



# Your Personal Prescription Benefit Program

## Consumer Choice HSA

Welcome to your new prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and University System of Georgia are confident you will find value with your new prescription benefit program.

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total "out of pocket" spending required by you before prescription benefits are paid. Your annual deductible is \$1,500 for an individual or \$3,000 for a family. Until this deductible amount is met, you will pay 100 percent for your prescriptions.

	<b>CVS Caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>CVS Caremark Mail Service Pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Where</b>	The CVS Caremark Retail Network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,700 CVS/pharmacy locations. 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 a Customer Care representative toll-free at 1-877-362-3922.	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>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>20% for a generic prescription (after deductible)</b>	<b>20% for a generic prescription (after deductible)</b>
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>20% for a preferred brand-name prescription (after deductible)</b>	<b>20% for a preferred brand-name prescription (after deductible)</b>
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>20% for a non-preferred brand-name prescription (after deductible)</b>	<b>20% for a non-preferred brand-name prescription (after deductible)</b>
<b>Annual Deductible</b>	\$1,500 per individual / \$3,000 per family	
<b>Maximum Out-of-Pocket</b>	\$3,500 per individual / \$6,850 per family	
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your ID card ready.	
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-877-362-3922.	

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

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

**CVS/caremark**