

Standard PPO

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	\$14 for one 30-day supply	\$28 for one 31-90-day supply	\$14 for a generic medication
Preferred Brand-Name Medications Best option when a generic isn't available	\$50 for one 30-day supply	\$100 for one 31-90-day supply	\$50 for a preferred brand-name medication
Non-Preferred Brand-Name Medications Highest cost option	\$100 for one 30-day supply	\$200 for one 31-90-day supply	\$180 for a non-preferred brand-name medication
Refill Limit	None	None	
Specialty Medications	Tier 1 generics - 20% coinsurance; minimum \$100, \$200 maximum. Tier 2 preferred and non-preferred brands - 30% coinsurance; minimum \$200, \$400 maximum. A 30-day supply limit applies to all and members must obtain specialty medications at a CVS Caremark Specialty Network Pharmacy.		
Maximum Out-of-Pocket	\$4,400 per individual - \$11,000 per family/ \$6,600 EE+CHILD(REN) - \$8,800 EE+SPOUSE		

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.

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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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