CVS caremark®

George Washington Your 2026-2027 Prescription Benefits

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CVS Caremark® is your Pharmacy Benefit Manager (PBM)

We manage your new prescription benefit plan and help keep your medication costs low.

We're like your health plan, but for prescriptions.

As a CVS Caremark member, you have **access to a wide range of cost-effective medications** and thousands of network pharmacy choices (including home delivery for you and your family).

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From affordable drug prices to plenty of network pharmacies — we've got you covered

Check out what's already built into your plan:

Prescription savings options
We're always looking for the best value on drug prices

Refills your way
Whether that's at a local network pharmacy or delivery by mail, you've got options

Online support anytime
Track costs, find ways to save and more. We've got the online tool for you

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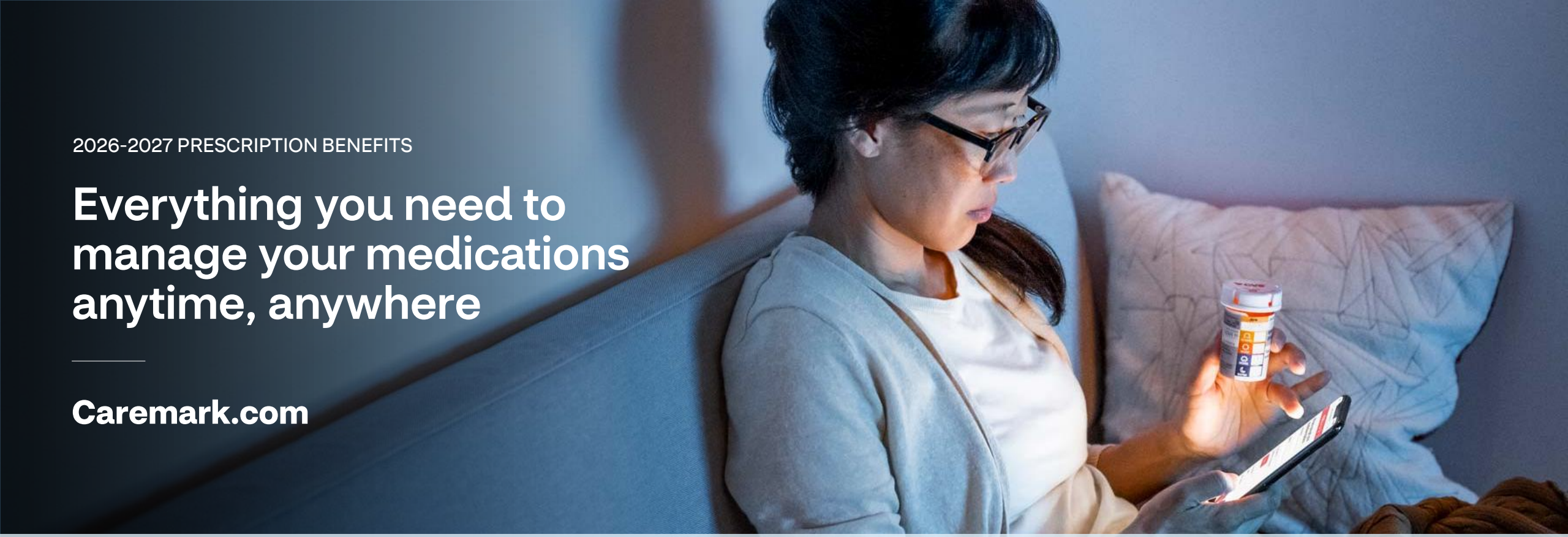
2026-2027 PRESCRIPTION BENEFITS

Everything you need to manage your medications anytime, anywhere

Caremark.com



Review your plan and deductible details

Check medication costs and find ways to save

Find a network pharmacy or start delivery by mail

Order mail service refills and track shipments

Access your ID card (view, print or download to mobile wallet)

Track progress toward your deductible or out-of-pocket maximum

Tell us how to contact you (by text, email or other)

Image source: CVS Health Creative Resource Library, accessed 2021, 20200820_18_Media_Room_009394

