

CVS/CAREMARK PRESCRIPTION BENEFIT PROGRAM OVERVIEW

	RETAIL PROGRAM	MAIL SERVICE PROGRAM
When to use it	For immediate medicine needs or short-term medicines, you should use a Caremark participating retail pharmacy.	For maintenance or long-term medicines You are encouraged to use the mail order program. You will be able to fill your maintenance prescription two (2) times at your local pharmacy. If you attempt to purchase additional fills of your prescription for maintenance medication at your retail pharmacy, you will be permitted to fill the prescription again but you will pay an additional fee for this prescription.
You Pay	<ul style="list-style-type: none"> • \$7.50 for each generic prescription • \$27.50 for each brand name* prescription on the preferred drug list • \$45.00 for each brand name* prescription not on the preferred drug list 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$50 for each brand name* prescription on the preferred drug list • \$80 for each brand name* prescription not on the preferred drug list
Days Supply Limit	30-day supply	90-day supply
Maintenance Medication	<p>After the first two initial fills, members are encouraged to move to a 90 day supply and will pay the mail service copays.</p> <p>If members choose to purchase additional 30 day supply fills at a retail pharmacy, members will be charged a penalty.</p> <p>Generics:</p> <ul style="list-style-type: none"> • 0-2 fills \$7.50 • 3+ fills \$15 <p>Preferred Brand:</p> <ul style="list-style-type: none"> • 0-2 fills \$27.50 • 3+ fills \$55 <p>Non-Preferred Brand:</p> <ul style="list-style-type: none"> • 0-2 fills \$45 • 3+ fills \$90 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$50 for each brand name* prescription on the preferred drug list • \$80 for each brand name* prescription not on the preferred drug list

Annual out of pocket maximum: \$2,750 individual / \$5,500 Family

Catholic Mutual Group Drug List

The plan includes the use of the Catholic Mutual Group Drug List, a list of preferred brand name medicines that have been evaluated for effectiveness and safety. If you request a brand name drug when a generic equivalent is available and your physician has not marked “dispense as written” (DAW) on your prescription, you will be charged an additional fee for the brand name medication. The fee varies with the price of the prescription. You may still use the medication if your doctor feels it is best for you; however you will pay the non-formulary price or the retail price for the prescription.

Caremark Specialty Pharmacy Services

Caremark Specialty Pharmacy Services is designed for individuals with chronic or genetic conditions requiring specialty medicines. This benefit offers convenient access, delivery of your specialty medicines, personalized service and educational support for your specific therapy.

**To contact *Caremark Customer Care*
1-800-565-7091 or www.caremark.com**