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.

HDHP Option B

Under your plan, prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) must be filled in 90-day supplies at select participating pharmacies in your plan's network. To ensure coverage, these prescriptions must be filled as directed. **After three fills of the same medication, switch to 90-day supplies to continue having refills covered under your plan. Continued 30-day fills won't be covered, and you'll pay the full cost of the medication.** Short-term medications (like antibiotics) can be filled at any participating pharmacy in your plan's network.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	**Long-Term Medications** Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	**$5 (after deductible)** for one 30-day supply	**$10 (after deductible)** for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**35% coinsurance ($200 max) (after deductible)** for one 30-day supply	**35% coinsurance ($400 max) (after deductible)** for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**100% coinsurance (after deductible)** for one 30-day supply	**100% coinsurance (after deductible)** for one 90-day supply
Limits on Medication Fills*	After three fills of the same medication, you will need to change to a 90-day supply. Otherwise, additional fills won't be covered under your plan, and you'll pay the full cost.	
Specialty Medications**	$100 for a specialty medication	
Annual Deductible	$2,000 per individual / $4,000 per family (combined with medical)	
Maximum Out-of-Pocket	$4,000 per individual / $8,000 per family (combined with medical)	

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

*You'll need to fill these medications in 90-day supplies at a select participating pharmacy. If you fill them at another pharmacy, or in 30-day supplies, your medications won't be covered and you'll pay the full cost unless you opt out**. If you want to keep filling your prescriptions at your current pharmacy in 30-day supplies without paying the full cost, you can call the number on your member ID card to opt out once your new plan starts. If you opt out during the plan year, you will need to opt out again when your plan benefits renew.**

****Your plan includes the PrudentRx solution for certain eligible specialty medication.** If you are participating in the PrudentRx program, you will have a final out-of-pocket responsibility of 30% cost share for medications on the PrudentRx Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the applicable plan member cost share.

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Residents of certain states may not be eligible to participate in the Maintenance Choice program or may have a version which is modified to comply with applicable state laws. CVS Caremark does not administer all programs in all states.

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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