Your Pharmacy Benefits Handbook

Summary of FCPS Prescription Benefits Available Through CVS Caremark

Pharmacy Benefit Manager for Aetna/Innovation Health and CareFirst BlueChoice Advantage Plans
Welcome to CVS Caremark®
Prescription benefits manager for Aetna/Innovation Health and CareFirst members

The FCPS Prescription Benefits Plan provides comprehensive benefits with convenient and flexible delivery options for you and your family. To ensure you understand your benefits and how to make the program work best for you, please take the time to review these materials before using your prescription benefit plan.

Medicare-eligible Retirees - please note
SilverScript, a subsidiary of CVS Caremark, is the pharmacy benefit manager for retirees who are enrolled in the Aetna/Innovation Health plan and covered by Medicare.

Medicare retirees should refer to the plan documents, which can be found on the SilverScript website: http://fairfaxps.silverscript.com/.
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This handbook contains a summary of pharmacy benefits for Aetna/Innovation Health and CareFirst members. If there is a discrepancy between information in this booklet and the official Plan documents, the Plan documents will govern. Medicare enrollees should refer to the SilverScript plan documents for plan information. These documents can be found at [http://fairfaxps.silverscript.com/](http://fairfaxps.silverscript.com/).
Your prescription drug plan through CVS Caremark®

You have choices when it comes to having your prescriptions filled. CVS Caremark ensures you have access to high-quality, cost-effective medicines through a system of more than 68,000 local pharmacies. You can also request convenient home delivery of your maintenance medicines – those medicines you take on an ongoing basis – from the CVS Caremark Mail Service Pharmacy.
Understanding Your Benefits

Prescription drug formulary
Your coverage under CVS Caremark is based on a formulary – a list of covered medicines. Your formulary offers a wide selection of clinically sound, cost-effective generic and brand name prescription drugs. For more information or to check drug coverage, please visit http://info.caremark.com/fcps.

Copayments/coinsurance
The amount you pay for your covered medicines will depend on two factors:
• Whether your prescription is filled with a generic, brand name, or specialty drug.
• Where your prescription is filled (at a participating retail pharmacy, at an out-of-network retail pharmacy or through the CVS Caremark Mail Service or Specialty Pharmacy).

Your coinsurance or copayment*

<table>
<thead>
<tr>
<th>Mail Order through CVS Caremark or at a local CVS retail pharmacy</th>
<th>Generic</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>• up to a 30-day supply</td>
<td>$7</td>
<td>20% of cost of drug Maximum $50</td>
</tr>
<tr>
<td>• 31-90 day supply</td>
<td>$14</td>
<td>20% of cost of drug Maximum $100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating non-CVS retail pharmacy**</th>
<th>Generic</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Up to 30-day supply</td>
<td>$7</td>
<td>20% of cost of drug Maximum $50</td>
</tr>
<tr>
<td>• 31-60 day supply</td>
<td>$14</td>
<td>20% of cost of drug Maximum $100</td>
</tr>
<tr>
<td>• 61-90 day supply</td>
<td>$21</td>
<td>20% of cost of drug Maximum $150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty medicines from CVS Specialty pharmacy</th>
<th>Generic</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Up to 30-day supply</td>
<td>$7</td>
<td>20% of cost of drug Maximum $50</td>
</tr>
</tbody>
</table>

Note: Specialty medicines must be filled through CVS Specialty Pharmacy after the initial fill at a retail pharmacy.

* If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.

** Refer to page 6 for instructions when using out-of-network pharmacies.
Coverage for preventive medicines

In compliance with the Affordable Care Act and the Women’s Preventive Services Act, certain preventive medicines, including women’s contraceptives, will be provided at zero copay.

Additionally, several preventive over-the-counter (OTC) products will also be provided at no copay as long as you have a prescription and the recommended criteria are met.

Generally these items are drugs and vitamins recommended for specific age, gender and risk categories. In order to have your copayment waived, you must meet the specified criteria and have a prescription from your physician – even for over-the-counter items. You must also provide your CVS Caremark identification card to the pharmacist for processing.

<table>
<thead>
<tr>
<th>Drug or category (prescription required)</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin (to prevent cardiovascular events)</td>
<td>Men, ages 45 to 79 years, and Women, ages 55 to 79 years</td>
</tr>
<tr>
<td>Oral Fluoride</td>
<td>Children older than 6 months of age through 5 years</td>
</tr>
<tr>
<td>Folic Acid</td>
<td>Women through age 50 years</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>Men and Women ages &gt; 18 years who use tobacco products</td>
</tr>
<tr>
<td>Colonoscopy Prep</td>
<td>Men and Women between ages 50 and 75; limited to two prescriptions per year</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Men and Women ages ≥ 65 who are at increased risk for falls</td>
</tr>
<tr>
<td>Women’s Contraceptives</td>
<td></td>
</tr>
<tr>
<td>• Barrier contraceptives</td>
<td></td>
</tr>
<tr>
<td>• Hormonal contraceptives</td>
<td></td>
</tr>
<tr>
<td>• Implantable medicines (provided through your medical benefits)</td>
<td>Women through age 50 years</td>
</tr>
</tbody>
</table>
Out-of-pocket maximums

Once your pharmacy out-of-pocket expense reaches the levels specified below, the plan will pay covered charges at 100% for the remainder of the calendar year.

