

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

Anthem HMO Select

Prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) must be filled in 90-day supplies at select participating pharmacies in your plan's network. **If you fill these prescriptions in 34-day supplies at a retail pharmacy after One initial fill plus one refill fills, your medications won't be covered, and you'll have to pay the entire cost.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's retail network.

	Short-Term Medications	Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 34-day supply	Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	\$5 for one 34-day supply	\$10 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$25 for one 34-day supply	\$50 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$45 for one 34-day supply	\$90 for one 90-day supply
Refill Limit	One initial fill plus one refill	None
Specialty Medications	34 day supply of specialty medications	

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Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card. Specialty pharmacy delivery options are available where allowed by law. In-store pickup 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 the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify. Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.



