

YOUR PHARMACY BENEFITS: Curt G. Joa, Inc.

Category (Tier)	Any Network Retail Pharmacy Cost Share (Up to 30 days' supply)	Non-Network Retail Pharmacy Cost Share (Up to 30 days' supply)
Affordable Care Act (ACA) Preventive Medications	Covered at 100%	Covered at 100%
Generic, Preferred Brand and Preferred Specialty Medications	Subject to Deductible and 10% Coinsurance	Subject to Deductible and 30% Coinsurance
Non-Preferred Brand and Non-Preferred Specialty	Subject to Deductible and 15% Coinsurance	Subject to Deductible and 30% Coinsurance

Generic, brand-name and specialty drugs are available. However, drugs that have lower cost alternatives will be subject to a 15% coinsurance or may be removed from the list of covered medications. - If there is a medical reason that you are unable to substitute a non-preferred or non-covered medication you may contact CVS Customer Care at **866-818-6911** to request a prior authorization for a medical exception.

For the cost of specific drugs, please register at www.caremark.com or call CVS/Caremark at **866-818-6911**.

90-Day supplies typically cost less than three 30-day supplies: Visit Caremark.com/90day or call the number on the back of your ID card. CVS Caremark will contact your doctor for a new prescription and handle all the details. Mail Order: **866-239-4543** Specialty Medications: **800-237-2767**

If the cost of the covered drug is less than your copay, you only pay the cost of the drug when you use your pharmacy card.