## Here's an overview of your CVS Caremark benefits.

#### Aetna High Deductible with HSA

Welcome to your prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and STARR are confident you will find value with your new prescription benefit program.

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total "out of pocket" spending required by you before prescription benefits are paid. Your annual deductible is \$2,000 for an individual or \$4,000 for a family. Until this deductible is met, you will pay 100 percent for your prescriptions.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a 30-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.	<b>\$10</b> for a generic medicine (after deductible)	<b>\$25</b> for a generic medicine (after deductible)
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>\$45</b> for a preferred brand-name medicine (after deductible)	<b>\$112.50</b> for a preferred brand-name medicine (after deductible)
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>\$65</b> for a non-preferred brand-name medicine (after deductible)	<b>\$162.50</b> for a non-preferred brand-name medicine (after deductible)
Refill Limit	2 fills on long-term medications	None
Annual Deductible	\$2,000 per individual / \$4,000 per family combined with medical	
Maximum Out-of-Pocket	\$4,000 per individual / \$7,350 per family combined with medical	
Specialty Medicines	Members with HSAs: (i) for drugs listed on the plan's HDHP Preventive Drug List, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution; and (ii) for all other drugs, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution after the member's deductible has been satisfied <b>Specialty Care Team:</b> 1-800-237-2767 <b>PrudentRx:</b> 1-800-578-4403	
Preventive Medicines	Your health plan comes with a preventive drug list. Medications on this list bypass deductible and are available at a \$0 copay. You can access the preventive drug list on Caremark.com	

Copayment, copay or coinsurance means the amount a plan participant 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 privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



# **Use Maintenance Choice to Fill Your**

# **Long-Term Medications**

Maintenance Choice offers you choice and savings when it comes to filling long-term prescriptions. Now you have **two ways to save**:

### **CVS Caremark Mail Service Pharmacy:**

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

#### **CVS Pharmacy:**

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

### **To Get Started**

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE	THEN	
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.	
To pick up at CVS Pharmacy	<ul> <li>Please let us know.</li> <li>You can do so quickly and easily. Choose the option that works best for you:</li> <li>Register or log into www.caremark.com to select a CVS Pharmacy location for pick up</li> <li>Visit your local CVS Pharmacy and talk to the pharmacist</li> <li>Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest</li> </ul>	
To sign up for mail service for the first time	<ul> <li>You can do so easily online or by phone.</li> <li>Register or log into www.caremark.com, select Request a new prescription</li> <li>Call Customer Care at 1-877-465-0153. We'll handle the rest</li> </ul>	
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.	

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS Pharmacy.

406-SML-SUM\_HD\_MCHOICE\_AD\_MOOP\_PM-1022

