

## Premier 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>Short-Term Medications</b>	<b>Long-Term Medications</b>	<b>Maintenance Medications</b>
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network or CVS Caremark Mail Service Pharmacy; Cost for up to a 31-90-day supply	(mail order or Retail 90)
<b>Generic Medications</b> Best option to help you save money	<b>\$7</b> for one 30-day supply	<b>\$14</b> for one 31-90-day supply	<b>\$7</b> for a generic medication
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>\$40</b> for one 30-day supply	<b>\$80</b> for one 31-90-day supply	<b>\$40</b> for a preferred brand-name medication
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>\$90</b> for one 30-day supply	<b>\$180</b> for one 31-90-day supply	<b>\$160</b> for a non-preferred brand-name medication
<b>Refill Limit</b>	None	None	
<b>Specialty Medications</b>	Tier 1 generics - 20% coinsurance; minimum \$100, \$200 maximum. Tier 2 preferred and non-preferred brands - 30% coinsurance; minimum \$200, \$400 maximum. A 30-day supply limit applies to all and members must obtain specialty medications at a CVS Caremark Specialty Network Pharmacy.		
<b>Maximum Out-of-Pocket</b>	\$3,600 per individual - \$9,000 per family/ \$5,400 EE+CHILD(REN) - \$7,200 EE+SPOUSE		

**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. Plan Member Rights and Responsibilities can be found at [Caremark.com](http://Caremark.com).

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