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.

Health Savings Plan Silver

Welcome to your CVS Caremark Prescription Benefit for Health Savings Plan Silver. This prescription benefit is designed to bring you quality pharmacy care that will help you save money and stay healthy using the prescription benefit, Value Formulary. The Value Formulary list contains medication options that treat health conditions safely and effectively, including all generic and certain brand-name medications. Coverage is only for the generic and brand-name medications on the list. Ask your doctor to write a prescription for a generic or brand-name medication on the Value Formulary list if you are taking a medication that is not listed.

Your benefit includes an HSP Preventive Drug List. There is no cost to you to fill generic and brand-name insulin included on this list, even before you meet your deductible. You pay 20% for preventive brand-name medications on the HSP Preventive Therapy Drug List; no deductible applies. You will pay the full, discounted cost of non-preventive prescription medications until you meet your deductible. Please note: Per U.S. Internal Revenue Service (IRS) rules, the deductible is combined for medical and prescription expenses. You need to meet the full family deductible if you cover any dependents.

If you take a brand-name maintenance drug, you are required to fill your prescriptions in a 30-day supply. You can pick up your maintenance drugs at a CVS Pharmacy or through mail order.

	Individual Coverage	**Family Coverage** **(Anyone covering one or more dependents)**
Deductible Per Plan Year (Combined with Medical)	$3,375	$6,750 family deductible
Generic Preventive Medications (Deductible does not apply)	$0 copay	$0 copay
Diabetic Medication on the Preventive Therapy Drug List (Deductible does not apply)	All drugs for diabetes, including insulin and diabetes supplies, are covered at 100% (subject to Value Formulary coverage).	All drugs for diabetes, including insulin and diabetes supplies, are covered at 100% (subject to Value Formulary coverage).
Brand-Name Preventive Medications (Deductible does not apply)	20% coinsurance	20% coinsurance
Non-Preventive Medications (Generics and brand-name drugs)	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Maintenance Medications	Maintenance medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. After two grace fills, you must fill your long-term medications at one of our participating retail 90 pharmacies. Generic maintenance drugs are required to be filled in a 90-day supply and Brand maintenance drugs will continue to be filled in a 30-day supply only.	
Out-of-Pocket Maximum Per Plan Year (Combined with Medical)	$6,750 per individual coverage	$6,750 per each individual within a family / $13,50 for family coverage
Maximum Allowable Benefit	$40,000 per family lifetime for fertility medications	

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Specialty Medications	You will have a final responsibility of $0 after your deductible is met if enrolled in the PrudentRx solution. Otherwise, if you opt out of PrudentRx you will pay a 30% coinsurance for a 30-day supply on PrudentRx eligible drugs. Non PrudentRx covered drugs will have a $100 copayment for a 30-day supply after your deductible is met. CVS Caremark Mail Service Pharmacy and CVS Pharmacy retail locations can accept prescriptions for specialty medications. If you choose to fill your prescription at a CVS Pharmacy retail location, it will be transferred to CVS Specialty for evaluation, processing and dispensing. The medications will then be delivered for pick up at your preferred CVS Pharmacy or delivered to your preferred location. All specialty medications require prior authorization. Personalized clinical support will continue to be provided by our specialty CareTeam. For more information, call 1-888-281-8186 or visit CVSspecialty.com. Some specialty medications may qualify for third-party copayment assistance programs that could lower your out-of-pocket costs for those products. For any such specialty medication where third-party manufacturer's copayment assistance is used, the member shall not receive credit toward their plan deductible or out-of-pocket maximum for amounts that are applied to a manufacturer coupon rebate.
Quantity Limit and Prior Authorization	Log in to Caremark.com or call Customer Care to find out if your medicine has a quantity limit or requires prior authorization.
PrudentRx	The PrudentRx solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% coinsurance, after satisfaction of any applicable deductible. However, if you are participating in the PrudentRx solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the program allows you to get those eligible specialty medications at no cost to you. That means $0 out-of-pocket (OOP), after the deductible has been met, for any medications on your plans exclusive Specialty Drug List when you fill by CVS Specialty. For members with HSAs: for drug listed on the plan s HDHP Preventive Drug List, you will have a $0 OOP, and, for all other drugs, you will have a $0 OOP responsibility after the deductible has been satisfied. PrudentRx will assist you in obtaining copay assistance from drug manufacturers to reduce your cost share for eligible medications and will manage enrollment and renewals on your behalf. Even if there is no copay assistance program for your medication, your final OOP cost will be $0 for as long as you are enrolled in the program and after the satisfaction of any plan deductible.
Web Services	Register at Caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Benefit ID Card ready.
Customer Care	Call 1-800-558-0860

You can view a list of participating pharmacies in your network by signing into Caremark.com and utilizing the Pharmacy Locator Tool.

CVS Health
2146924: 1/1/27 Plan Year (Updated 9/2/26)
7434-CUSTOM_2027_CVS_HSP_SILVER_V1-0926

Register today at Caremark.com/StartNow

Residents of certain states may not be eligible to participate in the Maintenance Choice program or may have a version which is modified to comply with applicable state laws. CVS Caremark does not administer all programs in all states.

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

This communication is being sent by CVS Caremark on behalf of your health and/or pharmacy benefit plan sponsor ("Plan Sponsor"). CVS Caremark disclaims liability to the fullest extent of the law for any treatment decisions made as a result of this information. All benefit decisions, including any changes to coverage or cost-sharing, are made solely by your Plan Sponsor. CVS Caremark does not determine the scope or design of benefit coverage; those decisions are made by the Plan Sponsor. CVS Caremark serves exclusively as the administrator of pharmacy benefits for the Plan Sponsor.

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