

# Here's an overview of your CVS Caremark Benefits

## Miami East PPO – 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) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Generic Medicines</b><br>Always ask your doctor if there's a generic option available. It could save you money.                                        | <b>\$10</b> for a generic medicine                                                                                                                                                                                                                                             | <b>\$10</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>\$20</b> for a preferred brand-name medicine                                                                                                                                                                                                                                | <b>\$20</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</b> for a non-preferred brand-name medicine                                                                                                                                                                                                                            | <b>\$30</b> for a non-preferred brand-name medicine                                                                         |
| <b>Refill Limit</b>                                                                                                                                       | <b>None</b>                                                                                                                                                                                                                                                                    | <b>None</b>                                                                                                                 |
| <b>Maximum Out-of-Pocket</b>                                                                                                                              | <b>\$3,000 per individual / \$6,000 per family</b>                                                                                                                                                                                                                             |                                                                                                                             |
| <b>Specialty Medicines</b>                                                                                                                                | <b>\$30% coinsurance OR \$0 copay with PrudentRx</b><br>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).

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