

# Medical Options for 2022

## PRESCRIPTION DRUG

### Maintenance Prescriptions

Maintenance prescription drugs must be filled through the CVS mail order program or at a local CVS pharmacy. You may have up to three grace fills on your current prescriptions before this rule takes effect.

The plan covers three 30-day fills of medications you take regularly at any pharmacy in the CVS network. After that, you can choose to have 90-day supplies of your long-term medications delivered by CVS Caremark Mail Service Pharmacy or pick them up at any CVS Pharmacy (including those inside Target stores).

After three fills, you can continue to receive 30-day supplies of long-term medications at any network pharmacy. You must first contact CVS at the number on your prescription card to opt out of 90-day refills or the program.

### Healthy Tip

Keep a list of your medications and update it when something changes. Include everything – prescriptions, non-prescriptions, herbal remedies, supplements, over-the-counter drugs, even vitamins – and the dosages. This information can help the doctor screen for drug interactions. Share the list with your family.

**Questions?** Visit [caremark.com](https://www.caremark.com) or call CVS using the number on the back of your member ID card.

PRESCRIPTION DRUG (RX) COVERAGE	HSA Options		HRA Option
	\$1,500/\$3,000 Option	\$2,500/\$5,000 Option	
<b>Annual Rx Deductible, In-Network</b>			
You Only	Included in medical deductible		\$200
Family			\$400
<b>Coinsurance/Copay Maximum, In-Network</b>			
You Only	Included in medical out-of-pocket maximum		\$2,000 (excludes Rx deductible)
Family			\$4,000 (excludes Rx deductible)
<b>Retail up to 30-day supply</b>		<b>In-Network, Per Prescription Fill, YOU PAY</b>	
<b>Value/Preventive Generic</b>		\$5 copay, no deductible	\$5 copay, no deductible
<b>All Other Generic</b>		20% after annual option deductible	\$10 copay, no deductible
<b>Preferred Brand Name*</b>		20%, up to \$75 max per Rx after annual option deductible	30%, up to \$100 max per Rx after Rx deductible
<b>Non-Preferred Brand Name*</b>		20%, up to \$120 max per Rx after annual option deductible	40%, up to \$120 max per Rx after Rx deductible
<b>Mail Order up to 90-day supply</b>		<b>In-Network, Per Prescription Fill, YOU PAY</b>	
<b>Value/Preventive Generic</b>		\$10 copay, no deductible	\$10 copay, no deductible
<b>All Other Generic</b>		20% after annual option deductible	\$20 copay, no deductible
<b>Preferred Brand Name*</b>		20%, up to \$150 max per Rx after annual option deductible	30%, up to \$200 max per Rx after Rx deductible
<b>Non-Preferred Brand Name*</b>		20%, up to \$240 max per Rx after annual option deductible	40%, up to \$240 max per Rx after Rx deductible
<b>Lifetime Maximum Rx Benefits</b>		Unlimited	

\* If you are taking a brand prescription with a generic equivalent and do not switch to the generic, you will pay the generic copay, plus the difference between the price of the generic and brand name drug.