Here's an overview of your CVS Caremark Benefits

MABT HDHP – 1/1/2027

Visit **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.

	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.	**$0 after deductible** for a generic medicine	**$0 after deductible** 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.	**$0 after deductible** for a preferred brand-name medicine	**$0 after deductible** for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	**$0 after deductible** for a non-preferred brand-name medicine	**$0 after deductible** for a non-preferred brand-name medicine
Refill Limit	**None**	**None**
Annual Deductible	**$3,500 per individual / $5,600 per family (combined with medical)**	
Maximum Out-of-Pocket	**$3,500 per individual / $5,600 per family (combined with medical)**	
Specialty Medicines	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