

# YOUR 2021 CVS Rx PLAN

	NVIDIA HSA PLAN		NVIDIA HSA PLUS		NVIDIA PPO	
	WHAT YOU PAY In-Network	WHAT YOU PAY Out-Of-Network	WHAT YOU PAY In-Network	WHAT YOU PAY Out-Of-Network	WHAT YOU PAY In-Network	WHAT YOU PAY Out-Of-Network
<b>NVIDIA HSA Contribution</b>	\$2,000 / \$2,500 / \$3,000		\$1,000 / \$1,250 / \$1,500		N/A	
<b>Deductible</b>	\$5,000 / \$7,500 / \$10,000	\$5,000 / \$7,500 / \$10,000 (Medical and Retail Rx Only)	\$1,400 / \$2,800 / \$3,350	\$1,800 / \$2,700 / \$3,600 (Medical and Retail Rx Only)	\$750 / \$1,500 (Medical Only)	\$1,500 / \$3,000 (Medical Only)
<b>Out-Of-Pocket Maximum (OOP) (Medical + Rx)</b>	\$6,450 / \$9,700 / \$12,900	\$6,450 / \$9,700 / \$12,900 (Medical and Retail Rx Only)	\$2,500 / \$3,750 / \$5,000	\$5,000 / \$7,500 / \$10,000 (Medical and Retail Rx Only)	\$3,000 / \$6,000	\$5,000 / \$10,000 (Medical and Retail Rx Only)
<b>Deductible-Included OOP Maximum</b>	Yes		Yes		Yes	
<b>Deductible / OOP Maximum</b>	Embedded		Non-Embedded		Non-Embedded	
<b>Deductible And OOP Maximum– Cross Apply INN And OON</b>	Yes		Yes		Yes	
<b>Rx Copay/Coinsurance Applies Toward Deductible For Non-ACA Preventive Medications</b>	No		No		N/A	
<b>Rx Copay/Coinsurance Applies Toward OOP Maximum</b>	Yes		Yes		Yes	
<b>Rx Retail (30 Days)</b>	10% after deductible	30% after deductible	10% after deductible	30% after deductible	\$10 / \$40 / \$80	30%
<b>Rx Mail (90 Days)</b>	10% after deductible	N/A	10% after deductible	N/A	\$20 / \$80 / \$160	N/A
<b>ACA Preventive Drugs</b>	\$0 (bypass deductible)		\$0 (bypass deductible)		\$0	
<b>Full Preventive Drug List (Non-ACA)</b>	Generic: \$0 (bypass deductible) Brand: 10% (bypass deductible)	30% (bypass deductible, Retail only)	Generic: \$0 (bypass deductible) Brand: 10% (bypass deductible)	30% (bypass deductible, Retail only)	N/A	
<b>Mandatory Mail Order (Including Specialty Drugs)</b>	After 3 retail 30-day “fills” of maintenance and specialty drugs, members are required to use mail order or pay 100% cost of the drug at retail.					

Under the HSA plans, Generics will bypass the deductible and cost \$0 to the member; Preferred and Non-Preferred Brands will apply the same coinsurance percentage but may result in different net cost to the member due to differences in drug prices; and Emergency Reaction Kits will bypass the deductible. There is a Quantity Limit of 3 Emergency Reaction Kits under all plans. Member copays for preventive medications will not apply toward their deductible because the member is receiving first dollar coverage. For all medications, the coinsurance will apply toward the Out-of-Pocket maximum.