



## EUTF Active Employees

Welcome to your prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care and keep costs down.

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

	CVS Caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	CVS Caremark - Retail 90 Pharmacy Network, Hawaii Mail Service Pharmacy, and National Network For long-term medications (Up to a 90-day supply)	
		Retail 90 Pharmacy or Mail	National Network
<b>Where</b>	The CVS Caremark Retail Network includes more than 68,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and CVS pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care representative toll-free at 1-855-801-8263.	You have the convenience of getting your long-term medications at any of our CVS Caremark retail network pharmacies or through the mail service pharmacy. If you choose to fill your prescription at a Retail 90 pharmacy or through mail, you will save money by paying a lower copayment. To use mail, simply mail your original prescription and the mail service order form, which can be found at: <a href="https://eutf.silverscript.com/Documents.aspx">https://eutf.silverscript.com/Documents.aspx</a> , to CVS Caremark or contact Customer Care at 1-855-801-8263. Your medications will be sent directly to your home or to a location of your choice.	
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less. †	\$5 for a generic prescription (30-day supply)	\$10 for a generic prescription (90-day supply)	\$15 for a generic prescription (90-day supply)
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list. †	\$25 for a preferred brand-name prescription (30-day supply)	\$50 for a preferred brand-name prescription (90-day supply)	\$75 for a preferred brand-name prescription (90-day supply)
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list. †	\$50 for a non-preferred brand-name prescription (30-day supply)	\$100 for a non-preferred brand-name prescription (90-day supply)	\$150 for a non-preferred brand-name prescription (90-day supply)
<b>Specialty Medications</b>	20% - up to \$250 per fill; \$2,000 out-of-pocket maximum per calendar year; \$30 copay oral oncology specialty medications	N/A	N/A
<b>Preferred Insulin</b>	\$5 copayment	\$10 copayment	\$15 copayment
<b>Other Insulin</b>	\$25 copayment	\$50 copayment	\$75 copayment
<b>Preferred Diabetic Supplies</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Other Diabetic Supplies</b>	\$25 copayment	\$50 copayment	\$75 copayment
<b>Refill Limit</b>	For new maintenance medications, 30-day supply fills are limited to one initial fill plus two refills before 90-day supply fills are required	None	None
<b>Maximum Out-of-Pocket</b>	The maximum out-of-pocket for your drug plan expenses are \$2,350 per individual and \$4,700 per family, per calendar year. Once the amount is reached, no further copayment or coinsurance will be charged for in-network benefits that are covered under the plan. This excludes any non-covered medications or prescriptions not filled at a network pharmacy.		
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.		
<b>Customer Care</b>	Address: Pauahi Tower, 1003 Bishop Street, Suite 704 - Hours of Operation: 7:45am - 4:30pm, Monday through Friday or call toll-free at 1-855-801-8263, TDD 711 Plan information is also available on <a href="http://caremark.com">caremark.com</a> or at <a href="http://caremark.com/eutf">caremark.com/eutf</a>		
Please note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you may 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.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a 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.

# Plan Changes Effective July 1, 2018

The annual out of pocket maximum will increase to \$2,350 for single plans and to \$4,700 for family plans.

## Frequently Asked Questions

### ABOUT THE CVS CAREMARK RETAIL NETWORK

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

There are more than 68,000 participating pharmacies in the CVS Caremark retail network. When you choose to go to a non-participating pharmacy, you will pay the full prescription price and will need to send CVS Caremark a paper claim. You should submit 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](http://www.caremark.com). When you receive services from a non-participating (out-of-network) provider, you are responsible for the copayment plus any co-insurance on the eligible charge, plus any cost difference between the actual and eligible charge.

#### 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](http://www.caremark.com).

### ABOUT THE CVS CAREMARK 90-DAY RETAIL & MAIL SERVICE PHARMACY

#### Voluntary Retail 90 Pharmacy Network & Mail Order Program for EUTF Active PPO or HMO Members

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. You may choose to use a Retail 90 pharmacy or the Mail Service Pharmacy to fill your maintenance medications or prescriptions written for a 90-day supply. By using a Retail 90 pharmacy or the mail service pharmacy, 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 except for 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 correct. 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, simply mail your original prescription and the mail service order form, which can be found at: <https://eutf.silverscript.com/Documents.aspx>, to CVS Caremark or contact Customer Care at 1-855-801-8263. 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 a 90-day supply of maintenance or long-term medication. Your long-term medications can be delivered to your home or 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 order 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](http://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 in order to receive the maximum benefit from 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.

#### Why should I use a Retail 90 pharmacy for my prescriptions?

You will pay lower copayments when filling your 90-day supply of maintenance or long-term medications at a Retail 90 pharmacy.

#### Can I fill my maintenance prescriptions (90 Day-Supply) at a pharmacy that is not part of the 90-Day Retail pharmacy network?

Yes, but you will pay a copayment per each monthly fill. For example, for a 3-month supply, you will pay 3x the copayment if the pharmacy is part of the CVS Caremark National Network, but not part of the Retail 90 pharmacy network.

### ABOUT THE CVS CAREMARK DRUG LIST

#### What is a drug list?

It is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of generic medications or preferred brand-name medications whenever possible. Generic medications are therapeutically equivalent to brand-name medications and must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness. Generally, generic medications cost less than brand-name medications. You can get a drug list by either visiting [caremark.com/eutf](http://caremark.com/eutf) or by calling Customer Care toll-free at 1-855-801-8263. Some prescriptions may require a prior authorization before the plan provides coverage.

#### How do I change to a generic or preferred drug?

To save money, have your doctor or other prescriber choose a generic or preferred brand-name medication from the CVS Caremark Drug List, if appropriate. You may want to take the list with you when you visit your doctor or other prescriber.