# Active Units 5 & 6 Pharmacy Program
## Summary of Benefits

**Formulary 2 **  
- **5-Tier**  
- **$0 Deductible**  
- **$5/20/35**  
- **Specialty $75/$75**

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>Amount You Pay</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Deductible</td>
<td>None</td>
<td>Your benefit does not have a deductible.</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>None</td>
<td>Your benefit does not have a family deductible.</td>
</tr>
</tbody>
</table>
| Out-of-Pocket Maximum                            | Individual: $6,350  
Family: $12,700  | If you reach your out-of-pocket maximum, CareFirst or CareFirst BlueChoice will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All deductibles, copays, coinsurance and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts. |
| Preventive Drugs (up to a 30-day supply)         | $0             | A preventive drug is a prescribed medication or item on CareFirst's Preventive Drug List.*                                                                                                              |
| Generic Drugs (Tier 1) (up to a 30-day supply)    | $5             | Generic drugs are covered at this copay level.                                                                                                                                                             |
| Preferred Brand Drugs (Tier 2) (up to a 30-day supply) | $20           | All preferred brand drugs are covered at this copay level.                                                                                                                                               |
| Non-preferred Brand Drugs (Tier 3) (up to a 30-day supply) | $35           | All non-preferred brand drugs on this copay level are not on the Preferred Drug List.* Discuss using alternatives with your physician or pharmacist.                                                        |
| Preferred Specialty Drugs (Tier 4) (up to a 30-day supply) | $75           | You pay $75 for all preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.                                                                                             |
| Non-preferred Specialty Drugs (Tier 5) (up to a 30-day supply) | $75           | You pay $75 for all non-preferred specialty drugs. Must be filled through Exclusive Specialty Pharmacy Network.                                                                                       |
| Maintenance Drugs (up to a 90-day supply)        | Generic: $10  
Preferred Brand: $40  
Non-preferred Brand: $70  
Preferred Specialty: $150  
Non-preferred Specialty: $150  | Maintenance generic, preferred brand and non-preferred brand drugs up to a 90-day supply are available for twice the copay through Maintenance Choice at a CVS retail pharmacy or through Mail Service Pharmacy.  
Maintenance preferred and non-preferred specialty drugs up to a 90-day supply must be filled through Exclusive Specialty Pharmacy Network and you pay 50% coinsurance up to a maximum copay. |
| Refill Limit                                      | One initial fill plus one refill for long term medications at a retail pharmacy  
Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through Mail Service or at a CVS retail pharmacy. |                                                                                                                                                                                                   |
| Restricted Generic Substitution                   | If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance. |                                                                                                                                                                                                   |

*Visit carefirst.com/aacps for the most up-to-date drug lists, including the prescription guidelines. Prescription guidelines indicate drugs that require your doctor to obtain prior authorization from CareFirst before they can be filled and drugs that can be filled in limited quantities.*

This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

Policy Form Numbers: MD/CFBC/RX (R. 1/18) • CFMI/RX (R. 1/18) • CFMI/Matrix/PRESC DRUG (R. 1/18) • MD/CF/RX (R. 1/18)
Fill your maintenance drug prescriptions with Maintenance Choice

Maintenance Choice offers you options and savings when it comes to filling your maintenance medications. Maintenance medications are drugs taken regularly for an ongoing condition such as high blood pressure, diabetes, etc. With Maintenance Choice, you can get up to a three-month supply of your maintenance drugs for the cost of a two-month supply. There are two ways to save when filling your maintenance drug prescriptions.

CVS Mail Service Pharmacy
- Enjoy convenient home delivery service
- Refill your prescriptions online, by phone or email
- Check account balances and make payments through an automated phone system
- Sign up to receive email notifications of order status
- Access a consulting pharmacist by phone 24 hours a day

CVS Retail Pharmacy
- Access the entire network of CVS pharmacies
- Pick up your medications at a time convenient to you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

You will be allowed to fill a one-month prescription two times at any retail pharmacy as we transition to Maintenance Choice. Before you reach your fill limit, CVS/caremark* will contact you to help you get started with Maintenance Choice. We’ll then help you get a new prescription from your doctor so you can choose to fill it through CVS Mail Service Pharmacy or at a CVS retail pharmacy. For more information, call us toll-free at 800-241-3371.

If you would like... | Then...
---|---
To pick up at a CVS retail pharmacy or register for CVS Mail Service Pharmacy | Please let us know. You can do so quickly and easily. Choose the option that works best for you:
- Go to www.carefirst.com/aacps and log into My Account from your computer, tablet or smartphone. Click on My Coverage, select Drug and Pharmacy Resources, select My Drug Home and Order Prescriptions to select a CVS pharmacy location for pick up or register for CVS Mail Service Pharmacy.
- Visit your local CVS retail pharmacy and talk to the pharmacist
- Call us toll-free using the number on the back of your member ID card, and we’ll handle the rest

To continue with CVS Mail Service Pharmacy | You don’t have to do anything. We’ll continue to send your medications to your location of choice.

*CVS/caremark is an independent company that provides pharmacy benefit management services.