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MARYLAND

Your 2025-2026 Prescription Benefits

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CVS Caremark® is your Pharmacy Benefit Manager (PBM)

We manage AACG's 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).





From affordable
drug prices to
plenty of network
pharmacies —
**we've got you
covered**



Check out what's already built into your plan:



Prescription savings options

We're always looking for the best value on drug prices



Refills your way

Whether that's at a local network pharmacy or delivery by mail, you've got options



Online support anytime

Track costs, find ways to save and more.
We've got the online tool for you

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

Registering at Caremark.com

If you're new to CVS Caremark

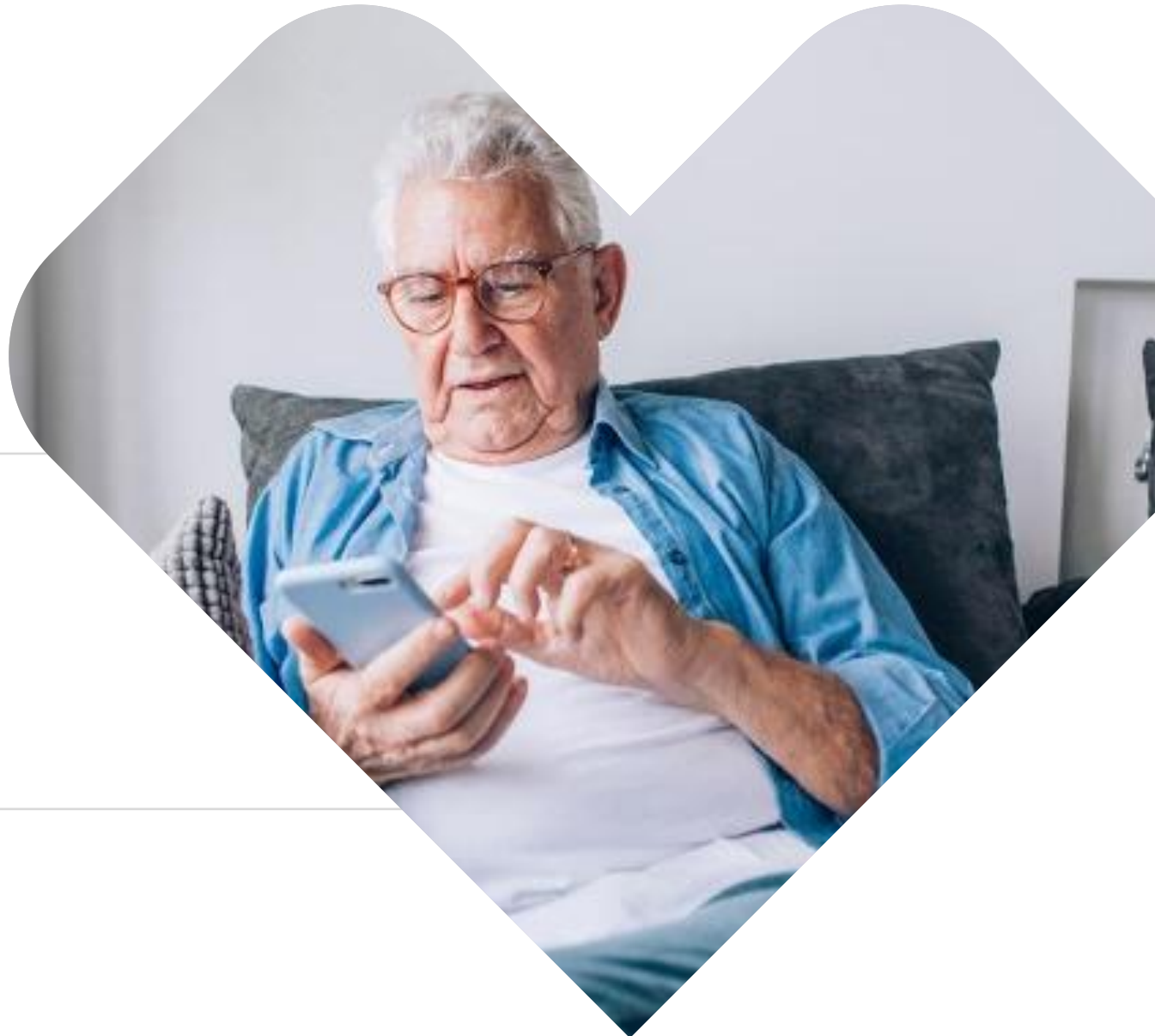
You can register on or after
January 1, 2026

If CVS Caremark is already your PBM

Register any time using your member ID number
(on your member ID card).

Just remember, you won't see any changes for the
upcoming plan year until January 1, 2026.

Register at [Caremark.com/Register](https://www.caremark.com/register) today.



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)



Pharmacy Benefits Summary 2026



	Care Plus Retail Pharmacy	CVS Caremark Retail Pharmacy Network	Maintenance Choice CVS Caremark Mail Service Pharmacy or CVS/pharmacy
	<i>For immediate and maintenance medication needs</i>	<i>Up to 30-day supply</i>	<i>Up to 90-day supply</i>
Generics	\$5	\$5	\$5
Preferred Brands	\$22	\$25	\$50
Non-Preferred Brands	\$32	\$35	\$70



2026 PRESCRIPTION BENEFITS

Maintenance Choice[®]

A program which gives you the option to pick up or get delivery of 90-day supplies of the medication you take regularly (for things like diabetes, high blood pressure and asthma) at select participating pharmacies.



You can choose pickup or Rx delivery by mail



90-day supplies are more convenient



If you fill these medications at another pharmacy, or in 30-day supplies, your medication won't be covered, and you will have to pay the full cost/pay more.



You can still fill the prescriptions you take for a limited time (such as antibiotics) at any pharmacy in your plan's network

To find a select participating pharmacy, visit
[Caremark.com/PharmacyLocator](https://www.caremark.com/PharmacyLocator)



The Affordable Care Act (ACA) Preventive Services Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year.

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at [Caremark.com](https://www.caremark.com)

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

Onsite options will be available.

For more information, visit [Caremark.com](https://www.caremark.com)

CDC (Centers for Disease Control and Prevention).





Blood sugar monitoring



Pharmacists and nurses looking out for you



Prescription refill reminders



Preventive health screenings



Nutrition plans for your likes and needs



CVS Health Tracker app

Managing diabetes?

Extra support is here.

Transform Diabetes Care

provides the right amount of guidance and support based on your needs and preferences.

With the CVS Health® Tracker app, you can monitor your glucose, calories and more. To stay on track, you can message with a health coach and get personalized support from a Certified Diabetes Care Nurse.*

If you're managing diabetes, you're enrolled automatically, so stay tuned for program details – we'll be in touch soon to help you get started.

*Certified Diabetes Care Nurses do not diagnose or treat conditions. Their role is to connect members to appropriate resources and help identify and close gaps in care. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Surrounding you with extra support to help you manage your health



Introducing Health Advisor,
a personalized program designed
to help meet your unique health
care needs.

**Offered at no extra
cost to you,**

Health Advisor gives you guidance
by mail, email, text or phone
whenever you need it –
helping you make healthy choices,
save on medical expenses and
better manage your health.

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

This program is not a substitute for the medical care provided by your doctor and is not a replacement for the advice or treatment you may be receiving from your doctor.

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.

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.

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- ▶ 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**

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.

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