

# EUTF Active Employees



The information below includes 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.

| <b>EUTF 90/10 PPO PLAN<br/>EUTF 80/20 PPO PLAN<br/>EUTF HMO PLAN</b>   | <b>Short-Term Medications<br/>Participating Pharmacy<br/>(Up to a 30-day supply)</b>  | <b>Long-Term Medications<br/>Retail 90 or Hawaii Mail<br/>Service Pharmacy<br/>(Up to a 90-day supply)</b> | <b>Long-Term Medications<br/>Non-Retail 90 Pharmacy<br/>(Up to a 90-day supply)</b> |
|--|---|--|---|
| <b>Generic Medications</b><br>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  |
| <b>Preferred Brand Medications</b><br>If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.†  | <b>\$25</b> for a preferred brand prescription  | <b>\$50</b> for a preferred brand prescription   | <b>\$75</b> for a preferred brand prescription                                      |
| <b>Non-Preferred Brand Medications</b><br>You will pay the most for medications not on your plan's preferred drug list.†   | <b>\$50</b> for a non-preferred brand prescription  | <b>\$100</b> for a non-preferred brand prescription  | <b>\$150</b> for a non-preferred brand prescription                                 |
| <b>Specialty Generic</b>   | <b>10%</b> – up to \$200 per fill   | N/A  | N/A   |
| <b>Specialty Preferred Brand</b>   | <b>20%</b> – up to \$300 per fill   | N/A  | N/A   |
| <b>Specialty Non-Preferred Brand</b>   | <b>30%</b> – up to \$400 per fill   | N/A  | N/A   |
| <b>Specialty Oral Oncology</b>   | <b>\$30</b> copayment   | N/A  | N/A   |
| <b>Specialty Maximum Out-of-Pocket (MOOP)</b>  | <b>\$2,500</b> maximum out-of-pocket per calendar year  | N/A  | N/A   |
| <b>Preferred Insulin</b>   | <b>\$5</b> copayment  | <b>\$10</b> copayment  | <b>\$15</b> copayment   |
| <b>Other Insulin</b>   | <b>\$25</b> copayment   | <b>\$50</b> copayment  | <b>\$75</b> copayment   |
| <b>Preferred Diabetic Supplies</b>   | <b>\$0</b> copayment  | <b>\$0</b> copayment   | <b>\$0</b> copayment  |
| <b>Other Diabetic Supplies</b>   | <b>\$25</b> copayment   | <b>\$50</b> copayment  | <b>\$75</b> copayment   |
| <b>Refill Limit</b>  | One initial fill plus two refills for new maintenance medications on a 30-day supply.   |  |   |
| <b>Maximum Out-of-Pocket</b><br>Specialty MOOP will be counted toward the total annual MOOP  | The maximum out-of-pocket for your drug plan expenses are <b>\$4,350</b> per individual and <b>\$8,700</b> 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>   | Walk-in services: Pauahi Tower, 1003 Bishop Street, Suite 704 – 7:45am – 4:30pm, Monday through Friday. Call toll-free at <b>1-855-801-8263, TDD 711</b> , 24 hours a day, 7 days a week. 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, 2021

1. There will be a \$0 copay for Exemestane 25mg and Anastrozole 1mg for the prevention of breast cancer for women 35 years or older.
2. The coordination of benefits will be updated for secondary cardholders.

## 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 and 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. 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 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 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.