

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

Step Therapy Program	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 CVS Caremark Performance Drug List
Mail Order Available	Toll free access to mail service pharmacy is available at 1-888-796-8687.
Drug Exclusions	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.
Prior Authorization	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 CVS Caremark Medications requiring PA
Specialty Medications	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 www.CVSspecialty.com or call specialty customer service at 800-237-2767. CVS Specialty Drug List
Prudent Rx (specialty coupon program)	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 PrudentRx FAQ
Preventive Drugs	100% covered when prescribed by physician, no deductible. CVS Caremark Preventive Drug List
Vaccines	Zero copay for seasonal and non-seasonal at in-network participating pharmacies.
Restrictions	Growth hormones, Biotech, and genetically engineered drugs are restricted. If medically necessary, subject to pre-authorization process.

Login at 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.

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