



# Prescription Drug Plan Benefits Overview

For Members Enrolled in Cigna Open Access Plus (OAP) Plan



*Plan Year 2025*

**Presentation for Active Employees**

# CVS Caremark Prescription Benefit Changes for Plan Year 2025

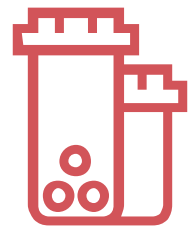
Drug or Category	Change Effective January 1, 2025
<b>Formulary Drug Changes</b>	<ul style="list-style-type: none"><li>• Changes to the list of covered medications (formulary) occur periodically, typically each calendar quarter.</li><li>• Check the CVS Caremark formulary for coverage or co-pay changes by going to <a href="http://info.caremark.com/fcps">info.caremark.com/fcps</a> and look for the link for the “Performance Drug List.”</li></ul>

# Your Coinsurance or Copayment for Plan Year 2025

The amount you pay for your covered medications depends on the type of medication (generic, brand, or specialty) and where you fill your prescriptions.

Acute & Maintenance Medications	Where Your Prescription is Filled	
	CVS Retail Pharmacy Location or Mail Order through CVS Caremark	Participating Non-CVS Retail Pharmacy Location
Up to a 30-day supply	Generic: \$10 Brand Name: 20% of cost of drug (maximum \$100)	
31 to 60-day supply	Generic: \$20 Brand Name: 20% of cost of drug (maximum \$200)	
61 to 83-day supply	Generic: \$30 Brand Name: 20% of cost of drug (maximum \$300)	
84 to 90-day supply	Generic: \$20 Brand Name: 20% of cost of drug (maximum \$200)	Generic: \$30 Brand Name: 20% of cost of drug (maximum \$300)

- Maximum copay per 30-day supply of insulin is \$50. \$0 copay applies to diabetic test strips and lancets.
- If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.
- To locate CVS retail pharmacies and participating (non-CVS) retail pharmacies in your area, visit <https://info.caremark.com/fcps>.



## Specialty Medications for Plan Year 2025

*Note: Specialty medications must be filled through CVS Specialty pharmacy after the initial fill at a participating retail pharmacy.*

Specialty Medications	CVS Specialty Pharmacy
Up to a 30-day supply	Generic: \$10 Brand Name: 20% of cost of drug (maximum \$100)

- If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.

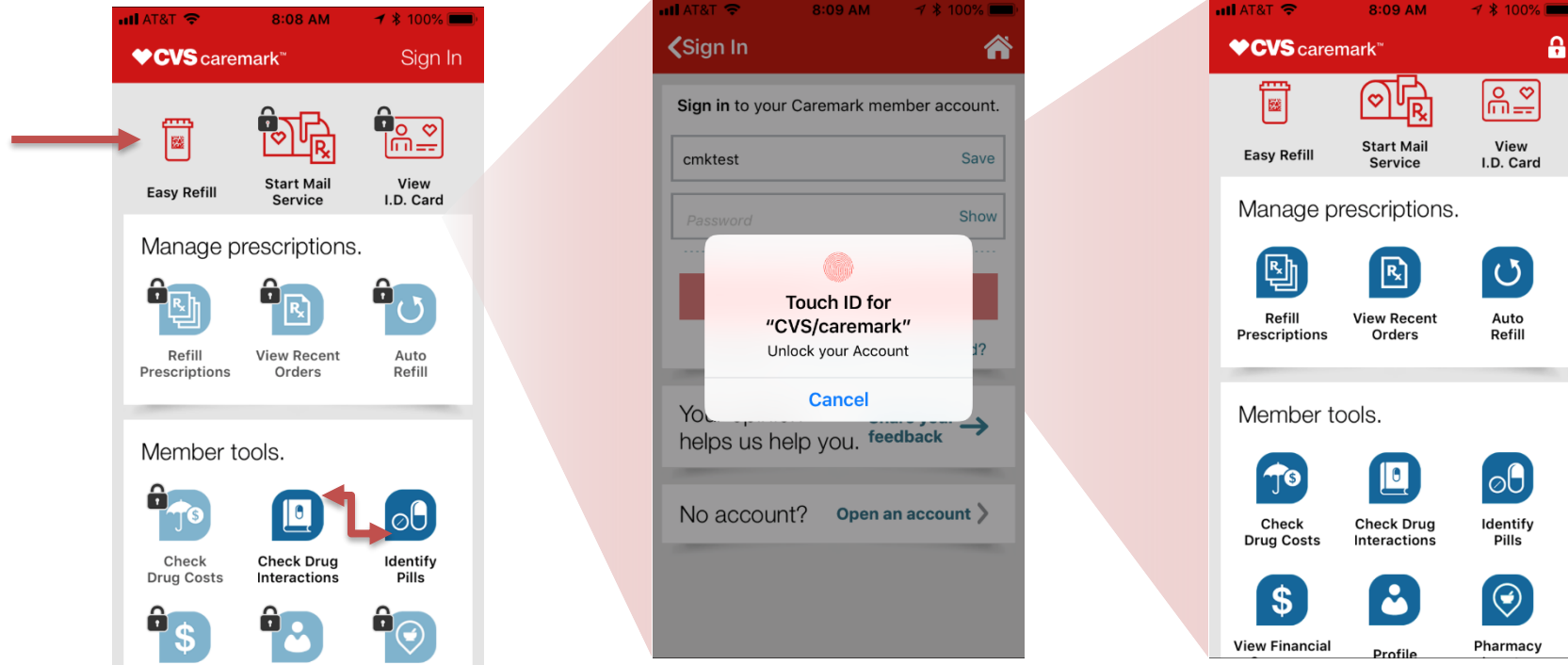
## Maximum Out-of-Pocket for Plan Year 2025

