

Local CDHP / HSA

Your annual deductible is the amount that each covered individual must pay out of pocket before the plan will begin covering any prescription drug costs. **Until this deductible amount is met, you will pay 100% for your prescriptions.** If you have any questions about your prescription plan or costs, call us at 1-877-522-8679 or visit info.caremark.com/stateoftn. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medications	Long-Term Medications	Maintenance 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 or CVS Caremark Mail Service Pharmacy; Cost for up to a 31-90-day supply	(mail order or Retail 90)
Generic Medications Best option to help you save money	30% for one 30-day supply (after deductible)	30% for one 31-90-day supply (after deductible)	20% without having to meet the deductible
Preferred Brand-Name Medications Best option when a generic isn't available	30% for one 30-day supply (after deductible)	30% for one 31-90-day supply (after deductible)	20% without having to meet the deductible
Non-Preferred Brand-Name Medications Highest cost option	30% for one 30-day supply (after deductible)	30% for one 31-90-day supply (after deductible)	20% without having to meet the deductible
Refill Limit	None	None	
Specialty Medications	30% coinsurance (after deductible)		
Annual Deductible	\$2,000 per individual - \$4,000 per family		
Maximum Out-of-Pocket	\$5,000 per individual - \$10,000 per family		

Tip: Work with your pharmacist and doctor to change your long term medications to 90 day prescriptions and save on your coinsurance. Find a participating Retail-90 pharmacy at info.caremark.com/stateoftn in the Network lists box.

7529-WKL2-NEW_2022_RETAIL90_AD_MOOP-0822



Copayment, copay or coinsurance means the amount a plan member 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.

Plan Member Rights and Responsibilities can be found at Caremark.com.

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