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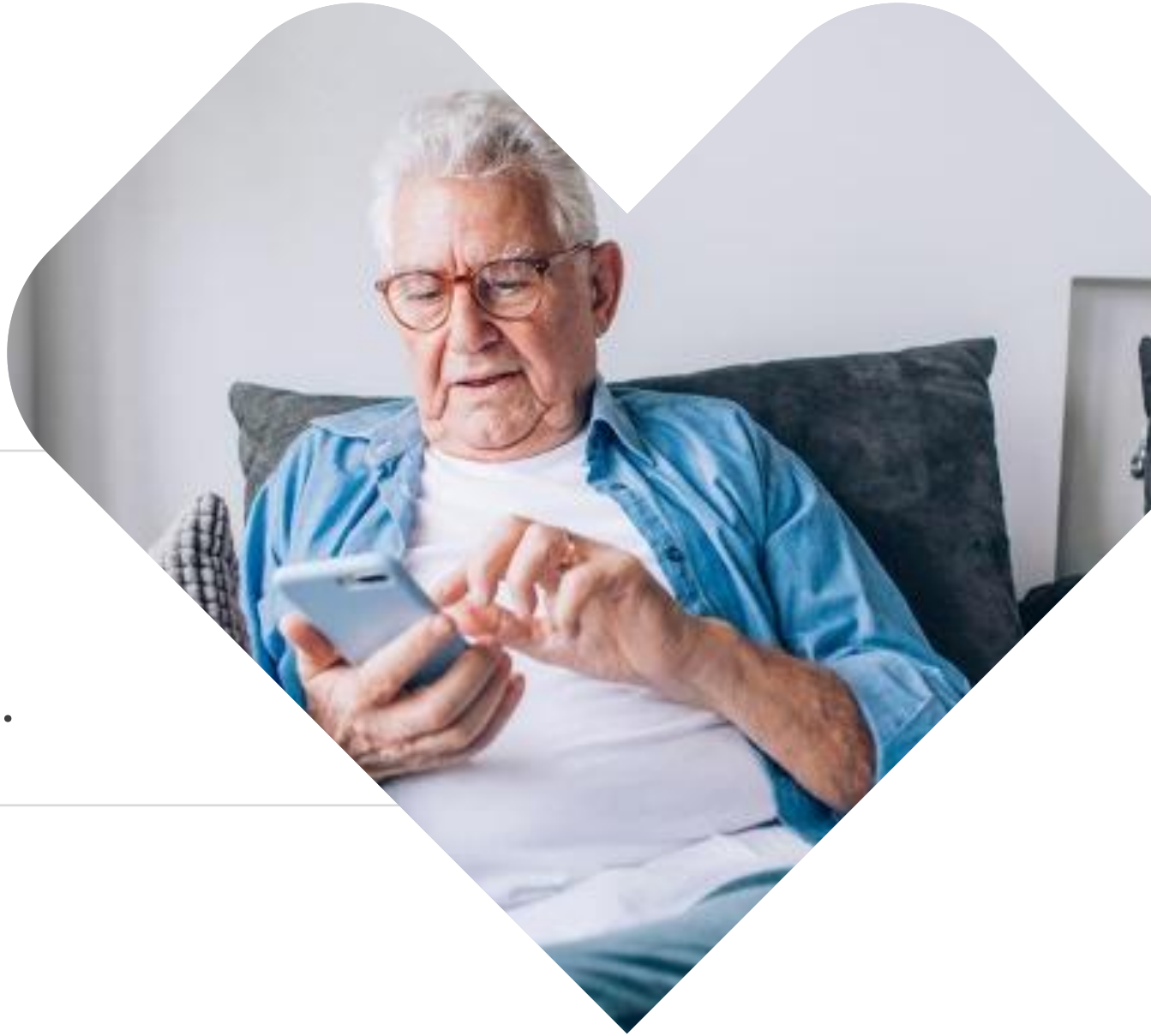
Registering at Caremark.com

If you're new to CVS Caremark

You can register on or after
January 1st, 2027

Register using your member ID number
(on your member ID card).

Register at **Caremark.com/Register** .



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CVS Caremark Mobile App

Manage your Rx on your own time.

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Learn more at Caremark.com/OpenEnrollment

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2026-2027 Prescription Plan Design

	PPO Plan	HSP Plan
Deductible	N/A	Individual: $2,000 Individual w/in Family: $4,000 Family: $4,000
Maximum Out-of-Pocket	Individual: $3,600 Individual w/in Family: $7,200 Family: $7,200	Individual: $4,000 Individual w/in Family: $8,000 Family: $8,000
30 Day Copay	Tier 1: 10% Min $15/Max $30 Tier 2: 20% Min $30/Max $50 Tier 3: 25% Min $60/ Max $100	Tier 1: 20% Max $150 Tier 2: 20% Max $150 Tier 3: 20% Max $150
Mail Copay	Tier 1: 10% Min $37.50/Max $75 Tier 2: 20% Min $75/Max $125 Tier 3: 25% Min 150/Max $250	Tier 1: 20% Max $300 Tier 2: 20% Max $300 Tier 3: 20% Max $300

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Appendix & Optional Slides

Terms you should know

Deductible | The amount you pay for prescription medications before your prescription benefit plan starts to pay. Most plans have an individual deductible amount and a family deductible amount (usually an annual deductible).

