

Knowing your Health Savings Plan basics



When you enroll in medical coverage, CVS Health® pays the majority of costs. Second only to payroll, medical benefits are the company's largest budget item. Here are basics of our Health Savings Plan (HSP).*

✓ Physical wellness




Emotional wellness

Financial wellness

Three HSP options plus an HSA

We offer three HSP options: HSP 1, 2 and 3. The IRS allows pairing a high deductible health plan like the HSP with a tax-advantaged Health Savings Account (HSA). HSAs help offset your costs and let you contribute tax-free dollars. There is no minimum contribution and you make changes at any time. Plus, CVS Health contributes to your HSA each pay period based on your medical coverage level (annual contribution of **\$500** for individual or **\$1,000** for family). Interest grows tax-free, and withdrawals for eligible medical, dental or vision expenses also are tax-free.

All HSP options have comprehensive medical and prescription coverage, and generally cover the same services. The differences are the paycheck contribution (or premium), deductible and out-of-pocket maximum for each.

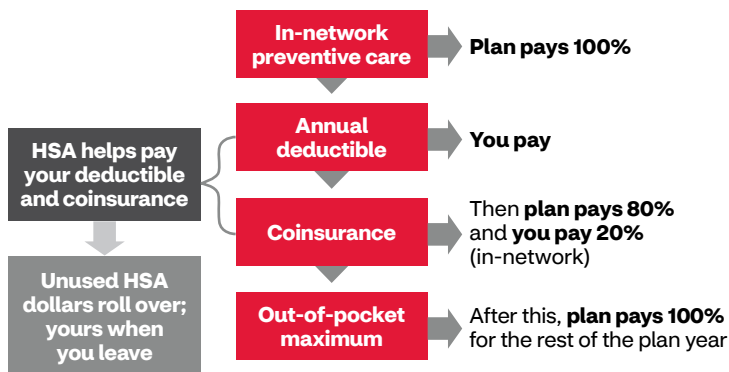
HSP 1	HSP 2	HSP 3
All have a Health Savings Account (HSA) 		
Same services with comprehensive medical and prescription coverage 		
Different paycheck contributions, deductibles and out-of-pocket maximums 		

* Mainland U.S. colleagues also can elect coverage in a Hybrid Plan. Different plans apply in Hawaii and Puerto Rico. See BenefitMoments.com.

Building blocks of the HSP options

- **Preventive care** (check-ups, immunizations and screenings) is **covered at 100% in-network**.
- For non-preventive care and medications, you pay a **discounted rate** out of your pocket or from your HSA until you reach your **annual deductible**. The deductible is combined for medical and prescription costs. The deductible amount depends on the plan you choose and whether you enroll in **individual** or **family** coverage.
- Once you have paid your annual deductible amount, CVS Health begins to share your costs for care — called **coinsurance**. CVS Health pays **80%** of in-network costs, and you pay **20%**. You can use funds from your HSA to cover your portion. (Out-of-network cost-sharing is 50-50.)
- The **out-of-pocket maximum** is like a safety net. It's the most you'll pay out of your pocket for care. Beyond that, **CVS Health pays 100%** of eligible in-network expenses for the rest of the plan year (June 1 through May 31).

How the HSP + HSA work together



More on the HSA

The money in your HSA — from your own contributions and the company — is yours to keep, even if you leave CVS Health. Unused funds roll over, even into retirement. Once your account balance reaches \$1,000, you can invest your money in interest-bearing mutual funds, which also earn tax-free interest.

HSP highlights

HSP 1 has the highest premiums (paycheck contributions) but lowest out-of-pocket costs, and **HSP 3** is the opposite. **HSP 2** is in the middle.