• **Individual:** $1,500
• **Family:** $3,000 (All family members’ copayments and coinsurance contribute toward the out-of-pocket maximum)

Additional costs for purchasing a brand-name drug when a generic equivalent is available (ancillary charges) do not apply to the out-of-pocket maximum.

These out-of-pocket maximums are separate from out-of-pocket maximums for your medical plan. Refer to your medical plan summary plan description for information on your medical out-of-pocket maximums.
How to Use Your Plan

Filling your prescriptions

There are several ways to fill your prescriptions, depending on your needs.

Filling a short-term prescription medicine

For short-term medicine needs, such as antibiotics for strep throat or pain relievers for an injury, filling your prescription at a participating local pharmacy is optimal. Simply present your CVS Caremark member ID card and written prescription to your pharmacist and pay your copayment as shown on page 3.

Filling a maintenance medicine

• For prescription drugs you take regularly to treat ongoing conditions (such as drugs used to treat high-blood pressure or diabetes), the CVS Caremark Mail Service Pharmacy & CVS Retail pharmacy chains offer the best value. See page 7 for how to get started with the CVS Caremark Mail Service Pharmacy

• You also have the option of filling your prescriptions at a non-CVS participating retail pharmacy. However, you will not receive the discounted copayments.

Please note: You are not required to use CVS retail pharmacies for filling your maintenance medications. If you choose to use a CVS retail pharmacy or CVS Caremark Mail Service, you will pay lower copayments than if you use other network retail pharmacies.

Filling specialty medications

For specialty medicines used to treat complex conditions, such as drugs that treat cancer or multiple sclerosis, you must use CVS Specialty, the CVS Caremark specialty pharmacy. See page 8 for more information on CVS Specialty Pharmacy.

Using an out-of-network pharmacy

If you use a pharmacy that’s not covered in the network, you must pay the entire cost of the prescription and then submit a claim for reimbursement. Claim forms are located online at http://info.caremark.com/fcps and can also be requested by calling CVS Caremark Customer Care at 1-888-217-4161. Claims must be submitted within 365 days of the prescription purchase date. The maximum the Plan will reimburse is the amount the plan would have paid if obtained at a participating local pharmacy, minus the appropriate copayment.

Please note: You must use 75% of your medicine before requesting a refill.
Using the CVS Caremark Mail Service Pharmacy for your long-term prescription medicines

Filling your prescriptions through the CVS Caremark Mail Service Pharmacy offers the most convenient way to get your medicine. Your medicines are delivered safely and conveniently to your home. When you use the CVS Caremark Mail Service Pharmacy, you can count on:

• Up to a 90-day supply of your medicines for two copayments
• Free standard shipping in a plain weather-resistant pouch
• Flexible payment options, and if you elect, automatic refills
• Refill orders placed at your convenience, by telephone or online
• Access a registered pharmacist any time, day or night, year-round

Getting Started with Mail Order

When you use the CVS Caremark Mail Service Pharmacy, you can obtain a 90-day supply of your medicines for less than you would pay at many retail pharmacies. You can begin using the CVS Caremark Mail Service Pharmacy for home delivery of your maintenance medicines, using one of the following options:

1. Online:
   Register online at [http://info.caremark.com/fcps](http://info.caremark.com/fcps) to begin managing your prescriptions online.

2. By mail:
   Ask your doctor to provide you with a written prescription for your medications and mail them along with a Mail Service Order Form to the address below:

   CVS Caremark  
   PO BOX 94467  
   Palatine, IL 60094

   You can obtain a CVS Caremark Mail Service Order form at [http://info.caremark.com/fcps](http://info.caremark.com/fcps).

   Please note: to avoid delays in filling your prescription, be sure to include payment with your order. Please do not send correspondence to this address.

3. By fax or electronic submission from your doctor:
   • Have your doctor’s office fax (or electronically submit) the prescription for a 90-day supply, plus the appropriate number of refills (maximum one year supply). Your doctor’s office will have the appropriate fax number.

Important notes:
• Faxes must be sent from your doctor’s office. Faxes from other locations, such as your home or workplace, cannot be accepted.
• For new prescriptions, please allow approximately 10 business days from the day CVS Caremark Mail Service receive your request.
• You must use 75% of your medicine before you can request a refill through mail order.
Vacation Overrides
If you are going on vacation and need an additional supply of your medicine, you should ask your pharmacist to call the Pharmacy Help Line to request a vacation override. This will allow you to obtain your next refill early (you must have refills remaining on your prescription). You may also contact Customer Care at 1-888-217-4161 for assistance.

