



HSTA VB Active Employees Your Prescription Drug Plan

	Participating Pharmacy or Hawaii Mail Service Pharmacy
Calendar Year Maximum Out-of-Pocket	\$4,350/individual, \$8,700/family
Day Supply	30/60/90
Generic Medications Ask your doctor if there is a generic available, as these generally cost less. †	\$5/\$9/\$9
Brand-Name Medications If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list. †	\$15/\$27/\$27
Insulin	\$5/\$9/\$9
Diabetic Supplies	No charge
Oral Contraceptives	No charge for most oral contraceptives (up to a 12-month supply)
Specialty Medications	30-day supply only Subject to the applicable generic/brand copayment Oral oncology: No charge
Website	Register at Caremark.com
Customer Care	Call toll-free 1-855-801-8263, TDD 711

† 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, 2023

1. Changed coverage for metformin (850mg) to a \$0 copay in accordance with federal law.
2. Changed coverage for male condoms when prescribed to a \$0 copay in accordance with federal law.

Maintenance Medications

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. Your copayment is lower when filling a 90-day supply either at a participating pharmacy or through the mail order pharmacy.

The Mail Order Program is voluntary. Overall, the cost to the plan is lowest when prescriptions for maintenance medications are filled through the mail order pharmacy. To start mail order, contact CVS Caremark at **1-855-801-8263**.

Specialty Medications

Specialty medications are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. Coverage depends on where your prescription is filled and whether your provider files the claim with your medical plan or prescription drug plan. Generally, if filled at a pharmacy, coverage is provided under your prescription drug plan, and if filled elsewhere (e.g., an inpatient hospital facility, a hospital-based outpatient treatment center, doctor's office, etc.), coverage is provided under your medical plan. Present both your medical and prescription drug ID cards at your doctor's office or any provider facility to ensure coverage of your medication. Please note that there is no coordination of benefits for specialty drugs across HSTA VB medical and prescription drug plans.

For assistance with specialty prescriptions or to locate a specialty network pharmacy, call **1-855-801-8263**. For assistance with ordering specialty prescriptions at CVS Specialty, call **1-800-896-1464**.

Non-Participating Pharmacy

If you fill your prescription at a non-participating pharmacy, you will be 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 (copayment plus 30% coinsurance). Paper claims must be submitted to CVS Caremark within one year from the date of purchase. To download a paper claim form, go to caremark.com/portal/asset/paperclaim_std_eng.pdf or request one at **1-855-801-8263**.