



Your Personal Prescription Benefit Program

Adopted Model for Standard Plan Designs - Plan 2

BENEFITS	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate medicine needs or short-term medicine	For maintenance or long-term medicine(s)
You will pay:	\$10 copay - Generic Script \$25 copay - Preferred Brand \$40 copay - Non-Preferred Brand	\$20 copay - Generic Script \$50 copay - Preferred Brand \$80 copay - Non-Preferred Brand
Days Supply Limit:	30 day supply	90 day supply

Have More Questions?

Three Easy Ways To Contact Caremark

1. www.caremark.com

Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medicine information. Please see the inside front cover for more details.

2. 1-800-776-1355

Call toll-free for the Caremark fully automated refill phone service.

3. Caremark Customer Care

Call **1-800-776-1355** to speak to a Caremark Customer Care representative, 24 hours a day, seven (7) days a week. You may also email Customer Care 24 hours a day, seven (7) days a week at customerservice@caremark.com.

When you call or log in, be ready to provide:

- Plan participant's ID number provided by your plan
- Plan participant's date of birth
- Your VISA®, Discover®, MasterCard® or American Express® number with expiration date, if your plan requires a payment

Need Another Prescription ID Card? Additional ID cards can be obtained by calling Caremark Customer Care at **1-800-776-1355**.