

# Here's an overview of your CVS Caremark benefits.

## Pelican HRA Plan – Effective January 1, 2023

Here's what you need to know about how and where to fill prescriptions to ensure they are covered under your plan starting January 1, 2023. Visit [Caremark.com](https://www.caremark.com) for more up-to-date, personalized information about your plan. There are more than **65,000 pharmacies nationwide** in our pharmacy network and **over 1,100 network pharmacies in Louisiana**. There are pharmacies other than CVS Pharmacy®, including **over 600 independent Louisiana pharmacies and approximately 550 chain pharmacies**, such as Albertson's, Brookshire, Walgreens, Super 1 Pharmacy, Winn-Dixie and more.

**For personalized support, visit [Caremark.com](https://www.caremark.com) or call CVS Customer Care at 1-877-300-1906.**

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	Fill at any retail pharmacy in your plan's network			Fill at CVS Caremark Mail Service Pharmacy
	Cost for up to a 31 day supply	Cost for a 62 day supply	Cost for up to a 93 day supply	Cost for up to a 93 day supply
<b>Generic Medications</b> (Tier 1)	<b>50% (\$30 max)</b> pre threshold <b>\$0</b> after threshold	<b>50% (\$60 max)</b> pre threshold <b>\$0</b> after threshold	<b>50% (\$75 max)</b> pre threshold <b>\$0</b> after threshold	<b>50% (\$75 max)</b> pre threshold <b>\$0</b> after threshold
<b>Preferred Brand-Name Medications</b> (Tier 2)	<b>50% (\$55 max)</b> pre threshold <b>\$20</b> after threshold	<b>50% (\$110 max)</b> pre threshold <b>\$40</b> after threshold	<b>50% (\$137.50 max)</b> pre threshold <b>\$50</b> after threshold	<b>50% (\$137.50 max)</b> pre threshold <b>\$50</b> after threshold
<b>Non-Preferred Brand-Name Medications</b> (Tier 3)	<b>65% (\$80 max)</b> pre threshold <b>\$40</b> after threshold	<b>65% (\$160 max)</b> pre threshold <b>\$80</b> after threshold	<b>65% (\$200 max)</b> pre threshold <b>\$100</b> after threshold	<b>65% (\$200 max)</b> pre threshold <b>\$100</b> after threshold
<b>Specialty Medications</b> (Tier 4)	<b>50% (\$80 max)</b> for a 31 day supply of specialty medicines through CVS Specialty pharmacy pre threshold <b>\$40</b> for a 31 day supply of specialty medicines through CVS Specialty pharmacy after threshold			
<b>Annual Out-of-Pocket Threshold</b>	\$1,500			
<b>Maximum Out-of-Pocket</b>	<b>In-network:</b> \$5,000 per individual / \$10,000 per family (combined with medical) <b>Out-of-network:</b> \$10,000 per individual / \$20,000 per family			

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

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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.