

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.

	Short-Term Medications Participating Pharmacy (Up to a 30-day supply)	Long-Term Medications Retail 90 or Hawaii Mail Service Pharmacy (Up to a 90-day supply)	Long-Term Medications Non-Retail 90 Pharmacy (Up to a 90-day supply)
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less. †	\$5 for a generic prescription	\$10 for a generic prescription	\$15 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. †	\$15 for a preferred brand prescription	\$30 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. †	\$30 for a non-preferred brand prescription	\$60 for a non-preferred brand prescription	\$90 for a non-preferred brand prescription
Refill Limit	One initial fill plus two refills 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 calendar year. \$30 for oral oncology medications	N/A	N/A
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	Walk-in services: Pauahi Tower, 1003 Bishop Street, Suite 704 - 7:45am - 4:30pm, Monday through Friday. Call toll-free at 1-855-801-8263, TDD 711 , 24 hours a day, 7 days a week. Plan information is also available on caremark.com or at caremark.com/eutf .		

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
*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 January 1, 2022

The coordination of benefits will be updated for secondary cardholders which may result in a change of copayment depending on the primary coverage.

Frequently Asked Questions

About the CVS Caremark Retail Network

There are more than 68,000 participating pharmacies in the CVS Caremark retail network, including independent pharmacies, chain pharmacies, and CVS pharmacy locations nationwide. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at www.caremark.com or call a Customer Care representative toll-free at **1-855-801-8263**.

May I fill my medication at a non-participating pharmacy?

When you choose to go to a non-participating pharmacy, you will pay the full prescription price and will need to send a paper claim form along with the original prescription receipt(s) to CVS Caremark for reimbursement of covered expenses. You can download and print a claim form when you log in to www.caremark.com.

Will I be reimbursed for prescriptions filled at out-of-network pharmacies?

You will be reimbursed for out-of-network paper claims at 100% off the eligible charge less the out-of-network cost share (copayment + 20% coinsurance) in accordance with the plan's out-of-network benefit.

How do I change my prescription from a non-participating retail pharmacy to a CVS Caremark participating retail pharmacy?

Go to a CVS Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the pharmacy and make the transfer for you. To find a CVS Caremark participating retail pharmacy, click on "Find a Pharmacy" at www.caremark.com.

About the CVS Caremark 90-Day Retail and Mail Service

Maintenance medications are those prescriptions taken for an extended period of time to treat such chronic conditions as high blood pressure, diabetes, or high cholesterol. By using a Retail 90 pharmacy or the mail service pharmacy to fill your maintenance medications or prescriptions written for a 90-day supply, you will save money by paying a lower copayment for your medications. EUTF's plan requires that prescriptions for maintenance medications are filled in a 90-day supply after the first three (3) initial fills. Participants are allowed (3) 30-day initial fills at the retail pharmacy for each new medication or new dosage in order to determine if the medication or dosage is medically appropriate. When you fill a prescription for a 90-day supply of maintenance medication through a Retail 90 pharmacy or through the mail service pharmacy, you will pay **two copayments for a three-month supply**. The cost to the plan is the lowest when you use the mail service pharmacy to fill your prescriptions for a 90-day supply of medications. You are encouraged to use mail-order services to keep plan costs lower. To use mail, contact Customer Care at **1-855-801-8263**, or click "Start Mail Service" at www.caremark.com or on the CVS Caremark mobile app. You can also ask your doctor to call-in your prescription to the mail pharmacy at 877-418-4130, option 2. Your medications will be sent directly to your home or to a location of your choice.

Why should I use the CVS Caremark Mail Service Pharmacy for my prescriptions?

The CVS Caremark Mail Service Pharmacy is located in Hawaii and is a convenient way for you to order up to a 90-day supply of maintenance or long-term medication. You can have your long-term medications delivered to your home or to a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy and help to keep plan costs lower.

How long does it take for my prescriptions to arrive by mail?

Your prescription will be processed and mailed in 2-5 days from the day we receive your order.

How do I check the status of my order?

You can check your refill order status at www.caremark.com or by calling toll-free at **1-855-801-8263**.

How should I ask my doctor or other prescriber to write my prescription so that I can take advantage of using the CVS Caremark Mail Service Pharmacy?

Remind your doctor or other prescriber to write a "90-day supply plus refills," when clinically appropriate, for maintenance medications that are purchased through the CVS Caremark Mail Service Pharmacy. CVS Caremark must fill your prescription for the exact quantity of medication that your doctor or healthcare provider prescribes, up to your plan design limit. When you need to take your maintenance medication right away, ask your doctor or other prescriber for two prescriptions:

- The **first prescription** for up to a 30-day supply.
- The **second prescription** for up to a 90-day supply, with refills when clinically appropriate.

Have the short-term supply filled immediately at a CVS Caremark participating retail pharmacy and send the 90-day supply prescription to the CVS Caremark Mail Service Pharmacy located on Oahu, Hawaii.