

Maintenance Choice/Mail: 20% with a \$200.00 maximum copay for generics

Maintenance Choice/Mail: 25% with a \$200.00 maximum copay for preferred brand-name

Maintenance Choice/Mail: 35% with a \$200.00 maximum copay for non-preferred brand-name drugs

Retail: 20% coinsurance for generics

Retail: 20% coinsurance for preferred brand-name

Retail: 35% coinsurance for non-preferred brand-name drugs

Refill Limit: 2 Fills

Specialty Drugs: 25% with a \$400.00 Maximum copay. Limited to 30 days supply.

Mail service for long-term medicines (up to a 90-day supply), and retail service for short-term medicines (usually 30-60 day supplies or less)

More than 60,000 pharmacies in the CVS/Caremark network

Choose mail service or a CVS/pharmacy to fill your long-term maintenance medications. You will pay the same copay either way. Your copay may increase if you use another retail pharmacy.

You usually pay less for your prescriptions when you use generic or preferred brand drugs. Nonpreferred brand drugs may cost you more.

Some medications require prior approval (or prior authorization) from your doctor before CVS/Caremark can fill and cover your prescriptions.