

Your Prescription Benefit Plan

Copay/Coinsurance Summary

HealthSavings CDHP

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

- 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.
- 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.	30% after deductible is met for a generic prescription	30% 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.	30% after deductible is met for a preferred brand-name prescription	30% 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.	30% after deductible is met for a non-preferred brand-name prescription	30% after deductible is met for a non-preferred brand-name prescription
Refill Limit	None	None
Specialty Medications	30% after deductible is met for a generic prescription 30% after deductible is met for a preferred brand-name prescription 30% 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	30% after deductible is met *** (e.g. ostomy supplies, elastic bandages, peak flow meters, aerochambers)	
Annual Deductible	\$1,500 Individual, \$3,000 Family (Once deductible amount is met, above copays/coinsurance apply)	
Maximum Out-of-Pocket	\$3,800 Individual, \$7,600 Family (Combined with medical)	

* No single individual will be required to pay more than \$6,850 out-of-pocket.