

Caremark High & Standard Option Prescription Plans *At-a-Glance*

<p>Where / how</p>	<p>Retail Pharmacy Network To purchase up to a 30-day supply of a short-term medication, use your Caremark member ID card at over 64,000 participating retail pharmacies (e.g., a CVS, Target, Giant, Safeway, Walgreens or Walmart pharmacy).</p> <p>Maintenance Choice® To purchase up to a 90-day supply of a maintenance medication, use your Caremark member ID card at one of the 7,100 CVS/pharmacy retail locations <u>or</u> use Caremark’s Mail Service Pharmacy.</p> <p>Important: If you fill a 30-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you pay the copayment <i>plus</i> the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this, submit a 90-day script with 3 refills through Maintenance Choice (either at a CVS/pharmacy retail location or through mail service).</p>								
<p>High Option \$4 / \$8 Plan Copayments <i>IAFF & MCGEO</i></p>	<table border="0"> <tr> <td>Generic drugs:</td> <td>\$4</td> </tr> <tr> <td>Brand name drugs with no generic:</td> <td>\$4</td> </tr> <tr> <td>Brand name drugs that have a generic:</td> <td>\$8, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$4 <i>plus</i> the difference between the brand name and generic drug costs.)</td> </tr> </table>	Generic drugs:	\$4	Brand name drugs with no generic:	\$4	Brand name drugs that have a generic:	\$8, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$4 <i>plus</i> the difference between the brand name and generic drug costs.)		
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<p>High Option \$5 / \$10 Plan Copayments <i>Unrepresented and, FOP and retirees</i></p>	<table border="0"> <tr> <td>Generic drugs:</td> <td>\$5</td> </tr> <tr> <td>Brand name drugs with no generic:</td> <td>\$5</td> </tr> <tr> <td>Brand name drugs that have a generic:</td> <td>\$10, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$5 <i>plus</i> the difference between the brand name and generic drug costs.)</td> </tr> </table>	Generic drugs:	\$5	Brand name drugs with no generic:	\$5	Brand name drugs that have a generic:	\$10, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$5 <i>plus</i> the difference between the brand name and generic drug costs.)		
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<p>Standard Option Plan Copayments</p> <p>➤➤➤ This Plan has an annual deductible of \$50 per individual or family.</p>	<table border="0"> <tr> <td>Generic drugs:</td> <td>\$10</td> </tr> <tr> <td>Brand name PDL[Ⓛ] drugs with no generic:</td> <td>\$20</td> </tr> <tr> <td>Brand name non-PDL[Ⓛ] drugs with no generic:</td> <td>\$35</td> </tr> <tr> <td>Brand name drugs that have a generic available:</td> <td>\$20 or \$35, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$10 <i>plus</i> the difference between the brand name and generic drug costs.)</td> </tr> </table>	Generic drugs:	\$10	Brand name PDL [Ⓛ] drugs with no generic:	\$20	Brand name non-PDL [Ⓛ] drugs with no generic:	\$35	Brand name drugs that have a generic available:	\$20 or \$35, if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$10 <i>plus</i> the difference between the brand name and generic drug costs.)
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Ⓛ Caremark’s quarterly Preferred Drug List (PDL) is available at www.montgomerycountymd.gov/ohr; click Benefits, then Employee or Retiree Health Insurance; scroll down to the Prescription Drug information.