



EUTF Active Employees Your Prescription Drug Plan

Scan here to learn more
about your benefits



	Retail 90 Pharmacy or CVS Caremark Mail Pharmacy	Participating Non-Retail 90 Pharmacy	Non-Participating Pharmacy
Calendar Year Maximum Out-of-Pocket (CY MOOP)	90/10 PPO, 80/20 PPO and HMO Plans: \$4,350/individual, \$8,700/family 75/25 PPO Plan: \$3,150/individual, \$6,300/family		
Day Supply	30/60/90	30/60/90	30/60/90
Generic Medications Best option to help you save money	\$5/\$10/\$10	\$5/\$10/\$15	\$5/\$10/\$15 + 20%
Preferred Brand-Name Medications Best option when a generic isn't available	\$25/\$50/\$50	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Non-Preferred Brand Name Medications Highest cost option	\$50/\$100/\$100	\$50/\$100/\$150	\$50/\$100/\$150 + 20%
Preferred Insulin	\$5/\$10/\$10	\$5/\$10/\$15	\$5/\$10/\$15 + 20%
Other Insulin	\$25/\$50/\$50	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Preferred Diabetic Supplies	\$0 copayment	\$0 copayment	20%
Other Diabetic Supplies	\$25/\$50/\$50	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Oral Contraceptives	\$0 for most oral contraceptives (up to a 12-month supply)		
Specialty CY MOOP Accumulates toward the individual/family CY MOOP	\$2,500 per person		
Specialty Day Supply	Up to 30 days		
Specialty Generic	10% up to \$200 per fill		
Specialty Preferred Brand	20% up to \$300 per fill		
Specialty Non-Preferred Brand	30% up to \$400 per fill		
Specialty Oral Oncology	\$30 copayment		
Refill Limit	One initial fill plus two refills for new maintenance medications on a 30-day supply.		
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

1. Added a prior authorization requirement for anti-diabetic GLP-1 (e.g., Ozempic, Rybelsus, Trulicity, Victoza) and GIP/GLP-1 agonist agents (e.g., Mounjaro) effective July 1, 2023, to ensure appropriate prescribing for diabetes.
2. Added quantity limits for anti-platelet products effective October 1, 2023. Existing members using anti-platelet products over the quantity limit will be grandfathered and will not be subject to these quantity limits.

Network (Participating) Pharmacies

EUTF's prescription drug plan offers a large network of pharmacies to fill your prescriptions. There are over 200 pharmacies statewide and over 68,000 pharmacies nationwide including many non-CVS/Longs Drugs pharmacies. Use the pharmacy locator feature on [caremark.com](https://www.caremark.com) or the mobile app to locate a network pharmacy near you. To maximize your benefits, fill your maintenance prescriptions at a Retail 90 Pharmacy or through the Mail Pharmacy to get a lower copayment for a 90-day supply of medication.

The Mail Order Program is voluntary, convenient, and affordable. To start mail order and fill your prescriptions through the Mail Pharmacy, contact CVS Caremark at **1-855-801-8263**. **Note:** The Mail Pharmacy does not have the capability to bill more than one insurance plan and thus, unable to coordinate benefits.

Acute & Maintenance Medications

Acute medications (or short-term medications) are prescribed for urgent treatment of an injury or illness. Examples of acute prescriptions include antibiotics, cough medications, or medications for pain relief. Acute prescriptions can be filled at any retail pharmacy.

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. Participants are allowed three 30-day initial fills at the retail pharmacy for each new medication or new dosage amount in order to determine if the medication or dosage is correct. Members are required to fill a 90-day supply thereafter.

Specialty Medications

Specialty medications are high-cost medications used to treat complex, chronic conditions like cancer, auto-immune diseases like rheumatoid arthritis or multiple sclerosis (MS), or rare diseases such as hemophilia. In general, specialty drugs taken at home and self-administered (either orally or by injection) that are filled by a pharmacy are covered under your prescription drug benefit. Specialty drugs administered by a healthcare provider and dispensed onsite (e.g., a doctor's office or outpatient treatment center) are generally covered under your medical benefit. Your doctor determines whether they have the specialty product to dispense and where the claim is submitted, so provide both your medical and pharmacy cards to your provider to ensure coverage. **Note:** There is no coordination of benefits between the EUTF medical and prescription drug plans.

Out-of-Network (Non-Participating) Pharmacies

If you fill your prescription at a non-participating pharmacy (while traveling for example), you are 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. A member request for claim reimbursement must be submitted to CVS Caremark within one year from the date of purchase. A claim can be submitted online through [caremark.com](https://www.caremark.com) or the mobile app. To submit a paper claim, go to [caremark.com/portal/asset/paperclaim_std_eng.pdf](https://www.caremark.com/portal/asset/paperclaim_std_eng.pdf) to download the form or request one at **1-855-801-8263**.