



Welcome to your new prescription benefit administered by Aetna. Following is a brief summary of your prescription benefits.

## Value Health

	UVA Pharmacies	CVS Caremark® Mail Service Pharmacy* or CVS Pharmacy®	All Other Participating Retail Pharmacies
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>\$6</b> (Up to 30-day supply) <b>\$14</b> (31 to 90-day supply) Deductible waived	<b>\$6</b> (Up to 30-day supply) <b>\$14</b> (31 to 90-day supply) Deductible waived	<b>\$6</b> (Up to 30-day supply) Deductible waived
<b>Preferred Brand-Name Medicines</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>20%</b> <b>\$150 max</b> (Up to 30-day supply) <b>15%</b> <b>\$375 max</b> (31 to 90-day supply) After Deductible	<b>20%</b> <b>\$34 min/\$150 max</b> (Up to 30-day supply) <b>15%</b> <b>\$75 min/\$375 max</b> (31 to 90-day supply) After Deductible	<b>20%</b> <b>\$34 min/\$150 max</b> (Up to 30-day supply) After Deductible
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list may cost more.	<b>20%</b> <b>\$225 max</b> (Up to 30-day supply) <b>15%</b> <b>\$475 max</b> (31 to 90-day supply) After Deductible	<b>20%</b> <b>\$68 min/\$225 max</b> (Up to 30-day supply) <b>15%</b> <b>\$150 min/\$475 max</b> (31 to 90-day supply) After Deductible	<b>20%</b> <b>\$68 min/\$225 max</b> (Up to 30-day supply) After Deductible
<b>Specialty Medicines</b>	<b>Generic: 20% (\$100 max) (after deductible)</b> <b>Preferred Brand: 20% (\$150 max) (after deductible)</b> <b>Non-Preferred Brand: 20% (\$200 max) (after deductible)</b> Up to a 30-day supply must be filled through UVA Specialty Pharmacy. Limited Distribution Drugs can also be filled through CVS Specialty®.		
<b>Day Supply</b>	Up to a 90-day supply	Up to a 90-day supply	Up to a 30-day supply**
<b>Maximum Out-of-Pocket (in-network)</b>	\$5,500 for individual coverage / \$11,000 for family coverage (combined with medical)		
<b>Annual Deductible (in-network)</b>	\$800 for individual coverage / \$1,600 for family coverage (combined with medical)		

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 brand copayment.

\*Only 31-90 day supplies are available

\*\*After two 30-day fills, if you do not wish to fill your long-term medications in 90-day supplies, you have the option of continuing to fill 30-day supplies by calling the number on the back of your ID card.

Your prescription drug coverage is provided by your employer. Aetna performs administrative services, but does not offer, insure or otherwise underwrite the benefit. Aetna, CVS Pharmacy, CVS Caremark Mail Service Pharmacy and CVS Specialty are part of the CVS Health® family of companies. This document contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates.