

# Here's an overview of your CVS Caremark Benefits

## MABT MV HDHP – 1/1/2026

Visit [caremark.com](https://www.caremark.com) to access plan materials, price medications and locate pharmacies. If you have further questions about your prescription plan or costs, please call 1-888-202-1654. For TDD assistance, please call 1-800-863-5488.

|   | <b>Short-Term Medicines</b><br>CVS Caremark Retail<br>Pharmacy Network<br>(Up to a 30-day supply)  | <b>Long-Term Medicines</b><br>CVS Caremark Mail Service<br>Pharmacy or CVS Pharmacy<br>Locations<br>(Up to a 90-day supply) |
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| <b>Generic Medicines</b><br>Always ask your doctor if there's a generic option available. It could save you money.  | <b>30% after deductible</b> for a generic medicine   | <b>30% after deductible</b> for a generic medicine  |
| <b>Preferred Brand-Name Medicines</b><br>If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list. | <b>30% after deductible</b> for a preferred brand-name medicine  | <b>30% after deductible</b> for a preferred brand-name medicine   |
| <b>Non-Preferred Brand-Name Medicines</b><br>Drugs that aren't on your plan's preferred list will cost more.  | <b>30% after deductible</b> for a non-preferred brand-name medicine  | <b>30% after deductible</b> for a non-preferred brand-name medicine   |
| <b>Refill Limit</b>   | <b>None</b>  | <b>None</b>   |
| <b>Annual Deductible</b>  | <b>\$4,000 per individual / \$8,000 per family (combined with medical)</b>   |   |
| <b>Maximum Out-of-Pocket</b>  | <b>6,350 per individual / \$12,700 per family (combined with medical)</b>  |   |
| <b>Specialty Medicines</b>  | Specialty medications are required to be filled through CVS Specialty Mail Order Pharmacy or at a retail CVS/pharmacy. Please contact Customer Care toll-free at 1-888-202-1654 for questions or to get started today.               |   |
| <b>Prior Authorization</b>  | Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit <a href="https://www.caremark.com">www.caremark.com</a> for verification of prior authorization requirements. |   |

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 feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Members Rights and Responsibilities at [www.caremark.com](https://www.caremark.com). Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.