Your Prescription Benefit Plan Copay Overview

CPM p1 0007; PWSM p1 0011; CPM p1 0052

Generic drugs help you avoid paying more than you have to for your prescriptions. Your plan asks you to **try a generic first** to treat your condition. Otherwise, you may be required to pay the full cost for certain brand-name medications. The chart below summarizes your copay amounts.

	CVS Caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	**Maintenance Choice** **CVS Caremark Mail Service Pharmacy or CVS/Pharmacy** 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.	**$5** for a generic prescription	**$10** 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.	**$15** for a preferred brand-name prescription	**$30** 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** for a non-preferred brand-name prescription	**$60** for a non-preferred brand-name prescription
Maximum Allowable Benefit	Smoking Cessation products are limited to 14 consecutive weeks per calendar year	Not covered
Refill Limit	One initial fill plus one refill for maintenance medications, then you must use Caremark Mail Service	None
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the brand copayment.		

Please Note

- If you have taken a generic alternative for these brand-name medications previously, you may not be required to try a generic medication.
- Your cost will be higher if you have not tried a generic medication in the same drug class within the past 24 months.

Where to fill your prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

Short-term medications are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS Caremark retail network.

- Choose from more than 67,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,400 CVS/pharmacy locations.
- Find a participating pharmacy at www.caremark.com

Tip: To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS Caremark retail network.

Long-term medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose **one** of three easy ways to start using the CVS Caremark Mail Service Pharmacy:

1. Fill out and send in a mail service order form – use the one included in this welcome kit or print one at www.caremark.com
2. Use the FastStart® tool found on www.caremark.com
3. Call FastStart toll-free at 1-800-875-0867

Customer Care

If you have 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 1-888-790-8070. For TDD assistance, please call toll-free 1-800-863-5488.

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 privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.