



**Prescription Benefits At-A-Glance**  
**Stark County Schools Plan Participants**  
**Caremark Prescription benefit Program**

	<b>RETAIL PHARMACY</b>	<b>MAIL SERVICE PHARMACY</b>
<b>When To Use Your Benefit</b>	For immediate medicine needs or short-term medicines	For maintenance or long-term medicines
<b>Cost To You:</b>	20%*	20%*
<b>Days Supply Limit:</b>	34-day supply	90-day supply
<b>Caremark Customer Care:</b>	1-888-202-1654 Or Www.caremark.com	1-888-202-1654 Or Www.caremark.com

**\*GENERIC DRUGS, WHERE AVAILABLE, WILL BE SUBSTITUTED FOR BRAND NAME DRUGS.**

**FAILURE TO FOLLOW THESE PROVISION WILL RESULT IN THE EMPLOYEE PAYING 100% OF THE DRUG COST.**

When talking to your doctor, remember the following:

For new maintenance or long-term medicines, ask your doctor to write **two prescriptions:**

- one for up to a **34-day supply** to be filled immediately at a Caremark participating retail pharmacy.
- the other for up to a **90-day supply** (plus refills if appropriate) to be sent to the Caremark Mail Service Program

Visit [www.caremark.com](http://www.caremark.com) to:

- Order prescription refills
- Check order status
- View prescription history
- Verify drug payment and coverage
- View a list of Caremark participating pharmacies
- Access to trusted healthcare web sites and healthcare information
- Obtain detailed drug information