*Once your out-of-pocket expenses reach the specified levels below, the Plan will pay covered charges at 100% for the remainder of the calendar year.*

**Individual: \$ 1,500**

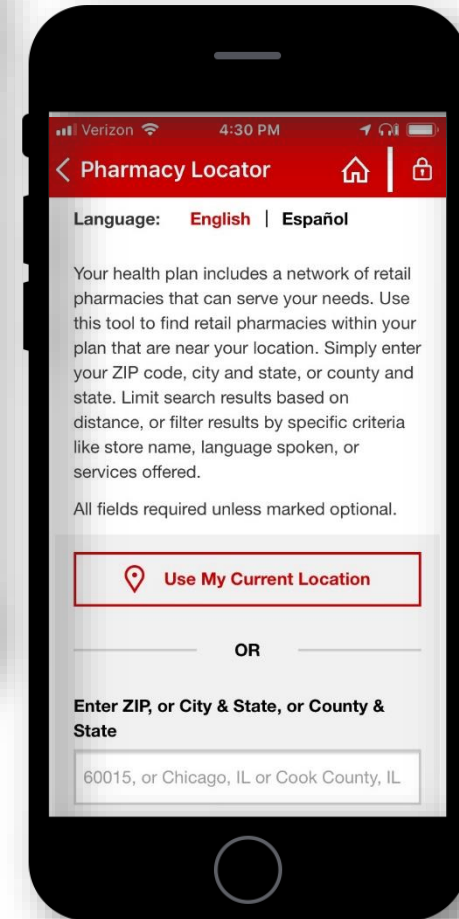
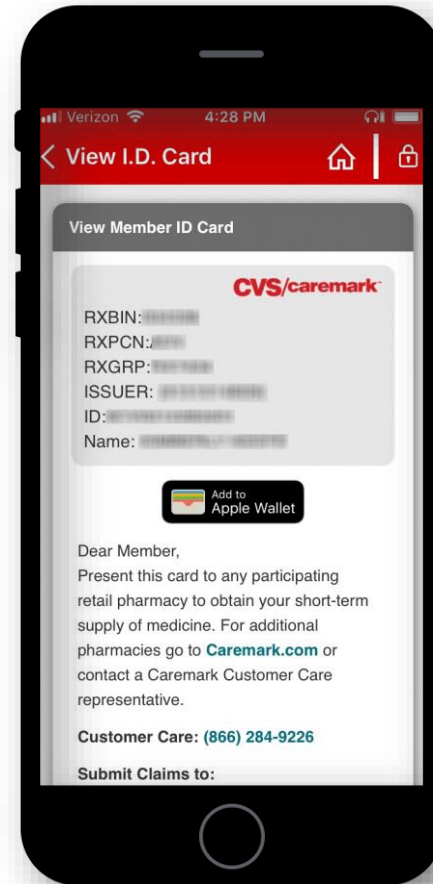
**Family: \$ 3,000**

# CVS Caremark Mobile App



# Other convenient features

- View Member ID Card means members always have access to the information needed to submit a claim
- The Pharmacy Locator uses the mobile device's geo locator to make finding the nearest network pharmacy as easy as a click



# For More Information

- Visit <https://info.caremark.com/fcps> for more information about estimated medication costs, participating pharmacies, covered drugs, benefit information, and more.
- If you have questions about the FCPS CVS Caremark Prescription Drug Plan, contact CVS' Customer Care Team at **1-888-217-4161** (TTY- **711**), available 24 hours a day, 7 days a week.
- If you have questions about the FCPS CVS Specialty Pharmacy, contact CVS' Specialty Representative Team at **1-888-237-2767**, available 24 hours a day, 7 days a week.

# Thank you!

