

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Waco ISD HSA HDHP

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for three 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90 -day supply
Generic Medications Best option to help you save money	\$20 for one 30-day supply	\$60 for three 30-day supplies	\$50 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$50 for one 30-day supply	\$150 for three 30-day supplies	\$125 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$100 for one 30-day supply	\$300 for three 30-day supplies	\$250 for one 90-day supply
Annual Deductible	\$4,000 FOR Individual / \$8,000 for Family		
Maximum Out-of-Pocket	\$7,900 FOR Individual / \$15,000 for 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 member 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.
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Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

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