



EUTF Active Employees Your Prescription Drug Plan

	Participating Pharmacy	Retail 90 or Hawaii Mail Service Pharmacy
Calendar Year Maximum Out-of-Pocket	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
Generic Medications Ask your doctor if there is a generic available, as these generally cost less. †	\$5/\$10/\$15	\$5/\$10/\$10
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list. †	\$25/\$50/\$75	\$25/\$50/\$50
Non-Preferred Brand Name Medications You will pay the most for medications not on your plan's preferred drug list. †	\$50/\$100/\$150	\$50/\$100/\$100
Insulin	Preferred: \$5/\$10/\$15 Other: \$25/\$50/\$75	Preferred: \$5/\$10/\$10 Other: \$25/\$50/\$50
Diabetic Supplies	Preferred: No charge Other: \$25/\$50/\$75	Preferred: No charge Other: \$25/\$50/\$50
Oral Contraceptives	No charge for most oral contraceptives (up to a 12-month supply)	
Specialty Calendar Year Maximum Out-of-Pocket Counted toward the overall calendar year maximum out-of-pocket.	\$2,500/individual	
Specialty Medications	30-day supply only Generic: 10% up to \$200/fill Preferred brand: 20% up to \$300/fill Non-preferred brand: 30% up to \$400/fill Oral oncology: \$30	Retail 90: 30-day supply only Mail: Not covered
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 Effective July 1, 2023

1. Added the Tier 1 Strategy, which allows pharmacies to dispense the brand product when the cost for the brand is less than the generic. Member pays the generic copay or the cost of the drug whichever is less.
2. Changed coverage for metformin (850mg) to a \$0 copay in accordance with federal law.
3. Changed coverage for male condoms when prescribed to a \$0 copay in accordance with federal law.
4. Excluded coverage of low dose aspirin (81mg) for males ages 50 to 59.

Maintenance Medications

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. If filling a 90-day supply either at a Retail 90 pharmacy or through the mail order pharmacy, the member saves by paying two times the 30-day supply copayment.

The Mail Order Program is voluntary. Overall, the cost to the plan is lowest when prescriptions for maintenance medications are filled through the mail order pharmacy. To start mail order, contact CVS Caremark at **1-855-801-8263**.

Specialty Medications

Specialty medications are high-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. Coverage depends on where your prescription is filled and whether your provider files the claim with your medical plan or prescription drug plan. Generally, if filled at a pharmacy, coverage is provided under your prescription drug plan, and if filled elsewhere (e.g., an inpatient hospital facility, a hospital-based outpatient treatment center, doctor's office, etc.), coverage is provided under your medical plan. Present both your medical and prescription drug ID cards at your doctor's office or any provider facility to ensure coverage of your medication. Please note that there is no coordination of benefits for specialty drugs across EUTF medical and prescription drug benefits.

For assistance with specialty prescriptions or to locate a specialty network pharmacy, call **1-855-801-8263**. For assistance with ordering specialty prescriptions at CVS Specialty, call **1-800-896-1464**.

Non-Participating Pharmacy

If you fill your prescription at a non-participating pharmacy, you will be 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 (copayment plus 20% coinsurance). Paper claims must be submitted to CVS Caremark within one year from the date of purchase. To download a paper claim form, go to caremark.com/portal/asset/paperclaim_std_eng.pdf or request one at **1-855-801-8263**.