

Your Personal Prescription Benefit Program

Hudson's Bay Group – Gold Plan

Welcome to your new prescription benefit administered by CVS/caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about Maintenance Choice®, which offers two ways for you to save on your long-term medications. CVS/caremark and Lord and Taylor are confident you will find value with your new prescription benefit program.

Your plan is based on a maximum "out of pocket" design which integrates both medical and pharmacy benefits. Your maximum out of pocket is \$3,200 for an individual or \$6,400 for a family. **Until the \$1,500 per individual / \$3,000 per family deductible amount is met, you will pay 100 percent of the discounted cost for your prescriptions. *Preventive Medications bypass the deductible accumulations and pay at the coinsurance/copayment level.**

Once the deductible is met, your costs will be as follows:

	CVS/caremark Retail Pharmacy Network	Maintenance Choice® CVS Caremark Mail Service Pharmacy or CVS/pharmacy
	For short-term medications (Up to a 34-day supply)	For long-term medications (Up to a 90-day supply)
Where	The CVS/caremark Retail Network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and CVS/pharmacy locations. To locate a CVS/caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com after January 1, 2016 .	You have the convenience of getting your long-term medications at one of our 7,700 CVS/pharmacy locations for your mail service copay. Or simply mail your original prescription and the mail service order form to CVS/caremark. Your medications will be sent directly to your home, office or a location of your choice.
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	You will pay: \$10 for a generic prescription (after deductible)	You will pay: \$20 for a generic prescription (after deductible)
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	You will pay: 30% (\$200 max) for a preferred brand-name prescription (after deductible)	You will pay: 30% (\$400 max) for a preferred brand-name prescription (after deductible)
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	You will pay: 50% (\$300 max) for a non-preferred brand-name prescription (after deductible)	You will pay: 50% (\$600 max) for a non-preferred brand-name prescription (after deductible)
Refill Limit	One initial fill plus two refills for maintenance medications	None
Annual Deductible	\$1,500 per individual / \$3,000 per family	
Maximum Allowable Benefit	\$15,000 lifetime maximum per individual for fertility medications	
Maximum Out-of-Pocket	\$3,200 per individual / \$6,400 per family	
*Preventive Medications	Your Consumer Driven Health Plan includes a Preventive Drug list. Medications on this list bypass the deductible accumulations and pay at the coinsurance/copayment level. These medications will still accumulate towards the Maximum Out-Of-Pocket. The Preventive Drug list can be found on Caremark.com	
Web Services	Register at www.caremark.com after January 1, 2016 to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the generic copayment.		

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, 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.





Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice® offers you choice and savings when it comes to filling long-term prescriptions. Now you have **two ways to save:**

CVS Caremark Mail Service Pharmacy:

- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

CVS/pharmacy:

- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at **www.caremark.com**.

To Get Started

The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

IF YOU WOULD LIKE...	THEN...
To continue with mail service	You don't have to do anything. We'll continue to send your medications to your location of choice.
To pick up at CVS/pharmacy	Please let us know. You can do so quickly and easily. Choose the option that works best for you: <ul style="list-style-type: none">• Register or log into www.caremark.com to select a CVS/pharmacy location for pick up• Visit your local CVS/pharmacy and talk to the pharmacist• Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest
To sign up for mail service for the first time	You can do so easily online or by phone. <ul style="list-style-type: none">• Register or log into www.caremark.com, select "Start a New Prescription," then click on "FastStart®"• Call FastStart toll-free at 1-800-875-0867. We'll handle the rest
More information	Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.

Before you reach your 34-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We'll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS/pharmacy.

0106-71_LTGOLD_V1-090115

0106-SML-SUM_71_AD_MAB_MOOP-0915