to meet the deductible
<b>Refill Limit</b>	None	None	
<b>Specialty Medicines</b>	20% coinsurance (after deductible)		
<b>Annual Deductible</b>	\$1,500 per individual - \$3,000 per family		
<b>Maximum Out-of-Pocket</b>	\$2,500 per individual - \$5,000 per family		

**Tip: Work with your pharmacist and doctor to change your long term medications to 90 day prescriptions and save on your coinsurance. Find a participating Retail-90 pharmacy at [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) in the Network lists box.**

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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 1-877-522-8679. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.