



City of Columbus

Your 2025-2026 Prescription Benefits





CVS Caremark® is your Pharmacy Benefit Manager (PBM)

We manage your new prescription benefit plan and help keep your medication costs low.



**We're like your health plan,
but for prescriptions.**

As a CVS Caremark member, you have **access to a wide range of cost-effective medications** and thousands of network pharmacy choices (including home delivery for you and your family).

2025-2026 PRESCRIPTION BENEFITS

Everything you need to manage your medications anytime, anywhere

Caremark.com



Review
your plan and
deductible details



**Check
medication**
costs and find
ways to save



**Find a network
pharmacy** or start
delivery by mail



**Order mail
service refills**
and track
shipments



**Access your ID
card** (view, print
or download to
mobile wallet)



Track progress
toward your deductible
or out-of-pocket
maximum



**Tell us how to
contact you** (by
text, email or other)

Image source: CVS Health Creative Resource Library, accessed 2021, 20200820_18_Media_Room_009394

3 ©2025 CVS Health and/or one of its affiliates. Confidential and proprietary.

 **CVS** caremark®

Registering at Caremark.com

If you're new to CVS Caremark

You can register on or after
2/1/2026

Register at **Caremark.com/Register**.



CVS Caremark Mobile App

Manage your Rx on your own time.

We make it easy to keep track of your Rx, check for savings and more from your mobile device.

Our mobile app gives you a secure, simple way to manage your prescription benefits and member information. Find a nearby pharmacy no matter where you are. Learn about your medication and get information you can trust day or night. Do all this – and much more – at your convenience.

Learn more at [Caremark.com/OpenEnrollment](https://www.caremark.com/OpenEnrollment)



Personalized assistance with CVS Specialty®

Extra support is coming your way.

CVS Specialty can help make managing your medications and your condition a little easier. We'll be with you every step of the way.

Just like your doctor is a specialist in your condition, we're specialists in managing medications that treat your condition. This expertise allows us to offer support tailored to your needs.

We'll be in touch soon to help you get started.



New for 2026

Effective 2/1/2026, All plans will require specialty medications to be filled through the CVS Specialty pharmacy.

Call CVS Specialty at **1-800-237-2767** or visit **CVSspecialty.com** to get started

True Accumulations

We're changing how we calculate your annual deductible and out of-pocket (OOP) maximum* if you use a third-party copay assistance program**, commonly referred to as a “manufacturer copay card”, when you fill your specialty medications. When you use a copay assistance program, your OOP is reduced to save you money and help you get the medication you need. You can still use these programs to help save money, but any savings or rebates you receive from the manufacturer will no longer count toward your deductible or OOP maximum

After you enroll in a third-party copay assistance program, the amount you have to pay OOP for your medications may be reduced or stay the same, however only what you pay OOP will apply toward your deductible or OOP maximum.



Sam has rheumatoid arthritis and is prescribed an expensive medication



▶ Fortunately, the drug manufacturer offers a copay card to assist with the cost



▶ Now, Sam's medication costs \$175 less. Sam only pays \$25 OOP



▶ Sam can fill his medication with reduced OOP costs



▶ Only the \$25 Sam paid is counted toward his deductible and OOP maximum

Convenient, no-cost vaccinations

The CDC recommends a yearly flu vaccination
for all adults and a pneumonia vaccination for
those 65 and older

Your plan offers

- ✓ No-cost flu vaccinations
- ✓ No-cost pneumonia vaccinations for adults over age 65
- ✓ Receive vaccinations at more than 66,000 retail network pharmacies nationwide (including CVS Pharmacy® locations) by presenting your CVS Caremark member ID card – no appointment or doctor's office visit required

CDC (Centers for Disease Control and Prevention).



Appendix & Optional Slides

Terms you should know and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit | A limit on the amount of medications your plan will cover. If you continue to fill prescriptions after the quantity limit is reached, you will have to pay the entire cost.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | A process that requires your doctor to provide more information on why a specific medication was prescribed for you. The plan reviews this information and determines whether or not your medication will be covered.

Dispense as written | If your doctor indicates “dispense as written” on your prescription, your pharmacy can’t substitute a generic for a brand-name medication and you may have to pay more for the brand.

Appeals | If your or your doctor’s request for coverage of a non-covered medication is denied, you have the right to appeal that decision.

-
- ▶ Find more information on these topics in your plan summary.
 - ▶ Use the *Check Drug Costs & Coverage* tool at **Caremark.com** to find out what medications are covered, if there are extra requirements for coverage and how much they will cost.
 - ▶ Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find network pharmacies near you with the *Pharmacy Locator* at **Caremark.com**

Terms you should know

Deductible | The amount you pay for prescription medications before your prescription benefit plan starts to pay. Most plans have an individual deductible amount and a family deductible amount (usually an annual deductible).

Copay or coinsurance | The amount you are responsible for paying when you get your prescription filled. After you pay the copay or coinsurance, your plan will cover the rest of the cost, if any. A copay is a flat amount and coinsurance is a percentage of the cost of the medication.

Maximum out-of-pocket (MOOP) | The maximum amount you will pay out of your pocket before medications or medical services are covered at 100%.

Generic medication | Has the same active ingredients as the brand-name medication and are approved by the U.S. Food and Drug Administration (FDA); usually your lowest-cost option

Preferred brand medication | Medication that is typically a lower-cost option under your benefit plan

Non-preferred brand medication | Highest-cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes or high cholesterol medications

Acute or short-term medication | Medication you take for a short time, like an antibiotic

Preventive medication | Medication used to treat conditions that could lead to serious or costly complications if they aren't managed (like high blood pressure or high cholesterol) – these medications are covered (often at 100%) regardless of how much you've paid toward your deductible.



Legal disclaimers

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence and health outcome results, savings projections and performance ratings are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including Epic Systems and others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up 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 CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

Patient stories and patient names are presented for illustrative purposes only. Any resemblance to an actual individual is coincidental. Unless otherwise specified, images contained within are licensed or the property of CVS Health or one of its affiliates.

This presentation contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.