

# Your Personal Prescription Benefit Program

## CVS Caremark MM0 Plans (Including MedFlex EPO)

Welcome to your prescription benefit plan, managed by CVS Caremark. Your plan is designed to bring you quality pharmacy care that can help you save money.

Following is a brief summary of your prescription benefits. You will find details about Maintenance Choice<sup>®</sup>, which offers two ways for you to save on your long-term medications. CVS Caremark and the Catholic Diocese Cleveland are confident you will find value with your prescription benefit program.

	Network Retail Pharmacy	CVS/pharmacy	Mail Service Pharmacy
<b>When to Use Your Benefit:</b>	For immediate and short-term medication needs	For immediate and long-term* medication needs	For long-term medication needs
<b>Where:</b>	The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent pharmacies and chain pharmacies. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-888-607-4287.	You have the convenience of getting your long-term medications, for a 90-day supply, at one of our 6,900 CVS/pharmacy locations for your mail service copay. You also have the convenience of getting your 30-day prescriptions at your local CVS/pharmacy. To locate a CVS/pharmacy in your area, click on "Find a Pharmacy" at <a href="http://Caremark.com">Caremark.com</a> .	Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice.
<b>Copay** up to a 30-Day Supply:</b>	<ul style="list-style-type: none"> <li>• \$10 for each generic medication</li> <li>• 20% (\$25 min, \$75 max) for each brand-name medication on the drug list</li> <li>• 40% (\$40 min, \$150 max) for each brand-name medication <b>not</b> on the drug list</li> </ul>	<ul style="list-style-type: none"> <li>• \$10 for each generic medication</li> <li>• 20% (\$25 min, \$75 max) for each brand-name medication on the drug list</li> <li>• 40% (\$40 min, \$150 max) for each brand-name medication <b>not</b> on the drug list</li> </ul>	Up to a 90-day supply \$25 for each generic medication <ul style="list-style-type: none"> <li>• 20% (\$60 min, \$150 max) for each brand-name medication on the drug list</li> <li>• 40% (\$90 min, \$300 max) for each brand-name medication <b>not</b> on the drug list</li> </ul>
<b>Refill Limit:</b>	One initial fill plus two refills for long-term medications	None	
<b>90-Day Supply:</b>	<b>Not Available</b>	<ul style="list-style-type: none"> <li>• \$25 for each generic medication</li> <li>• 20% (\$60 min, \$150 max) for each brand-name medication on the drug list</li> <li>• 40% (\$90 min, \$300 max) for each brand-name medication <b>not</b> on the drug list</li> </ul>	
<b>Web Services:</b>	Register at <a href="http://Caremark.com">Caremark.com</a> to access tools that can help you save money and manage your prescriptions. To register, have your Prescription Card ready.		
<b>Customer Care:</b>	Visit <a href="http://Caremark.com">Caremark.com</a> or call toll-free at 1-844-431-4882		
<b>When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.</b>			

\*A long-term medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes, or high cholesterol.

\*\*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.

Under the SkyCare EPO Plan, once the out-of-pocket of \$2,000 (single)/\$4,000 (family) is reached, a \$0 co-payment will apply.

Under the MedFlex EPO Plan, once the out-of-pocket of \$2,500 (single)/\$5,000 (family) is reached, a \$0 co-payment will apply.

Under the MM0/PPO Plan, once the out-of-pocket of \$3,250 (single)/\$6,500 (family) is reached, a \$0 co-payment will apply.

Under the MM0 PPO/HSA Plan, prescriptions for drugs that are considered preventive medications (see Preventive Drug List at [www.dioceseofcleveland.org](http://www.dioceseofcleveland.org)) have the same co-payments shown above for the SuperMed PPO Plan. You pay the full cost of prescriptions that are not considered preventive until the annual deductible has been met. After the annual combined medical and prescription drug deductible of \$3,000 per person and \$6,000 per family has been met, any prescription drugs will have the normal prescription co-payments apply until the out-of-pocket maximum is met, then paid at 100%. The maximum combined in-network medical and prescription drug out-of-pocket expense you will pay in a calendar year under this plan is \$4,000 for single coverage and \$8,000 for family coverage.

Some drugs are formulary exclusions that are subject to prior approval. If not approved, you will be required to pay the full amount. Call CVS Caremark Customer Care at 844-431-4882 to see if a drug is covered.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.