

CVS Caremark Prescription Drug Plan Benefits Overview

Members Enrolled in Aetna/Innovation Health and CareFirst BlueChoice Advantage Health Plans

Virtual Open Enrollment Sessions for Plan Year 2021

Presentation For	Date	Time	Type of Session	Click Link to Join Session	Phone Number and Conference Code (to listen to audio using your phone)
Active Employees	October 16	2:00 p.m.	Video*	https://cvs.webex.com/join/JCantrell	1-800-300-4206 Access code: 131 477 8541
Active Employees & Non-Medicare Retirees	October 19	2:00 p.m.	Video*	https://cvs.webex.com/join/JCantrell	1-800-300-4206 Access code: 131 477 8541
Active Employees	October 27	11:30 a.m.	Video*	https://cvs.webex.com/join/JCantrell	1-800-300-4206 Access code: 131 477 8541
Active Employees & Non-Medicare Retirees	November 2	10:00 a.m.	Video*	https://cvs.webex.com/join/JCantrell	1-800-300-4206 Access code: 131 477 8541

* Video Session: View and listen to the presentation using a computer, tablet (i.e., iPad), or smartphone. Check your internet connection, camera, and microphone prior to logging into a video session.



Prescription Drug Plan Benefits Overview

**For Members Enrolled in Aetna/Innovation Health
and CareFirst BlueChoice Advantage Health Plans**



Open Enrollment for Plan Year 2021

Presentation for Active Employees and Non-Medicare Retirees

CVS Caremark Prescription Benefit Changes for Plan Year 2021

Drug or Category	Change Effective January 1, 2021
Prescription Insulin	<ul style="list-style-type: none"> • \$50 maximum copay per 30-day supply of insulin
Medically necessary formula and enteral nutrition products	<ul style="list-style-type: none"> • Products will be covered under the CVS Caremark prescription coverage, in addition to being covered under the medical plan coverage • Products are subject to prior authorization • Applicable coinsurance/copay applies
ACA Preventive Services Drug List Change – \$0 Copay Applies to Generic Drugs and Certain Brand Name Drugs	<ul style="list-style-type: none"> • \$0 copay will only apply to <u>generic</u> ACA preventive services drugs, and to <u>certain brand name</u> ACA preventive services drugs that do not have a generic equivalent • A brand name will no longer be supplied at no cost when the generic becomes available
ACA Preventive Services Drug List Change – Antiretroviral Therapy for Pre-Exposure Prophylaxis (PrEP)	<ul style="list-style-type: none"> • Medications used for preexposure prevention of Human Immunodeficiency Virus (HIV) infection, for members who are at an increased risk, will be covered at \$0 copay

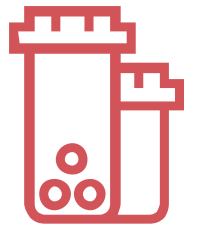
Your Coinsurance or Copayment for Plan Year 2021

- The amount you pay for your covered medications depends on the type of medication (generic, brand, or specialty) and where you fill your prescriptions.

Acute & Maintenance Medications	Where Your Prescription is Filled	
	CVS Retail Pharmacy Location or Mail Order through CVS Caremark	Participating Non-CVS Retail Pharmacy Location
Up to a 30-day supply	Generic: \$7 Brand Name: 20% of cost of drug (maximum \$75)	
31 to 60-day supply	Generic: \$14 Brand Name: 20% of cost of drug (maximum \$150)	
61 to 83-day supply	Generic: \$21 Brand Name: 20% of cost of drug (maximum \$225)	
84 to 90-day supply	Generic: \$14 Brand Name: 20% of cost of drug (maximum \$150)	Generic: \$21 Brand Name: 20% of cost of drug (maximum \$225)

Reminder!

As of January 1st the maximum copay per 30-day supply of insulin is \$50.



- If the cost of the medicine is less than the minimum copayment, you will pay the lower amount.
- To locate CVS retail pharmacies and participating (non-CVS) retail pharmacies in your area, visit <https://info.caremark.com/fcps>.

Specialty Medications for Plan Year 2021

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

Specialty Medications	CVS Specialty Pharmacy
Up to a 30-day supply	Generic: \$7 Brand Name: 20% of cost of drug (maximum \$75)