	HSP 1		HSP 2		HSP 3	
	Individual	Family	Individual	Family	Individual	Family
Annual deductible	\$1,600	\$3,200	\$2,100	\$4,200	\$3,375	\$6,750
Out-of-pocket max	\$3,200	\$6,400	\$4,200	\$8,400	\$6,750	\$13,500
Ind. out-of-pocket max	Not applicable		\$6,750		\$6,750	
Premiums	Highest		Middle		Lowest	

Family deductible and out-of-pocket maximum

If you cover someone besides yourself, you must satisfy the family deductible before the plan pays coinsurance. In HSP 1, you must satisfy the family out-of-pocket maximum before CVS Health pays 100% of eligible expenses for any family member for the rest of the plan year. In HSP 2 and 3, individuals have a separate out-of-pocket maximum within family coverage — once one person meets this *individual* out-of-pocket maximum, CVS Health pays 100% of eligible expenses for that person for the rest of the plan year. Then, once you meet the *family* out-of-pocket maximum, CVS Health pays 100% of eligible expenses for all family members for the rest of the plan year.

Prescription drugs

The plan covers **generic preventive drugs** (as eligible under IRS rules) and brand insulin at 100%. For **non-preventive drugs**, once you've met the annual deductible — through any mix of medical and prescription costs — the plan pays 80%. You pay 20%, up to the out-of-pocket maximum. Be sure to check the **Value Formulary**, as brand medications that have a generic alternative typically are not covered. For **specialty drugs**, once you've met the annual deductible, the plan pays 100% for covered drugs if you enroll in the Prudent Rx Copay Optimization Program.*

** For specialty drugs in the PrudentRx program, if you do not enroll, you pay 30% of the discounted cost until you meet the out-of-pocket max.; for drugs that do not qualify as "essential health benefits" under the ACA, your coinsurance does not count toward your out-of-pocket max., and 30% coinsurance applies after the out-of-pocket max. For specialty drugs not in the PrudentRx program, you pay 100% of the discounted cost until you meet the deductible; then you pay \$100 per prescription until you meet the out-of-pocket max.*

This summary provides a brief overview for colleagues regularly scheduled to work 30 or more hours per week, and is for informational purposes only. Hawaii and Puerto Rico plans differ. If there's any difference between this and plan documents, official plan documents govern. CVS Health reserves the right to amend, modify or terminate all or part of its benefit plans at any time. This description isn't an employment contract or guarantee. Colleagues may need to meet certain eligibility requirements to participate. Colleague contributions are not used to pay plan expenses for vendors or other service providers that are subsidiaries of CVS Health, except as may be permitted by ERISA. Union colleagues aren't covered unless their collective bargaining agreement specifically provides for a benefit.

Paying for care and your claims

When at your doctor's office or the hospital, show your medical ID card and you should not have to pay a copay or coinsurance. Instead, the provider submits your claim to your health plan who calculates your share and sends you an Explanation of Benefits. You'll then receive a bill from your provider for payment of your share; CVS Health pays the rest.

Explanation of Benefits

- Medical services provided
- What's eligible and covered (or if not, why not)
- The amount the plan will pay
- What you owe the provider, including deductible and/or coinsurance, or any non-covered amounts

The experience differs in paying for **prescriptions** at the pharmacy, whether you order by mail or in person. Because the pharmacy can calculate electronically what you owe, you pay your share at that time.

To pay for care, you have choices:

1. **Pay using your Inspira Financial debit card.** To use your HSA, present your card at the pharmacy or doctor's office or write your card number on the payment slip you send to your provider.
2. **Pay using your own funds.** You can reimburse yourself later with funds in your HSA — or some colleagues let their HSA grow for the future.

If you have any questions about your medical benefits or need help with a claim, call Aetna One® Advocate at **1-800-558-0860** for concierge-level support.

Know and use your resources



[BenefitMoments.com](https://www.benefitmoments.com)



Aetna One® Advocate: 1-800-558-0860
CVS Caremark (Rx): 1-866-284-9226



Benefits help: [ColleagueZone.CVS.com](https://www.colleaguezone.cvs.com)
or call the HR Service Center at
1-888-694-7287