

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Under your plan, you can fill up to 31-day supply of short-term medications (such as antibiotics for acute or temporary conditions) at any retail pharmacy within your plan's network. For long-term maintenance medications* (used to treat conditions like diabetes, asthma, or high blood pressure), a 90-day supply must be filled through designated network options, which includes onsite pharmacies and approved mail service providers.

	Short-Term Medications	Long-Term Medications*
	Acute or Temporary Conditions Fill at any pharmacy in your plan's network; Cost for up to a 31-day supply	Maintenance for Chronic Conditions Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	\$10 for one 31-day supply	\$20 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$40 for one 31-day supply	\$100 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$80 for one 31-day supply	\$200 for one 90-day supply
Specialty Medications	Generic: \$200 Preferred Brand-Name: \$200 Non-Preferred Brand-Name: \$400 PrudentRx Eligible drugs: \$0 with PrudentRx enrollment required	
Annual Deductible	\$100 per individual for brand medication, not integrated with Medical	
Maximum Out-of-Pocket	Integrated with your Medical Out of Pocket Maximum	

25BZ-WKL2-NEW_2023_MANDATORY_AD_MOOP-1123

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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](https://www.caremark.com).

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