

# Prescription Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

## CDHP/HSA Plan

July 1, 2025

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan.

	<b>Short-Term Medications</b> Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	<b>Long-Term Medications</b> Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
<b>Where</b>	Your plan's network includes independent pharmacies, chain pharmacies, and retail locations. To locate a participating pharmacy in your network, go to Caremark.com or call Customer Care at 1-855-271-6598.	You may receive your long-term medications at select participating pharmacies in your plan's network or through mail order service. Your medications will be sent to a location of your choice.
<b>Generic Medications</b> Best option to help you save money	<b>\$10 (after deductible)</b> for one 30-day supply	<b>\$20 (after deductible)</b> for one 90-day supply
<b>Preferred Brand-Name Medications</b> Best option when a generic isn't available	<b>25% (after deductible)</b> for one 30-day supply	<b>25% (after deductible)</b> for one 90-day supply
<b>Non-Preferred Brand-Name Medications</b> Highest cost option	<b>35% (after deductible)</b> for one 30-day supply	<b>35% (after deductible)</b> for one 90-day supply
<b>Specialty Medications</b> Specialty medications can be used to treat both chronic and acute conditions, many of which are genetic and rare (Cystic Fibrosis, Rheumatoid Arthritis, Oncology, Hemophilia). These products are dispensed from a specialty pharmacy and are often much more costly than traditional medications.	Your plan includes the PrudentRx Copay Program for specialty medications. This program is designed to lower your out-of-pocket costs when filling a non-essential medication by assisting you with enrollment in drug manufacturers copay card assistance programs. <ul style="list-style-type: none"> <li>When enrolled in the PrudentRx Copay Program and filling a covered medication, your coinsurance lowers to \$0 after the deductible. Costs incurred for covered PrudentRx medications during the deductible phase do not apply to the Maximum Out-of-Pocket.</li> <li>When filling a medication not available at participating pharmacies in your plan's network, and therefore not part of the PrudentRx Copay Program, you pay a \$150 copay per fill after the deductible.</li> <li>If you choose not to enroll in the PrudentRx Copay Program for which there is a manufacturer discount copay card available, you pay 30% of the cost of the medication after the deductible.</li> <li>Medications considered an Essential Health Benefit are excluded from the Prudent Rx Copay Program and you pay the respective tier coinsurance after the deductible.</li> </ul>	
<b>Preventive Drug</b>	Drugs on the Preventive Drug List are not subject to your annual deductible. You are only responsible for the drug copay/coinsurance. Your copay/coinsurance does not count toward your annual deductible but does count toward your out-of-pocket maximum.	
<b>Annual Deductible</b> Medical and Prescription claims combined	<b>\$2,000</b> per employee only coverage / <b>\$4,000</b> per family coverage	
<b>Maximum Out-of-Pocket</b> Medical and Prescription claims combined	<b>\$4,000</b> per employee only coverage / <b>\$8,000</b> per family coverage	
<b>Contraceptives Coverage</b>	Covered within respective tier level	
<b>Fertility Maximum Allowable Benefit</b>	\$15,000 individual lifetime	

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.

**Creditable Coverage:** If you are covered by one of the Hologic prescription drug plans, coverage is, on average, at least as good as standard Medicare prescription drug coverage for this plan year. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

A	B	C	D	Brand-Name	Generic
Brand-Name Medication Cost	Generic Equivalent Cost	Cost Differential Between A - B = C	Brand-Name Copay	If you choose the Brand-Name Medication, you will pay C + D =	If you choose the Generic Medication
\$200	\$90	\$110	\$40	\$110 + \$40 = \$150	\$10

Example for illustrative purposes only. In the above example, according to your plan, you would pay \$150 for the brand-name medication or your \$10 copay for the generic equivalent. In addition, the cost differential of \$110 would not count toward your out-of-pocket maximum when filling the brand-name medication.

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**Oklahoma:** Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card.

Specialty pharmacy delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify.

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

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