

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual & Family | Plan Type: Drug



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.caremark.com or by calling 1-800-552-8159.

Important Questions		Why this Matters:
What is the overall deductible?	\$0	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No.	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no out-of-pocket limit .	Not applicable because there's no out-of-pocket limit on your expenses.
Is there an overall annual limit on what the plan pays?	No	
Does this plan use a network of providers?	Yes.	For a list of retail pharmacies, log on to Caremark.com and use the Find a Pharmacy tool. For mail order prescriptions, use Start Mail Service or Refill Mail Service Prescriptions after logging on to Caremark.com. A list of specialty pharmacies is also available.
Do I need a referral to see a specialist?	No	
Are there services this plan doesn't cover?	Yes.	For a list of excluded drugs, log on to Caremark.com and use the Understand My Plan and Benefits tab.

Questions: Call 1-800-776-1355 or visit us at www.caremark.com.

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- **Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	-----NA-----	-----NA-----	
	Specialist visit	-----NA-----	-----NA-----	
	Other practitioner office visit	-----NA-----	-----NA-----	
	Preventive care/screening/immunization	-----NA-----	-----NA-----	
If you have a test	Diagnostic test (x-ray, blood work)	-----NA-----	-----NA-----	
	Imaging (CT/PET scans, MRIs)	-----NA-----	-----NA-----	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com	Generic copay – retail / Rx	\$5	Does Not Apply	Covers up to a 30-day supply
	Generic copay – mail order / Rx	\$10	Does Not Apply	Covers up to a 90-day supply
	Preferred copay – retail / Rx	\$20	Does Not Apply	Covers up to a 30-day supply
	Preferred copay – mail order / Rx	\$40	Does Not Apply	Covers up to a 90-day supply
	Non-Preferred copay – retail / Rx	\$35	Does Not Apply	Covers up to a 30-day supply
	Non-Preferred copay – mail order / Rx	\$70	Does Not Apply	Covers up to a 90-day supply

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**City of Cleveland:
CVS Caremark Prescription Drug Plan**

Coverage Period: 04/01/2013 – 03/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | **Plan Type:** Drug

Common Medical Event	Services You May Need	Your cost if you use an		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	-----NA-----	-----NA-----	
	Physician/surgeon fees	-----NA-----	-----NA-----	
If you need immediate medical attention	Emergency room services	-----NA-----	-----NA-----	
	Emergency medical transportation	-----NA-----	-----NA-----	
	Urgent care	-----NA-----	-----NA-----	
If you have a hospital stay	Facility fee (e.g., hospital room)	-----NA-----	-----NA-----	
	Physician/surgeon fee	-----NA-----	-----NA-----	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	-----NA-----	-----NA-----	
	Mental/Behavioral health inpatient services	-----NA-----	-----NA-----	
	Substance use disorder outpatient services	-----NA-----	-----NA-----	
	Substance use disorder inpatient services	-----NA-----	-----NA-----	
If you are pregnant	Prenatal and postnatal care	-----NA-----	-----NA-----	
	Delivery and all inpatient services	-----NA-----	-----NA-----	
If you need help recovering or have other special health needs	Home health care	-----NA-----	-----NA-----	
	Rehabilitation services	-----NA-----	-----NA-----	
	Habilitation services	-----NA-----	-----NA-----	
	Skilled nursing care	-----NA-----	-----NA-----	
	Durable medical equipment	-----NA-----	-----NA-----	
	Hospice service	-----NA-----	-----NA-----	
If your child needs dental or eye care	Eye exam	-----NA-----	-----NA-----	
	Glasses	-----NA-----	-----NA-----	
	Dental check-up	-----NA-----	-----NA-----	

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$
- **Patient pays** Applicable Copay

Sample care costs:

Hospital charges (mother)	\$0
Routine obstetric care	\$0
Hospital charges (baby)	\$0
Anesthesia	\$0
Laboratory tests	\$0
Prescriptions	\$Copay
Radiology	\$0
Vaccines, other preventive	\$0
Total	Copays

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$0
Total	Copays

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$4,100
- **Plan pays** \$
- **Patient pays** Applicable Copay

Sample care costs:

Prescriptions	\$Copay
Medical Equipment and Supplies	\$0
Office Visits and Procedures	\$0
Education	\$0
Laboratory tests	\$0
Vaccines, other preventive	\$0
Total	Copays

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$0
Total	Copays

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**,

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Coverage Examples

Coverage Period: 04/01/2013 – 03/31/2014

deductibles, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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