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

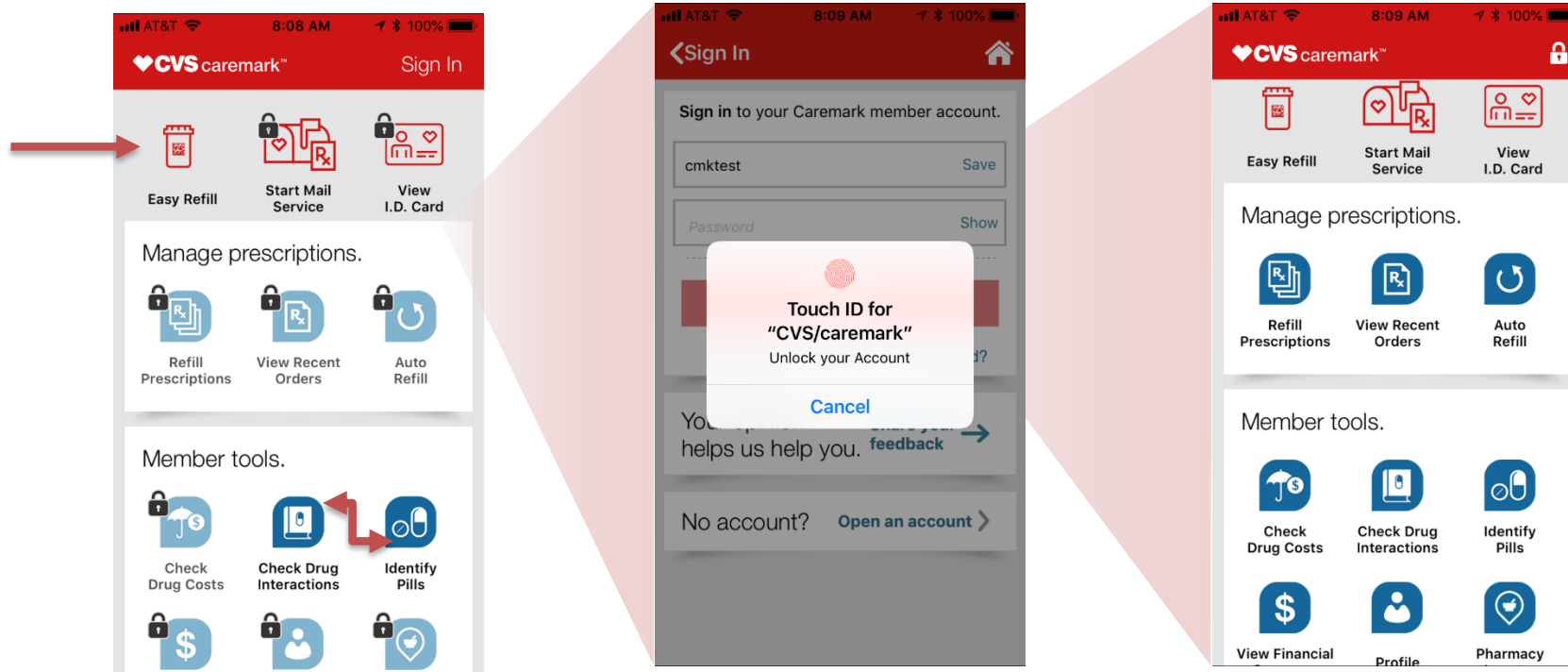
Maximum Out-of-Pocket for Plan Year 2021

Once your out-of-pocket expenses reach the specified levels below, the Plan will pay covered charges at 100% for the remainder of the calendar year.

Individual: \$ 1,500

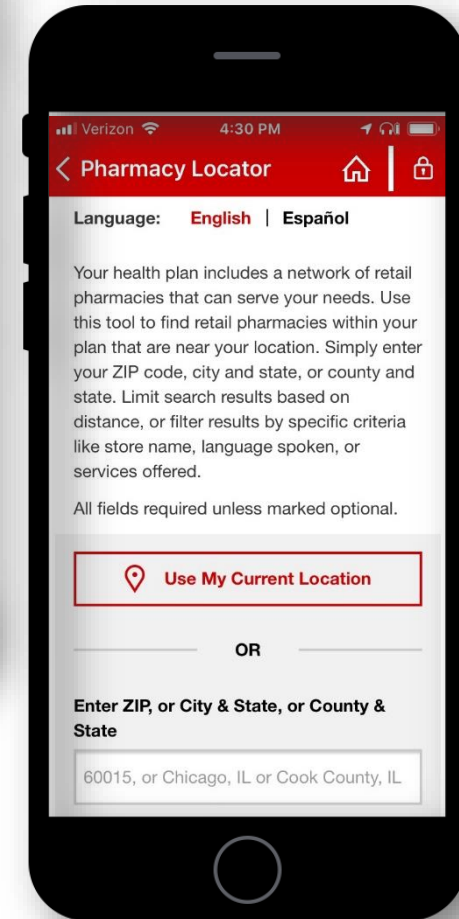
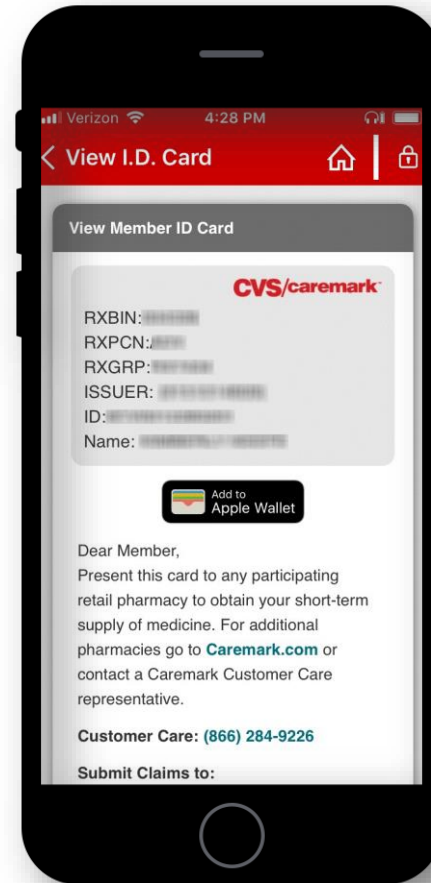
Family: \$ 3,000

CVS Caremark Mobile App



Other convenient features

- View Member ID Card means members always have access to the information needed to submit a claim
- The Pharmacy Locator uses the mobile device's geo locator to make finding the nearest network pharmacy as easy as a click



For More Information

- Visit <https://info.caremark.com/fcps> for more information about estimated medication costs, participating pharmacies, covered drugs, benefit information, and more.
- If you have questions about the FCPS CVS Caremark Prescription Drug Plan, contact CVS' Customer Care Team at **1-888-217-4161**, available 24 hours a day, 7 days a week.
- FCPS Open Enrollment Information:
 - **ACTIVE EMPLOYEES**, go to <https://www.fcps.edu/benefits-open-enrollment>
 - **NON-MEDICARE RETIREES**, go to <https://www.fcps.edu/benefits-open-enrollment-for-retirees>
- For all FCPS Human Resources questions, call 571-423-3000 or 1-800-831-4331. Or, send an email to HRConnection@fcps.edu.



Thank you!