



Prescription Benefits At-A-Glance

Health Investor PPO Option

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

The information below is a brief synopsis of your prescription benefits as well as some frequently asked questions about the Caremark prescription benefit program. Caremark and the **State of Florida Employees' Health Investor PPO Option** are confident you will be pleased with your prescription benefit program.

	RETAIL PROGRAM	MAIL SERVICE PROGRAM				
When to Use Your Benefit:	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines				
How to Fill a Prescription: Always ask for generics and/or consult the State of Florida Preferred Drug List.	You can use your prescription benefit at more than 62,000 Caremark participating retail pharmacies nationwide, including various independent community pharmacies. To locate a Caremark participating retail pharmacy in your area, go to www.caremark.com and use the "Find a Local Pharmacy" search or call Caremark Customer Care toll-free at 1-800-378-4408 .	Simply mail your original prescription along with the mail service order form to Caremark. Your medicines will be sent directly to your home.				
Cost to You: The deductible must be met before this Plan will pay towards the co-insurance for your prescriptions.	Co-Insurance – You Will Pay: <ul style="list-style-type: none"> • 30% for each generic medicine • 30% for each preferred brand name* medicine on the preferred drug list • 50% for each non-preferred brand name* medicine not on the preferred drug list * When a generic is available, but the pharmacy dispenses the brand name medicine for any reason other than physician indicates "dispense as written", you will pay the difference between the brand name medicine and the generic plus the brand co-payment [†] .					
Day Supply Limit:	Up to a 30-day supply	Up to a 90-day supply				
Deductible (Calendar Year): A deductible is the total you must meet before this Plan pays benefits. Until the deductible is met, you must pay 100% for your prescriptions.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>In-Network</u> Individual: \$1,250 Family: \$2,500 </td> <td style="width: 50%; vertical-align: top;"> <u>Out-of-Network</u> Individual: \$2,500 Family: \$5,000 </td> </tr> <tr> <td colspan="2" style="text-align: center;"> The deductible is combined medical/prescription. </td> </tr> </table>		<u>In-Network</u> Individual: \$1,250 Family: \$2,500	<u>Out-of-Network</u> Individual: \$2,500 Family: \$5,000	The deductible is combined medical/prescription.	
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Maximum Out-of-Pocket (Co-Insurance): The maximum amount of co-insurance you would pay during the Plan year.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>In-Network</u> Individual: \$3,000 Family: \$6,000 </td> <td style="width: 50%; vertical-align: top;"> <u>Out-of-Network</u> Individual: \$7,500 Family: \$15,000 </td> </tr> <tr> <td colspan="2"> Once you pay this co-insurance out-of-pocket maximum on covered prescription and medical services, the Plan pays 100% of the co-insurance for all subsequent covered medical care and prescriptions for the remainder of the Plan year. The maximum out-of-pocket is combined medical/prescription. </td> </tr> </table>		<u>In-Network</u> Individual: \$3,000 Family: \$6,000	<u>Out-of-Network</u> Individual: \$7,500 Family: \$15,000	Once you pay this co-insurance out-of-pocket maximum on covered prescription and medical services, the Plan pays 100% of the co-insurance for all subsequent covered medical care and prescriptions for the remainder of the Plan year. The maximum out-of-pocket is combined medical/prescription.	
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Lifetime Maximum: The maximum amount of money the Plan would pay for covered medical and prescription services throughout your lifetime.	Individual: \$2,000,000					
Caremark Customer Care:	Call toll-free 1-800-378-4408 or visit www.caremark.com					

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

(OVER)

FAQ: Frequently Asked Questions

How Your Prescription Benefits Work: Health Investor PPO Option

Q. What is a calendar year (CY) deductible?

A. CY deductible is the amount of money you must pay before this Plan pays towards your benefits. The CY deductible is a combination of both covered medical services and prescription benefits. It is important to note that until your CY deductible has been met, you must pay 100% of ALL prescription and medical services. Example: If your deductible is \$1,250, as soon as you spend \$1,250 on any combination of covered prescription medicines and covered medical services, this Plan will then start paying for a portion of your covered medical and prescription medicine costs.

Q. What do you mean by “combined medical/prescription CY deductible”?

A. The money you spend towards your covered medical care and covered prescriptions both count toward meeting your CY deductible. Example: If you met \$80 of your CY deductible for an office visit and met \$60 of your CY deductible for a prescription, you would have contributed \$140 toward your combined medical/prescription CY deductible.

Q. What happens after I meet my CY deductible?

A. After the CY deductible is met, this Plan will begin paying towards the applicable co-insurance for your covered medical care and covered prescription benefits. Example: If this Plan pays 70%, you will be responsible for the remaining 30%.

Q. My spouse and children are also covered. How is the CY deductible met for family coverage?

A. The family CY deductible can be met by one family member meeting their individual CY deductible with a combination of the other family members meeting the remainder of the family CY deductible. Example: If you have a family deductible of \$2,500 and you contribute \$1,250 towards the CY deductible, the remaining covered members of your family may contribute a combined \$1,250 and the family CY deductible will have been met.

Q. What tools and resources can you recommend to help me make cost-effective prescription decisions?

A. Caremark has many available for plan participants registered at www.caremark.com. Registration is quick and easy.

1. **Drug Pricing Tool** – You can find out how much your medicine costs before you buy.
2. **The State of Florida Preferred Drug List, Savings Center and Savings Guide to Prescription Medicines** – These tools can help you determine different ways to save money on future prescriptions.
3. Caremark Customer Care representatives can assist in making cost-effective choices.

Customer Care: 1-800-378-4408

24 hours a day, 7 days a week

Q. Is it important to take my prescription medicine all the time?

A. It is VERY important that you take your prescriptions as prescribed by your doctor.

Q. I'd like to save by using generic prescription medicines. How do I talk to my doctor about this?

A. Simply ask your doctor if there is a generic medicine available or a more cost-effective preferred brand medicine to treat your condition. Remember, generics usually cost much less than brand name medicines, especially non-preferred brand medicines. Let your doctor know if cost is important to you and that you would like to use generics or other less costly medicines whenever possible.

USING THE MAIL SERVICE PHARMACY

Q. Why should I use the Caremark Mail Service Program for my prescriptions?

A. **Convenience:** Mail service delivers up to a 90-day supply to your home, typically, for less than retail.

Savings: You will save money by planning ahead and ordering up to a 90-day supply of your maintenance (long-term) medicines.

All new plan participants will receive a welcome kit from Caremark with additional information about the Caremark Mail Service Program and a mail service order form.

Q. When should I use a retail pharmacy instead of the Caremark Mail Service Program?

A. Use the retail pharmacy for your immediate medicine needs and for short-term medicines. Use the mail service program for your long-term maintenance medicines.

Q. What if I need a long-term prescription right away?

A. Ask your doctor to write you two prescriptions. One for up to a 30-day supply and one for up to a 90-day supply, with refills when clinically appropriate. Have the short-term supply filled at a Caremark participating retail pharmacy for immediate use and send the 90-day supply prescription to the Caremark Mail Service Pharmacy.

† Co-payment, co-insurance or co-pay 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.