

Here's an overview of your CVS Caremark benefits.

Magnolia Open Access Plans – 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
Generic Medications (Tier 1)	50% (\$30 max) pre threshold \$0 after threshold	50% (\$60 max) pre threshold \$0 after threshold	50% (\$75 max) pre threshold \$0 after threshold	50% (\$75 max) pre threshold \$0 after threshold
Preferred Brand-Name Medications (Tier 2)	50% (\$55 max) pre threshold \$20 after threshold	50% (\$110 max) pre threshold \$40 after threshold	50% (\$137.50 max) pre threshold \$50 after threshold	50% (\$137.50 max) pre threshold \$50 after threshold
Non-Preferred Brand-Name Medications (Tier 3)	65% (\$80 max) pre threshold \$40 after threshold	65% (\$160 max) pre threshold \$80 after threshold	65% (\$200 max) pre threshold \$100 after threshold	65% (\$200 max) pre threshold \$100 after threshold
Specialty Medications (Tier 4)	50% (\$80 max) for a 31 day supply of specialty medicines through CVS Specialty pharmacy pre threshold \$40 for a 31 day supply of specialty medicines through CVS Specialty pharmacy after threshold			
Annual Out-of-Pocket Threshold	\$1,500			
Maximum Out-of-Pocket (combined with medical)	In-network: \$3,500 per individual / \$6,000 per individual + 1 (spouse or child) / \$8,500 per family Out-of-Network: \$4,700 per individual / \$8,500 per individual + 1 (spouse or child) / \$12,250 per family			

Your maximum out-of-pockets may differ if you are a retiree who retired before 3/1/2015

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.