

Your Personal Prescription Benefit Program

HSA Plan

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 PayPal 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 amount you must pay before your prescription benefit plan coverage will take effect. Your annual deductible is \$1,500 for an individual or \$3,000 for a family. **Until this deductible is met, you will pay 100 percent for your prescriptions at retail or mail.** Once this has been satisfied you will pay a maximum of \$150 per retail prescription or \$450 per mail order prescription:

	CVS/caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	CVS/caremark Mail Service Pharmacy For long-term medications (Up to a 90-day supply)
Where	The CVS/caremark Retail Network includes more than 68,000 participating pharmacies nationwide, including Walgreens, Target, Costco, Walmart, Rite Aide, Safeway, independent pharmacies, chain pharmacies, and 9,600 CVS/pharmacy locations. To locate a CVS/caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com or call a Customer Care representative toll-free at 1-844-287-1297.	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.
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	10% (\$150 max) for a generic prescription (after deductible)	10% (\$450 max) for a generic prescription (after deductible)
Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	10% (\$150 max) for a brand-name prescription (after deductible)	10% (\$450 max) for a brand-name prescription (after deductible)
Annual Deductible	\$1,500 per individual / \$3,000 per family (combined with medical)	
Maximum Out-of-Pocket	\$3,500 per individual / \$7,000 per family (combined with medical)	
No Cost Medications	The plan rewards you for taking certain medications to control hypertension, cholesterol and diabetes (including diabetic supplies) by covering them in full. You pay nothing.	
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit.	
Customer Care	Visit www.caremark.com or call toll-free at 1-844-287-1297.	

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.



How The High Deductible Plan Works

The High Deductible Plan is designed to help you get more out of your prescription benefit dollars. This plan allows you to meet your deductible by combining medical and pharmacy claims.

What is a deductible?

A deductible is the amount of money you pay "out-of-pocket" during each year before your benefits begin.

Example: Using \$2,000 as your plan deductible: **As soon as you spend \$2,000 on any combination of prescription drugs, doctor visits, hospital care, etc.**, your plan benefits will begin. The Plan will then start paying for a portion of your medical and pharmaceutical costs.

What do you mean by "combined medical/prescription deductible"?

The money you spend towards your medical care and prescriptions both count toward meeting your deductible.

Example: If you paid for an \$80 office visit and a \$60 prescription, you would have contributed \$140 toward your combined medical/prescription deductible.

What happens after I meet my deductible?

After the deductible is met, you (and your dependents, if applicable) will begin receiving prescription benefits. At that point you will only need to pay a portion of the pharmacy cost.

My spouse and children are covered under my prescription benefit. How is the deductible met in this scenario?

The money you spend towards your medical care and prescriptions both count toward meeting your deductible. If you have a family of four with a family deductible of \$4,000, and you spend \$1,000, your spouse spends \$2,000 and your children spend \$1,000 in combined medical/prescription services, your family would have met the \$4,000 family deductible and all four family members would begin receiving prescription benefits for the remainder of the plan year.

Are there other ways I can stretch my prescription dollars?

Yes, you will generally save money by ordering those prescriptions you take regularly (i.e. for blood pressure, heart disease, diabetes) in 90-day supplies through CVS/caremark Mail Service Pharmacy. Ordering 90-day supplies of your long-term medications through mail typically costs less than three 30-day refills at retail.