# Here's an overview of your CVS Caremark benefits.

## **EUTF Retiree Plan**

The information below is a brief summary of your prescription drug benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and the EUTF want to help you find value with your prescription benefit program.

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Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less. *	<b>\$5</b> for a generic prescription	<b>\$10</b> for a generic prescription	<b>\$15</b> for a generic prescription
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.*	<b>\$15</b> for a preferred brand prescription	<b>\$30</b> for a preferred brand prescription	\$45 for a preferred brand prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list. *	<b>\$30</b> for a non- preferred brand prescription	\$60 for a non- preferred brand prescription	<b>\$90</b> for a non- preferred brand prescription
Refill Limit	One initial fill plus two re	efills for new maintenance	medications on a 30-day supply
Specialty Medications	20% - up to \$250 per fill with a \$2,000 maximum-out-of-pocket per calenda year. \$30 oral oncology medications	ar NA	NA
Preferred Insulin	\$5 copayment	\$10 copayment	\$15 copayment
Other Insulin	\$15 copayment	\$30 copayment	\$45 copayment
Preferred Diabetic Supplies	\$0 copayment	\$0 copayment	\$0 copayment
Other Diabetic Supplies	\$15 copayment	\$30 copayment	\$45 copayment
Customer Care	through Friday. Call toll-free a	er, 1003 Bishop Street, Suite 704 at <b>1-855-801-8263, TDD 711,</b> 24 ole on <b>caremark.com</b> or at <b>care</b>	hours a day, 7 days a week.

Please Note: 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 generic copayment.

\*Some prescriptions may require a prior authorization approval before the plan provides coverage or may be subject to a step-therapy program.

Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, 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.



# Plan Changes Effective July 1, 2022 (unless otherwise specified)

- 1. Added prior authorization and quantity limit requirements for Opzelura (treats atopic dermatitis) and eye drops used to treat presbyopia (farsightedness), such as Vuity (coverage through 9/30/22).
- Excluded the Vision Enhancement Agents category effective 10/1/22. These are prescription ophthalmic products used to improve field of vision and include Vuity (treats presbyopia or age-related blurry vision, Upneeq (treats droopy eyelids), and Acuvue Theravision with Ketotifen (corrects vision and treats eye allergies).
- 3. Added prior authorization requirements for Kerendia (treats chronic kidney disease in adults with type 2 diabetes). Members that used Kerendia prior to 7/1/22 are grandfathered and do not need a prior authorization.
- 4. Added the CVS RxSavingsPlus program which provides drug discounts for certain non-covered prescription drugs dispensed by participating network pharmacies.

# **Frequently Asked Questions**

#### How do I find a pharmacy in the CVS Caremark Pharmacy Network?

To find a network pharmacy near you, use the Pharmacy Locator tool on Caremark.com or on the CVS Caremark mobile app. Or, you can call Customer Care at 1-855-801-8263 (available 24 hours a day, seven days a week).

# How do I transfer my prescription from a non-network retail pharmacy to a pharmacy in CVS Caremark Pharmacy Network?

Find a network pharmacy by using the Pharmacy Locator tool on Caremark.com, through the CVS Caremark mobile app or by calling CVS Customer Care at 1-855-801-8263. Call or visit your new network pharmacy and tell the pharmacist where you are currently filling your prescription. The pharmacist will contact the non-network pharmacy and make the transfer for you.

#### Can I fill my prescription at a non-network retail pharmacy?

Yes. If you fill your prescriptions at a non-network pharmacy, you will pay the full retail price of the medication and will need to send CVS Caremark an online or paper claim for reimbursement. You can submit a claim electronically on Caremark.com or through the CVS Caremark mobile app by completing the required fields and submitting copies of your receipts. Or, you can download and print a claim form on Caremark.com. When you fill prescriptions with a non-network pharmacy, reimbursements may be limited, and you will have to pay your copayment + 20% coinsurance plus the difference between the CVS Caremark-contracted cost and the actual cost of the medication.

#### What are maintenance medications?

Maintenance or long-term medications are usually filled in 90-day supplies and are taken for an extended period. They're used to treat chronic conditions like high blood pressure, diabetes or high cholesterol. By filling prescriptions for maintenance medications at a Retail 90 pharmacy or through CVS Caremark Mail Service Pharmacy, you will save money by paying two 30-day copayments for a 90-day supply.

## Why should I have my medications delivered from the CVS Caremark Mail Service Pharmacy?

The CVS Caremark Mail Service Pharmacy is located on Oahu and is a convenient way for you to order your maintenance prescriptions. Your maintenance medications can be delivered to your home or a location of your choice with standard shipping at no cost to you. By using the mail service pharmacy, you minimize trips to the pharmacy and help to keep costs lower.

To view more Frequently Asked Questions, visit the CVS website caremark.com/eutf.