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.

Carnegie OPT B ACTIVES

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** for one 30-day supply	**$10** for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**35% coinsurance ($200 max)** for one 30-day supply	**35% coinsurance ($400 max)** for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**100% coinsurance** for one 30-day supply	**100% coinsurance** 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	
Maximum Out-of-Pocket	$3,300 per individual / $6,600 per family	

*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.

5806-WKL2-MANDATORY_MOOP-0926

Register today at Caremark.com/StartNow

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.

This communication is being sent by CVS Caremark on behalf of your health and/or pharmacy benefit plan sponsor ("Plan Sponsor"). CVS Caremark disclaims liability to the fullest extent of the law for any treatment decisions made as a result of this information. All benefit decisions, including any changes to coverage or cost-sharing, are made solely by your Plan Sponsor. CVS Caremark does not determine the scope or design of benefit coverage; those decisions are made by the Plan Sponsor. CVS Caremark serves exclusively as the administrator of pharmacy benefits for the Plan Sponsor.

This document may contain references to brand-name prescription medications that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.com

©2026 CVS Health and/or one of its affiliates. All rights reserved. 106-52786C 042926

CVS caremark®