Copay or coinsurance | The amount you are responsible for paying when you get your prescription filled. After you pay the copay or coinsurance, your plan will cover the rest of the cost, if any. A copay is a flat amount and coinsurance is a percentage of the cost of the medication.

Maximum out-of-pocket (MOOP) | The maximum amount you will pay out of your pocket before medications or medical services are covered at 100%.

Generic medication | Has the same active ingredients as the brand-name medication and are approved by the U.S. Food and Drug Administration (FDA); usually your lowest-cost option

Preferred brand medication | Medication that is typically a lower-cost option under your benefit plan

Non-preferred brand medication | Highest-cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes or high cholesterol medications

Acute or short-term medication | Medication you take for a short time, like an antibiotic

Preventive medication | Medication used to treat conditions that could lead to serious or costly complications if they aren't managed (like high blood pressure or high cholesterol) – these medications are covered (often at 100%) regardless of how much you've paid toward your deductible.

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Terms you should know and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit | A limit on the amount of medications your plan will cover. If you continue to fill prescriptions after the quantity limit is reached, you will have to pay the entire cost.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | A process that requires your doctor to provide more information on why a specific medication was prescribed for you. The plan reviews this information and determines whether or not your medication will be covered.

Dispense as written | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand-name medication and you may have to pay more for the brand.

Appeals | If your or your doctor's request for coverage of a non-covered medication is denied, you have the right to appeal that decision.

- Find more information on these topics in your plan summary.
- Use the *Check Drug Costs & Coverage* tool at **Caremark.com** after 1/1/25 to find out what medications are covered, if there are extra requirements for coverage and how much they will cost.
- Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find network pharmacies near you with the *Pharmacy Locator* at **Caremark.com**

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2026-2027 PRESCRIPTION BENEFITS

Maintenance Choice®

A program which gives you the option to pick up or get delivery of 90-day supplies of the medication you take regularly (for things like diabetes, high blood pressure and asthma) at select participating pharmacies.

- You can choose pickup or Rx delivery by mail at a select participating pharmacy.
- 90-day supplies are more convenient
- If you fill these medications at another pharmacy or in 30-day supplies after grace fills have been exhausted, you'll pay more under your plan.
- You can still fill the prescriptions you take for a limited time (such as antibiotics) at any pharmacy in your plan's network

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To find a select participating pharmacy, visit
Caremark.com/PharmacyLocator

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Deductible amounts for 2026

Individual:
$2,000

Individual within a family:
$4,000

Family:
$4,000

MOOP amounts for 2026

Individual:
$4,000

Individual within a family:
$8,000

Family:
$8,000

Managing your HSP (High Deductible Health Plan)

What you need to know

You'll pay 100% of the cost of your medications until you or your family meet the annual deductible

Some preventive medications may bypass the deductible or be covered at 100% – see your plan summary for details

Once you meet the deductible, you'll pay the appropriate copay

Your deductible may combine pharmacy and medical expenses – see your plan summary for details

If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay $0)

The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year

Want to learn more?
Visit **Caremark.com** to view your plan summary any time.

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The Affordable Care Act (ACA) Preventive Services Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year.

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at Caremark.com

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Convenient, no-cost vaccinations

The CDC recommends a yearly flu vaccination for all adults and a pneumonia vaccination for those 65 and older

Your plan offers

- ✓ No-cost flu vaccinations
- ✓ No-cost pneumonia vaccinations for adults over age 65
- ✓ Receive vaccinations at more than 66,000 retail network pharmacies nationwide (including CVS Pharmacy® locations) by presenting your CVS Caremark member ID card – no appointment or doctor's office visit required

CDC (Centers for Disease Control and Prevention).

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Personalized assistance with CVS Specialty®

Extra support is coming your way.

CVS Specialty can help make managing your medications and your condition a little easier. We'll be with you every step of the way.

Just like your doctor is a specialist in your condition, we're specialists in managing medications that treat your condition. This expertise allows us to offer support tailored to your needs.

CVS Specialty Pharmacy

CVS Specialty Pharmacy

All Plans require specialty medications to be filled through the CVS Specialty pharmacy.

Call CVS Specialty at **1-800-237-2767** or visit **CVSspecialty.com** to get started

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The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence and health outcome results, savings projections and performance ratings are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including Epic Systems and others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

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