Understanding our health plan strategy

✓ **Physical wellness**

Emotional wellness

Financial wellness

Key elements of our benefit strategy include:

1. **Plan choice:** We offer several medical plan options.*
2. **Quality care at better costs:** We negotiate with providers for savings and offer valuable resources supporting your health.
3. **Self-insured Aetna health plan benefits:** Savings for the company and colleagues.

1. Plan choice to meet differing needs

For mainland U.S. colleagues, we offer several different medical plans so that you can choose the plan with paycheck contributions and out-of-pocket costs that best meets your needs.

The options offered to you depend on your employment group with CVS Health and your location, which is used to determine if you live in an Aetna service area. You can find the medical plan options available to you on the benefits enrollment website from **ColleagueZone.CVS.com > My apps or My applications > View all > Benefits – Your Benefit Coverage**.

Also see these fact sheets:

- Knowing your Health Savings Plan basics
- Using your Health Savings Plan benefits wisely
- Knowing your Hybrid Plan basics
- Knowing your Informed Choice POS II Plan basics (Retail and Distribution Center colleagues only)

2. Quality care at better costs

Our medical plans offer comprehensive coverage by Aetna and CVS Caremark prescription coverage. Aetna carefully evaluates providers to participate in our networks and negotiates favorable discounts to save you money on care. All Aetna providers follow the most up-to-date evidence-based medicine available, to help ensure quality outcomes. Likewise, the CVS Caremark formulary is updated regularly.

Navigating your medical care

Visit the member website through **Aetna.com** and the **Aetna Health℠ app** to view your benefits and what's covered, access your digital ID card, get cost estimates before you get care, and find in-network providers, walk-in clinics and urgent care centers. If you have questions about your coverage or need additional support, call Aetna at the number on your medical plan ID card.

** This flyer applies to mainland U.S., as different plans and carriers apply in Hawaii and Puerto Rico. See **BenefitMoments.com** for details.*

CVS Health

Many low or no-cost services

Your CVS Health medical plans through Aetna offer access to these resources.

- **CVS Virtual Care™**: Get 24/7 on-demand care, scheduled mental health counseling and primary care services, including no-cost virtual preventive care, with a physician-led Care Team.
- **MinuteClinic®:** Get no-cost comprehensive health screenings, flu shots, weight management and smoking cessation support. Also find low-cost diabetes monitoring and blood pressure evaluation services.
- **2nd.MD:** Connect with an expert specialist via video for a second opinion on a diagnosis, treatment plan and medications, or recommended surgery. Call them at **1-866-410-8649** or visit **2nd.MD/CVSHealth**.
- **Aetna Lifestyle and Condition Coaching:** Visit **Colleague Zone > My apps or My applications > View all > ActiveHealth** to get started with personalized support.
- **Support for specific conditions:** From pregnancy to chronic conditions such as diabetes or heart disease, or even complex conditions like Crohn's disease, rheumatoid arthritis and more.

Know and use your resources

BenefitMoments.com

Aetna: See your medical plan ID card
CVS Caremark (Rx): 1-866-284-9226

Benefits help: ColleagueZone.CVS.com or call the HR Service Center at 1-888-694-7287

3. Self-insured benefits

Ever heard it said, "Don't worry; your insurance will cover it"? For car insurance, the insurer takes on risk to pay much of a claim. But CVS Health **self-insures** our Aetna medical plans, which means that a health insurer isn't "on the hook" for our claims. Instead, **CVS Health — and you** — pay the claim costs.

CVS Health contracts with Aetna's health plans to help process claims, provide customer service and support, negotiate network contracts and monitor provider performance and quality. This approach helps reduce administrative fees, overhead costs and state insurance taxes.

With self-insurance, we're all responsible for the cost of care together, with CVS Health paying the larger share.

Here are ways CVS Health pays the majority of eligible costs, using Health Savings Plan (HSP) and Hybrid Plan examples:

100% of in-network preventive visits, immunizations and tests — can average **$150** and up

100% of generic preventive medications (and *all* generics for the Hybrid options) and brand insulin — that's more than **50%** of colleague prescriptions

HSP: **80%** in-network after the deductible

Hybrid: **All costs above your copay** for many common services

All plans: **100%** of amounts over out-of-pocket maximum

HSP: Contribute over **$100M** annually to HSAs

Since we all share in paying health care costs, it's important to make informed purchasing decisions, as a company and for ourselves. Your efforts to be healthy and use high-quality providers, get regular preventive care (including dental and vision check-ups) and manage health risks — pay off for all.

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. Colleagues who are subject to a collective bargaining agreement (CBA) should refer to their CBA for the benefits that it specifically provides.