

# Understanding our health plan strategy

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.

✓ **Physical wellness**

Emotional wellness

Financial wellness

## 1. Plan choice to meet differing needs

For mainland U.S. colleagues, we offer **three Health Savings Plan (HSP)** options that include a Health Savings Account (HSA) funded by CVS Health® and you, with dollars that are pre-tax and stay with you even if you leave the company.

Plus, we offer **copay-based Hybrid Gold and Hybrid Silver Plans**.

These options allow you to choose the plan with paycheck contributions and out-of-pocket costs that best meets your needs.

Also see these fact sheets:

- Knowing your Health Savings Plan basics
- Using your Health Savings Plan benefits wisely
- Knowing your Hybrid Plan basics

## 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.

And, in some markets, HSP 1 uses **Aetna Premier Care Network (APCN) Plus**. With APCN Plus, providers work together as a team to coordinate your care. In exchange for a more tailored, engaging health care experience, these networks are somewhat smaller than the national network for the other HSP options.

## A1A offers health concierge help

For Aetna plans, **Aetna One® Advocate** can help you navigate all things health care — from finding in-network providers, to helping you assess costs before you get care, to explaining benefits or treatment options and more. Call **1-800-558-0860**.

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

## 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 One® Advocate**: 1-800-558-0860  
**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 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. Union colleagues aren’t covered unless their collective bargaining agreement specifically provides for a benefit.*