

## Prescription Plan Grid

CVS Caremark	For members enrolled in: PPO 2		For members enrolled in: Advantage		For members enrolled in: Advantage Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible 7/1-6/30</b>	None		10/20/30 copay after HDHP deductible has been met			
<b>Annual Out-of-Pocket Maximum 7/1-6/30</b>	\$2,000 per member \$4,000 for two or more members		<b>Note:</b> <ul style="list-style-type: none"> <li>Included in Medical/Total Out-of-Pocket maximum</li> </ul>			
<b>34-Day Supply (Retail)</b>						
<b>Generic Preventive Medication</b>	0% copay	0% copay	0% copay	0% copay	0% copay	0% copay
<b>Preferred Generic</b>	10% copay	50% copay	10% copay	50% copay	10% copay	50% copay
<b>Preferred Brand</b>	20% copay	50% copay	20% copay	50% copay	20% copay	50% copay
<b>Non-Preferred Brand</b>	30% copay	50% copay	30% copay	50% copay	30% copay	50% copay

<b>Step Therapy Program</b>	Step therapy requires you to try a specific medication first before another medication will be covered. For many conditions, more than one medication option is available or clinical guidelines recommend that you use a specific medication before trying another option. Certain maintenance medications require step therapy. For details, see the <a href="#">CVS Caremark Performance Drug List</a>
<b>Mail Order Available</b>	Toll free access to mail service pharmacy is available at 1-888-796-8687.
<b>Drug Exclusions</b>	Experimental drugs, appetite suppressants, anorexiant (weight control), Rogaine, over-the-counter products, devices and implants, any drug not FDA approved, drugs used for cosmetic purposes, fertility agents, legend multivitamins and supplemental agents.
<b>Prior Authorization</b>	Prior authorization is an approval process that does require medications be authorized before they can be covered. A prior authorization makes sure that you're getting the right medication for your condition. It may also help keep costs lower so you don't overpay. For details, see <a href="#">CVS Caremark Medications requiring PA</a>
<b>Specialty Medications</b>	Specialty medications such as infusion, injection or orally taken medications to treat chronic or rare conditions must be prior authorized and can be filled only by the CVS Caremark Specialty Pharmacy. For details, see <a href="http://www.CVSspecialty.com">www.CVSspecialty.com</a> or call specialty customer service at 800-237-2767. <a href="#">CVS Specialty Drug List</a>
<b>Prudent Rx (specialty coupon program)</b>	Participating PPO2 members will have a \$0 out of pocket cost on eligible specialty medications. Members enrolled in a HDHP must fully satisfy their deductible before they are eligible for 0% copay. For details, see <a href="#">PrudentRx FAQ</a>
<b>Preventive Drugs</b>	100% covered when prescribed by physician, no deductible. <a href="#">CVS Caremark Preventive Drug List</a>
<b>Vaccines</b>	Zero copay for seasonal and non-seasonal at in-network participating pharmacies.
<b>Restrictions</b>	Growth hormones, Biotech, and genetically engineered drugs are restricted. If medically necessary, subject to pre-authorization process.

Login at [www.caremark.com](http://www.caremark.com) click on Plan & Benefits and Check Drug Cost & Coverage for more details on specific prescriptions or call CVS Caremark customer service at 888-796-8687.