Using CVS Specialty for specialty medicines
CVS Specialty Pharmacy is a full-service mail order pharmacy that provides home delivery service for specialty medicines. These medicines are used to treat a number of complex conditions, such as cancer and arthritis. CVS Specialty Pharmacy does more than provide your medication. CVS Specialty Pharmacy provides you with greater access to your medication and the support you need to take them safely and effectively, so you can stay healthier, longer.

Getting Started
To get started, call a CVS Specialty representative at 1-800-237-2767 or register online at CVSspecialty.com You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medicine on a day that is convenient. You may refill specialty medicines one month at a time (maximum 30-day supply per copayment).

24/7 Personalized Care
CVS Specialty provides 24/7 support from an entire CareTeam of specially-trained pharmacists and nurses. CareTeam can help you manage your condition by: checking dosing and medication schedules; answering your medication questions; suggesting how to relieve side effects; helping you set up new medication regimens; and checking that you are taking your medication as prescribed.

Flexible, Medication Pick-Up or Delivery
CVS Specialty lets you stay in control and on track with flexible medication pick-up or delivery service. Just pick up your medication at any of the 7,600 nationwide CVS Pharmacy locations or have it delivered to your home - the choice is yours.

Convenient Online Prescription Management
Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools.
• Fast refill requests: You can fill all your specialty medications and supplies at the same time with the one-click “Refill All” tool.
• Up-to-date prescription information: View your prescription history, refills remaining, your costs, last fill date and more.
• Medication pick-up or delivery options: Request your refills be sent directly to the location of your choice or pick them up at your local CVS Pharmacy.
• Secure prescription information storage: Keep all your specialty prescription information in one, secure place. Save your favorite CVS Pharmacy location or address for faster ordering and checkout.
Utilization management programs

The plan includes several utilization management programs to promote safety along with appropriate and cost-effective use of prescription medications.

Generics preferred program (automatic generic substitution)

Only your doctor can decide which prescription drug works best for you. If you want to lower your out-of-pocket costs, ask your doctor whether a generic drug is available and right for you.

With a generic drug, you get the same high-quality, effective treatment that you get with its brand name counterpart—without the high cost. FDA-approved generic equivalent medicines contain the same active ingredients and are subject to the same rigid standards established by the FDA for quality, strength and purity, as their brand-name counterparts. To help manage the cost of prescription benefits, the plan includes an automatic generic substitution feature.

How does the “generics preferred program” work?

When your doctor prescribes a brand-name drug and a generic substitute is available, you will automatically receive the generic drug unless:

• Your doctor writes “dispense as written” (DAW) on the prescription; or
• You request the brand-name drug at the time you fill your prescription

If you choose generic medicines, you get high-quality, effective medications at the lowest cost. Your copayment for the generic drug will be less than the copayment for the brand-name drug.

If a generic is available, but you or your doctor request the brand-name drug, you will pay the generic copayment PLUS the full difference in cost between the brand-name drug and the generic equivalent. This difference in cost is referred to as the ancillary fee. The ancillary fee is in addition to the copayment, so the cost could exceed the copayment maximum.

For example:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand name medicine</td>
<td>$120</td>
</tr>
<tr>
<td>Generic medicine cost</td>
<td>$50</td>
</tr>
<tr>
<td>Difference (ancillary fee)</td>
<td>$70</td>
</tr>
<tr>
<td>Copayment</td>
<td>$7</td>
</tr>
<tr>
<td>Total cost</td>
<td>$77</td>
</tr>
</tbody>
</table>

If you chose the generic drug, you would pay $7.

Please note: if your doctor requests you take the brand name drug due to medical necessity, please refer to the Prior Authorization section on page 11.
Step Therapy

The Step Therapy program helps assure that you get the safest, clinically-effective treatment while keeping cost in mind. With step therapy, you typically start with a generic drug before a brand-name drug is approved. If you are not able to use the generic drug, brand-name drugs are covered in the second step.

How does step therapy work?

Step therapy is designed for people who regularly take prescription drugs to treat ongoing medical conditions such as arthritis, asthma, or high blood pressure. Prescription medicines are grouped into two categories:

- **Step 1 medicines** are generic drugs that have been rigorously tested and approved by the FDA. Generics should be prescribed first because they can provide the same health benefits as higher-cost medicines. (See page 9 for more information.)

- **Step 2 medicines** are brand-name drugs such as those you see advertised on TV. There may be multiple Step 2 medicines approved for a condition. They’re recommended only if a Step 1 medicine doesn’t work for you. Step 2 medicines almost always cost more than Step 1 medicines.

