

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

## Standard PPO

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>\$14</b> for a generic medicine	<b>\$28</b> for a generic medicine	<b>\$14</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>\$50</b> for a preferred brand-name medicine	<b>\$100</b> for a preferred brand-name medicine	<b>\$50</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>\$100</b> for a non-preferred brand-name medicine	<b>\$200</b> for a non-preferred brand-name medicine	<b>\$180</b> for a non-preferred brand-name medicine
<b>Refill Limit</b>	None	None	
<b>Specialty Medicines</b>	10% coinsurance \$50 minimum, \$150 maximum A 30-day supply limit applies to all, and members must obtain specialty medications from a CVS Caremark Specialty Network Pharmacy.		
<b>Maximum Out-of-Pocket</b>	\$4,000 per individual - \$10,000 per family / \$6,000 EE+CHILD(REN) - \$8,000 EE+SPOUSE		

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

7529-WKL-HD\_RETAIL\_90\_SP\_MOOP\_STANDARD-0818

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.