

Where to fill your prescription

Choosing where to fill your prescription drugs depends on whether you are ordering a short-term or long-term medication:

Short-term medications are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS/caremark retail network.

- Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,600 CVS/pharmacy locations.
- Find a participating pharmacy at My Health (myhealth.jpmorganchase.com).

Tip: To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS/caremark retail network.

Long-term medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose one of the following easy ways to start using the **Maintenance Choice Program**:

1. Bring your prescription to a CVS/pharmacy location
2. Fill out and send in a mail service order form – use the one included in this welcome kit or print one at My Health (myhealth.jpmorganchase.com)
3. Visit www.caremark.com/mailservice
4. Call Customer Care at 1-866-209-6093 24 hours a day, 7 days a week

You may opt-out of Maintenance Choice by calling Customer Care toll-free at 1-866-209-6093 and continue to receive a 30 or 90-day supply at any participating retail pharmacy; however generally you will pay more.

Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail customerservice@caremark.com or call toll-free at 1-866-209-6093. For TDD assistance, please call toll-free 1-800-863-5488.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Your Prescription Benefit Plan Overview

Simplified Plan Option 2 – What You Will Pay

	CVS/caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	Maintenance Choice* CVS/caremark Mail Service Pharmacy or CVS/pharmacy For long-term medications (Up to a 90-day supply)
Preventive Drug Coverage	\$0 for preventive generic prescription drugs	\$0 for preventive generic prescription drugs
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less	\$15 for a traditional** generic prescription drug \$125 for a specialty generic prescription drug	\$30 for a traditional generic prescription drug \$250 for a specialty generic prescription drug
Preferred Brand-Name Medications	\$125 for a traditional preferred brand-name prescription drug \$200 for a specialty preferred brand-name prescription drug	\$250 for a traditional preferred brand-name prescription drug \$400 for a specialty preferred brand-name prescription drug
Non-Preferred Brand-Name Medications	\$250 for a traditional non-preferred brand-name prescription drug \$250 for a specialty non-preferred brand-name prescription drug	\$500 for a traditional non-preferred brand-name prescription drug \$500 for a specialty non-preferred brand-name prescription drug
Refill Limit for Long-term Medications*	One initial fill plus one refill for long-term medications at any retail pharmacy; all subsequent fills must be obtained at mail order or a CVS/pharmacy.	None
Annual Deductible	Not Applicable	
Annual Maximum Out-of-Pocket (Combined with Medical Out-of-Pocket Maximum)	Please refer to Annual Out-of-Pocket Maximum chart below	
Mandatory Generic Program Generic drugs substituted for brand-name drugs with a direct generic equivalent	If either you or your doctor chooses a brand-name medicine when a direct generic equivalent is available, you will pay the difference in cost between the brand-name and the generic medicine plus the generic copay. Please note: These cost differences will not be limited by per prescription maximums or annual out-of-pocket maximum limits.	
CVS/caremark excluded drugs (Specialty and Non-Specialty)	Not covered, you will pay the full cost for these drugs Your physician can contact CVS/caremark to seek medical exception approval for specific clinical reasons.	
Non-Sedating Antihistamines (also known as NSA's)	Not covered, you will pay the full cost for these drugs	

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**Traditional drug refers to non-specialty

Please Note: Your Prescription Drug Benefit may have special programs associated with specific drug therapies. Some medications require prior authorization, have quantity limits associated with them or are excluded from coverage.

ANNUAL OUT-OF-POCKET MAXIMUMS (Medical and Prescription drug)	
COVERAGE LEVELS	SIMPLIFIED OPTION 2
Total Annual Cash Compensation: < \$60,000	
Employee (Also serves as the "per person1" maximum)	\$5,500
Employee + Spouse/Domestic Partner (DP) or Child(ren)	\$8,500
Employee + Spouse/DP + Child(ren)	\$11,500
Total Annual Cash Compensation: \$60,000 - \$149,999	
Employee (Also serves as the "per person1" maximum)	\$7,500
Employee + Spouse/DP or Child(ren)	\$11,500
Employee + Spouse/DP + Child(ren)	\$16,000
Total Annual Cash Compensation: \$150,000+	
Employee (Also serves as the "per person1" maximum)	\$7,500
Employee + Spouse/DP or Child(ren)	\$11,500
Employee + Spouse/DP + Child(ren)	\$16,000

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Corporate Benefits

P.O. Box 785041
Orlando, FL 32826

MELANIE C GRIFFITH
8384 E SOLANO DR
SCOTTSDALE, AZ 85250-6228



Your Prescription Card.
Your guide for savings.



13004892-2037341

Dear Plan Member,

Welcome to your JPMorgan Chase Prescription Drug Plan. Attached is your prescription card. Be sure to take it to your pharmacy when you get a prescription drug filled for the first time. You can access the CVS/caremark website from My Health (myhealth.jpmorganchase.com). Use the ID number on the card to register, so you can order refills, check drug cost and coverage, print a claim form and more.

The following tips will help you save money on your prescriptions:

- 1. Verify drug coverage.** Use the Check Drug Cost and Coverage tool found on the CVS/caremark website or call 1-866-209-6093.
- 2. Ask for generics first.** Generic drugs can cost up to 80 percent less than brand-name drugs.
- 3. Check to see if your drug is covered under the Prescription Drug Plan.** Certain drugs (Specialty and Non-Specialty) are excluded from coverage.
- 4. Remember the preferred drug list.** If a generic drug isn't available, ask your doctor to prescribe a drug on your plan's preferred drug list, if appropriate. You will pay more for a brand-name medication not on the preferred list.
- 5. Order 90-day supplies of long-term medications** to save money. Maintenance Choice lets you choose to receive your long-term prescriptions at a CVS/pharmacy or from the CVS/caremark Mail Service Pharmacy for the same low copay.
- 6. Fill short-term prescriptions at a network pharmacy.** Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,600 CVS/pharmacy locations.

See the other side of this letter for a summary of your prescription drug plan. If you have questions about your plan coverage, please call Customer Care toll-free at 1-866-209-6093 24 hours a day, 7 days a week. We're here to help you.

Research shows that individuals on average can save 30 to 80 percent by using generics. Source: Generic Pharmaceutical Association. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.