What if my doctor prescribes a Step 2 medicine?

Ask if a generic (Step 1) alternative medicine may be right for you. An alternative medicine is one within the same therapy class. This is different from a generic equivalent, which would be automatically substituted for its brand-name counterpart.

Please share your formulary – the list of prescription drugs covered by your plan – with your doctor. The pharmacy cannot automatically change your prescription; your doctor must write a new prescription for you to change from a Step 2 medicine to a Step 1 medicine. If a Step 1 medicine is not a good choice for you, then your doctor can request prior authorization (described in more detail on page 11) to determine if a Step 2 medicine will be covered by the plan.

Who decides which prescription drugs are included in step therapy?

A panel of independent licensed physicians, pharmacists and other medical experts work with CVS Caremark to recommend medicines for inclusion in the step therapy program. Together, they review the most current research on thousands of prescription drugs tested and approved by the FDA for safety and effectiveness, recommending appropriate prescription drugs for the program. For more information on step therapy in your benefit plan, visit [http://info.caremark.com/fcps](http://info.caremark.com/fcps) or call Customer Care at 1-888-217-4161.
Prior authorization

Prescriptions for certain medicines require a prior authorization – also known as a coverage review- to ensure the drug is cost effective and clinically appropriate. The review uses both formulary and clinical guidelines and other criteria to determine if the plan will pay for certain medicines.

The following situations may require prior authorization for your prescription:
• Your doctor prescribes a drug not covered by the formulary
• The medicine prescribed is subject to age limits
• You need additional quantities of certain medicines, such as those used to treat migraines
• The medicine is only covered for certain conditions

If, on the rare occasion you are not able to take the generic medicine, your doctor can request a prior authorization that would allow you to purchase the brand without paying the ancillary charge.
How to appeal
If the prior authorization is denied, you or your representative may appeal this decision by writing to:

CVS Caremark
Appeals Department
MC109
P.O. Box 52084
Phoenix, AZ, 85072-2084
Fax: 1-866-689-3092

Please include: your name and member ID number, the doctor’s name and telephone number, the name of the medicine, and any information relevant to your appeal. The appeal will be reviewed according to your plan provisions, and a decision will be sent to you and your doctor.

If you require an urgent review, please call Customer Care at 1-888-217-4161 for instructions. Please note that not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours.

If you still choose to fill this prescription, you will be responsible for the cost of the medicine that has not been approved. You have a right to receive, upon written request and at no charge, information used to review your request.

Please note: You must submit an appeal within 180 calendar days after you receive the notice of a denial of a prior authorization.

Quantity level limits
For some medicines, such as medicines used to treat migraines, your plan covers a limited quantity within a specific period of time. A coverage review may be available to request additional quantities of these medicines. Please note that the pharmacy does not automatically initiate a coverage review process for additional quantities. You or your doctor must initiate this process.

Claims Inquiry
If you believe your claim was incorrectly denied or you have questions about a processed claim, call CVS Caremark Customer Care at 1-888-217-4161.

Privacy
Your FCPS Benefit Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. To review the FCPS Group Health Plan Notice of Privacy Practices, refer to www.fcps.edu and search “Group Health Privacy Practices.”
Resources at-a-glance

Online resources for members not yet enrolled in the plan
If you are not yet enrolled in the plan, you may visit http://info.caremark.com/fcps to learn more about the prescription benefit plan. You will find detailed information to help you explore your pharmacy options:
• View plan highlights
• Locate participating retail pharmacies
• Compare medicine prices
• Find out if your medicines are in the formulary

Online resources for members already enrolled in the plan
Register today at http://info.caremark.com/fcps. Once you register for a Caremark.com account, you will find all of the information listed above. In addition, your Caremark.com account will allow you to track all of your prescription information and will provide quick access to help you manage your health and medication options. Once registered, you may use your account to:
• Check prescription pricing and coverage
• Order refills and track the status of your prescriptions filled through the CVS Caremark Mail Service Pharmacy
• Request mail order forms and envelopes and download claim forms
• Print a temporary ID card
• Obtain health information and much more
Customer Care
Call 1-888-217-4161 to speak with a Customer Care representative to:
• Ask questions about your prescription benefits
• Find the nearest participating retail pharmacy
• Speak with a registered pharmacist
• Order refills
• Request CVS Caremark Mail Service Pharmacy home delivery order forms or envelopes
• Request claim forms for prescriptions filled at out-of-network pharmacies

All services listed above are available 24 hours a day, 7 days a week.

For additional information about the services available to you through CVS Specialty Pharmacy, please call 1-800-237-2767.

Telephone Numbers
Customer Care (24/7) ................................................................. 1-888-217-4161
TTY (24/7) .........................................................................................711
CVS Specialty Pharmacy (24/7) .................................................... 1-800-237-2767