How Your Prescription Drug Coverage Works **CVS CAREMARK**

If you meet the Plan's eligibility requirements and you enroll in the medical plan, you have prescription drug coverage through CVS Caremark. Below is a snapshot of your prescription drug benefits:

	Retail Pharmacy	**Mail Service Pharmacy**
When To Use Your Benefit	For immediate or short-term medications	For maintenance medications or long-term medications
You Pay:	**1 – 34 day supply** • **$10** for each generic medication • **$20** for each brand-name medication on the Primary/Preferred drugs list • **$35** for each brand-name medication not on the Primary/Preferred drug list	Not Applicable
When To Use Your Benefit:	For maintenance medications or long-term medications	For maintenance medications or long-term medications
You Pay:	**1 – 34 day supply (0 - 3 fills)** • **$10** for each generic medication • **$20** for each brand-name medication on the Primary/Preferred drugs list • **$35** for each brand-name medication not on the Primary/Preferred drug list **1 – 34 day supply (0 - 999 fills)** • **$30** for each generic medication • **$60** for each brand-name medication on the Primary/Preferred drugs list • **$105** for each brand-name medication not on the Primary/Preferred drug list ***IMPORTANT: Regardless of the day-supply limit, the 35-90 day supply copays listed above will apply for the fourth and all subsequent fills***	**1 – 90 day supply** • **$25** for each generic medication • **$50** for each brand-name medication on the Primary/Preferred drugs list • **$87.50** for each brand-name medication not on the Primary/Preferred drug list • **$50** per 30 day supply for each Specialty injectable
Annual Deductible	**$50** per individual or **$150** per family	
Dispense As Written (DAW) Penalty:	When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand	When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay a **$100** copayment.

	copayment.	
Retail 90 Network:	There are certain retail pharmacies that participate in the CVS Caremark Retail 90 Network. As part of this program, you can obtain a 90-day supply of your maintenance medicine at a participating retail pharmacy. To find out if your local retail pharmacy participates in this program, please contact Customer Care toll-free at 1-866-9350.	
Customer Care:	1-866-846-9350	

The CVS Caremark Primary/Preferred Drug List

Is a guide within select therapeutic categories for plan members and health care providers. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an al-inclusive list. This list represents brand products, branded generics, and generic products. The Primary/Preferred Drug List is available at www.caremark.com

Prescription Drug

A prescription drug, brand or generic drug, medicine, or medication covered by the plan is a Federal Legend Drug (a drug that requires a prescription) as defined by the Food and Drug Administration (FDA). Experimental drugs or substances/products that are not approved by the FDA for production, distribution or marketing are not covered by the plan

Drugs Not Covered

The following drugs, drug classes, or drug categories are not covered:

Over The Counter Drugs or Products
Botox / Myobloc
Hair Growth Stimulants
Hair Removal Agents
Inject-able Nutritional Supplements
Vaccines / Toxoids
Device Contraceptives
Smoking Cessation Gum or Patches
Certain diabetic supplies: Alcohol Wipes, Glucose Monitors, Lancets and Lancet devices, test strips
Respiratory Therapy Supplies

Your Prescription Drug ID Card

After you enroll for medical plan coverage, an ID card will be mailed to you. Present your ID card at participating retail pharmacies, and you will be charged the applicable copayment. Your plan will cover the rest.

How do I use www.caremark.com? Once you receive your ID card, you can register as a member to access the CVS Caremark website. To register, you will need your Participant/Cardholder ID number from your ID card. You will then be able to access a variety of information including claim and mail-order forms, your mail-order status, set refill reminders, sign up for automatic refills, access the Primary/Preferred Drug List, and much more.

Filling Your Prescription at a Participating Retail Pharmacy

To find a participating pharmacy near you, visit **www.caremark.com** or call CVS Caremark at (866) 846-9350.

Day Supply Limit

You can get up to a 34-day supply of medication and a 90-day supply each time you have a prescription filled at a participating retail pharmacy. Ask your doctor or other prescriber to write a prescription for up to 90-day supply plus refills, when clinically appropriate.

Refill Limit

You may get as many refills of your maintenance medications at a participating retail pharmacy as your prescription allows. There are no refill limits under your prescription benefit plan. ***Note: Regardless of the day-supply limit, the 35-90 day supply copays listed above will apply for the fourth and all subsequent retail prescription fills, therefore, for maintenance prescriptions for long-term use, it is beneficial to obtain a 90 day supply from your prescriber.***

CVS Caremark Participating Retail Pharmacies

The CVS Caremark Retail Program includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 6,900 CVS/pharmacy locations. For a full listing, visit www.caremark.com

Using a participating retail pharmacy is generally more convenient and less expensive. Participating pharmacies can easily access information about your prescription benefit program and the appropriate payment. You will not need to file any additional paperwork when you use a CVS Caremark participating retail pharmacy.

Non-Participating Pharmacy Retail Pharmacies

If you paid the full prescription price at a Non-Participating Retail Pharmacy (out-of-network), you will need to submit a paper claim form along with the original prescription receipt(s) to CVS caremark for reimbursement of covered expensed. You will be reimbursed what the prescription would cost at a Participating Retail Pharmacy (in-network), less the applicable copayment. You can download and print a claim form when you log in to www.caremark.com or call the Customer Care toll-free number which is printed on your ID card.

Filling Your Prescription Through the CVS Caremark Mail Service Pharmacy

CVS Caremark Mail Service Pharmacy operates five mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, our mail service pharmacies are staffed by registered pharmacists. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it is filled correctly. In addition, your prescription history is reviewed to identify possible drug interactions or allergies you may have with new medications you are prescribed.

Convenient Home Delivery: Please allow 7-10 days for delivery from the time your order is placed. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about any prescription medication that you would receive from a retail pharmacy.

Day Supply Limit

You can get up to a 90-day supply of medication when you get a prescription filled through the CVS Caremark Mail Service Pharmacy. Ask your doctor or other prescriber to write a prescription for up to a 90-day supply plus refills, when clinically appropriate.

Please Note: By Law, CVS Caremark must fill your prescription for the exact quantity of medication prescribed by your doctor or other prescriber, up to the 90-day supply limit. "30-days plus two refills" does not equal one prescription written for "90-days."

Payment Options For Mail Order Service

While checks and money order are accepted, the preferred methods of payment are by Electronic Check, Bill Me Later® or credit card. For credit card payments, simply include your Visa®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the enclosed mail service order form.

Specialty Pharmacy Program

Certain chronic and/or genetic conditions require special pharmacy products, often in the form of injected or infused medications. CVS Caremark Specialty Pharmacy is a comprehensive pharmacy program that provides these products directly to covered individuals along with the supplies, equipment and care coordination needed. In the ongoing effort to manage your prescription benefits effectively, clinical guidelines are included and evaluated under the Plan. A list of specialty medications has also been provided for your reference.

*****Effective 1/1/2014 – All Transplant, HIV, and Hepatitis B medications will now be required to use CVS Caremark Specialty Pharmacy, please call CaremarkConnect® toll-free at 1-800-237-2767 to obtain you medication.**

To take advantage of the Specialty Pharmacy benefits, and obtain the necessary Prior Authorization, call CaremarkConnect® toll-free at 1-800-237-2767. We will work with your physician to conduct the necessary clinical review. You can access a complete list of Specialty medications at www.caremark.com.