## Here's an overview of your CVS Caremark Benefits

## Miamisburg PPO - 1/1/2026

Visit <u>caremark.com</u> 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.

|   | Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)  | Long-Term Medicines CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a 90-day supply) |
|---|--|--|
| Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.  | \$10 for a generic medicine  | \$20 for a generic medicine  |
| Preferred Brand-Name Medicines 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>\$30</b> for a preferred brand-name medicine  |
| Non-Preferred Brand-Name<br>Medicines<br>Drugs that aren't on your plan's<br>preferred list will cost more.                                     | \$35 for a non-preferred brand-name medicine   | \$45 for a non-preferred brand-name medicine   |
| Refill Limit  | None   | None   |
| Maximum Out-of-Pocket   | \$3,000 per individual / \$6,000 per family  |  |
| Specialty Medicines   | \$30% coinsurance OR \$0 copay with PrudentRx 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. |  |
| Prior Authorization   | Certain medications may require prior authorization. Please contact Customer Care toll-free at 1-888-202-1654 or visit www.caremark.com 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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information