



Here's an overview of your CVS Caremark benefits.

Welcome to your new prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and Washington Suburban Sanitary Commission are confident you will find value with your new prescription benefit program.

	Short-Term Medicines	Long-Term Medicines
	CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	CVS Caremark Mail Service Pharmacy (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$10 for generic medication	\$10 for generic medication
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$20 for preferred brands	\$20 for preferred brands
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$35 for non-preferred brands	\$35 for non-preferred brands
	Two grace fills for maintenance medications before fee is applied. Specialty prescriptions are limited	
Refill Limit	to a 30-day supply.	None
Specialty Medicines	\$10 generic, \$20 brand, \$35 non-preferred brands	
Maximum Allowable Benefit	\$25,000 Fertility	
Deductible	\$50	

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.

*Your plan includes the PrudentRx program for specialty medications. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturers' discount copay cards/assistance programs. When enrolled in PrudentRx, your out-of-pocket cost will be \$0 for medications included on the PrudentRx specialty drug list. If you opt out, you will be responsible for the 30% coinsurance (only the amount you pay out-of-pocket will apply toward your DED/OOP for essential health benefit medications - non-essential health benefit medications do not apply toward DED/OOP).

Copayment, copay or coinsurance means the amount a plan participant 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.

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