

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. 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 your prescription benefits are paid. Your annual deductible is \$2,000 per individual / \$4,000 per family (combined with medical). Until this deductible is met, you will pay 100 percent for your prescriptions.

	Short-Term Medications	Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for up to a 90-day supply
Generic Medications Always ask your doctor if there's a generic option available. It could save you money.	\$20 for a generic medicine (after deductible)	\$50 for a generic medicine (after deductible)
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$60 for a preferred brand-name medicine (after deductible)	\$150 for a preferred brand-name medicine (after deductible)
Non-Preferred Brand-Name Medications Drugs that aren't on your plan's preferred drug list will cost more.	\$80 for a non-preferred brand-name medicine (after deductible)	\$200 for a non-preferred brand-name medicine (after deductible)
Refill Limit	2 fills on long-term medications	None
Specialty Medications	\$120 for SpecialtyRx copay (does not apply to drugs on PrudentRx list)	
Preventive Medications	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.	
Annual Deductible	\$2,000 per individual / \$4,000 per family (combined with medical)	
Maximum Out-of-Pocket	\$4,000 per individual / \$8,000 per family (combined with medical)	

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.

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Register today at [Caremark.com/StartNow](https://caremark.com/StartNow)

Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card. Specialty pharmacy delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medications may not qualify.

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

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