



# EUTF Active Employees Your Prescription Drug Plan

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about your benefits



	Retail 90 Pharmacy or CVS Caremark Mail Pharmacy	Participating Non-Retail 90 Pharmacy
<b>Calendar Year Maximum Out-of-Pocket (CY MOOP)</b>	90/10 PPO, 80/20 PPO and HMO Plans: \$4,350/individual, \$8,700/family 75/25 PPO Plan: \$3,150/individual, \$6,300/family	
<b>Day Supply</b>	30/60/90	30/60/90
<b>Generic Medications</b> Lowest cost option	\$5/\$10/\$10	\$5/\$10/\$15
<b>Preferred Brand-Name Medications</b> Lowest cost option when a generic isn't available	\$25/\$50/\$50	\$25/\$50/\$75
<b>Non-Preferred Brand Name Medications</b> Highest cost option	\$50/\$100/\$100	\$50/\$100/\$150
<b>Preferred Insulin</b>	\$5/\$10/\$10	\$5/\$10/\$15
<b>Other Insulin</b>	\$25/\$50/\$50	\$25/\$50/\$75
<b>Preferred Diabetic Supplies</b>	\$0	\$0
<b>Other Diabetic Supplies</b>	\$25/\$50/\$50	\$25/\$50/\$75
<b>Oral Contraceptives</b> (up to a 12-month supply)	\$0 for most oral contraceptives	
<b>Specialty CY MOOP</b> Accumulates toward the individual/family CY MOOP	\$2,500 per person	
<b>Specialty</b> (up to a 30-day supply)	Generic: 10% up to \$200 per fill Preferred brand: 20% up to \$300 per fill Non-preferred brand: 30% up to \$400 per fill Oral oncology: \$30 Mail Pharmacy: Not all specialty drugs can be mailed	
<b>New Maintenance Medications</b> (less than a 90-day supply)	Limited to one initial fill plus two refills before a 90-day fill is required	
<b>Website</b>	Register at <b>Caremark.com</b>	
<b>Customer Care</b>	Call toll-free <b>1-855-801-8263, TDD 711</b>	

Some medications require prior authorization, step therapy, and quantity duration management rules.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be fixed amount, or a percentage of the prescription price, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

## New Plan Changes

### Effective July 1, 2025

1. Revised prior authorization criteria for coverage of antidiabetic GLP-1s (e.g. Ozempic, Mounjaro, Rybelsus, Trulicity, and Victoza).
2. Implemented the Basic Control Formulary where utilization management was added to non-preferred products in ten specific drug classes (including diabetic agents).
3. Implemented Hyperinflation Management where hyperinflated drugs that have readily available, clinically appropriate and more cost-effective alternatives are excluded.
4. Added 100% coverage of Apretude and Descovy (in addition to generic Truvada) for HIV pre-exposure prophylaxis (PrEP), in accordance with federal law.

## Pharmacy Network

There are over 200 pharmacies statewide and over 68,000 pharmacies nationwide. Use the pharmacy locator feature on [caremark.com](https://www.caremark.com) or the mobile app to locate a network pharmacy near you.

**Retail 90/Mail:** To maximize your benefits, fill your maintenance prescriptions at a Retail 90 Pharmacy or CVS Caremark Mail Pharmacy to get a lower copayment where a 90-day fill is two times the 30-day copay. Retail 90 pharmacies include but are not limited to CVS, Costco, Safeway, Sam's Club, Times, Walgreens, and Walmart pharmacies. CVS Caremark Mail Pharmacy is located on Oahu and is a convenient way for you to order your maintenance prescriptions. There is no delivery cost from CVS Caremark Mail Pharmacy, whereas there may be delivery fees for home delivery of prescriptions from a retail pharmacy. There is also no coordination of benefits between multiple insurance plans at the Mail Pharmacy. For more information on Retail 90 and Mail Order, please call CVS Caremark at **1-855-801-8263**.

**Out-of-Network:** If you fill your prescription at an out-of-network pharmacy, you are responsible for paying the full cost of the drug at the time of purchase and reimbursement will be limited to the eligible charge less the out-of-network cost share, which is the applicable copay plus a 20% coinsurance for prescriptions other than oral contraceptives and specialty medications. These out-of-network costs are not applicable to the CY MOOP. Mail is not a benefit through out-of-network vendors. A member request for claim reimbursement must be submitted to CVS Caremark within one year from the date of purchase. A claim can be submitted online through [caremark.com](https://www.caremark.com) or the mobile app. To submit a paper claim, go to [caremark.com/portal/asset/paperclaim\\_std\\_eng.pdf](https://www.caremark.com/portal/asset/paperclaim_std_eng.pdf) to download the form or request one at **1-855-801-8263**.

## Types of Medications

**Acute medications** (or short-term medications) are prescribed for urgent treatment of an injury or illness. Examples of acute prescriptions include antibiotics, cough medications, or medications for pain relief. Acute prescriptions can be filled at any retail pharmacy.

**Maintenance medications** (or long-term medications) are those prescriptions taken for an extended period of time to treat chronic conditions such as high blood pressure, diabetes, heart disease, or high cholesterol. Participants are allowed three 30-day initial fills at the retail pharmacy for each new medication or new dosage amount in order to determine if the medication or dosage is correct. Members are required to fill a 90-day supply thereafter.

**Specialty medications** are high-cost medications used to treat complex, chronic conditions like cancer, autoimmune diseases like rheumatoid arthritis or multiple sclerosis (MS), or rare diseases such as hemophilia. In general, specialty drugs taken at home and self-administered (either orally or by injection) that are filled by a pharmacy are covered under your prescription drug benefit. Specialty drugs administered by a healthcare provider and dispensed onsite (e.g., a doctor's office or outpatient treatment center) are generally covered under your medical benefit. Your doctor determines whether they have the specialty product to dispense and where the claim is submitted, so provide both your medical and pharmacy cards to your provider to ensure coverage. **Note:** There is no coordination of benefits between the EUTF medical and prescription drug plans. Specialty drugs covered under the prescription drug benefit are limited to a 30-day supply.