

Your 2018 Personal Prescription Benefit Program

The information below is a brief summary of your prescription benefits for 2018 as well as some frequently asked questions about the CVS/caremark prescription benefit program. CVS/caremark and The Home Depot are confident you will find value with your prescription benefit program.

Gold & Silver Plus PPO	
Where:	The CVS/caremark Retail Program includes more than 64,000 participating pharmacies nationwide including independent pharmacies, chain pharmacies, and 6,900 CVS/pharmacy locations. These pharmacies are broken into in-network and out-of-network. In-network pharmacies include CVS/pharmacy, Walmart, and Kroger family of pharmacies. To locate a CVS/caremark participating retail network pharmacy in your area, simply click on "Locate a Pharmacy" at www.caremark.com/homedepot .
Out-of-Pocket Maximum (MOOP) (Individual/Family)	In-network: \$1,250/\$2,500 Out of network: \$1,250/\$2,500 Once your out-of-pocket maximum is met, a \$0 copay will apply unless otherwise specified.
Mandatory Generic - If you receive a brand drug when a generic equivalent is available. Does not apply to MOOP.	The generic coinsurance or copay plus the difference between the discounted cost of the brand and the generic drug. The difference in cost will not apply towards your MOOP.
Retail (In-Network Pharmacy): CVS/Pharmacy, Walmart and Kroger family of pharmacies	Day Supply 1-30 Generic: 20% (\$20 max) Preferred: 20% (\$100 max) Non-Preferred: **Not Covered Day Supply 84-90 Generic: 20% (\$20 max) Preferred: 20% (\$100 max) Non-Preferred: **Not Covered
Retail (Out-of-Network Pharmacy): 84-90 day supply not covered	Day Supply 1-30 Generic: 50% Preferred: 50% Non-Preferred: **Not Covered
Mail Order:	Day Supply 1-90 Generic: 20% (\$20 max) Preferred: 20% (\$100 max) Non-Preferred: **Not Covered
Specialty:	Day Supply 1-30 Generic: \$7 Brand: \$75
Web Services:	Please visit Caremark.com/homedepot to check plan options, drug cost and general information about CVS/caremark Services. Once you are enrolled with Caremark benefits, you can register at Caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card handy.
Customer Care:	Call toll-free 1-866-490-3376

Your plan sponsor encourages the use of safe, effective generic medications to help you save on out-of-pocket prescription costs. In order for medications in certain drug classes to be covered, your plan asks that you choose a lower-cost generic medication first to treat your condition. Examples may include, Proton Pump Inhibitor medications, Non Sedating Antihistamine medications, sleep aid medications, anti-inflammatory medications, Migraine medications, Asthma, Angina, Anti-psychotics, Antidiabetic agents, Resistant bacterial infections, Blood Pressure medications, Cholesterol medications, Nasal Sprays, Anti-Depressants, Urinary Anitspasmodics, Osteoporosis medications, Fibrate medications, medications to treat Glaucoma, and medications to treat Benign Prostatic Hyperplasia. Additionally, there are some drugs which will require prior authorization. This means your physician is required to receive pre-approval before your drug is eligible for coverage. To determine if your medication requires you to try a generic medication first or requires prior authorization, log onto www.caremark.com. You may also contact Customer Care toll-free at 1-866-490-3376. Quantity limits may apply to some drugs.

*Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

**3rd Tier drugs are only covered with an approved appeal. Members will pay preferred pricing upon approval.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Frequently Asked Questions

ABOUT THE RETAIL PROGRAM

Q. Can I receive additional Prescription Cards?

A. Yes, for additional Prescription Cards, please call a Customer Care representative toll-free at 1-866-490-3376.

Q. May I fill my medication at a non-participating pharmacy?

A. There are more than 64,000 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 at the time of service. If you use a non-participating pharmacy, you should submit a paper claim form along with the original prescription receipt(s) to CVS/caremark for reimbursement of covered expenses.

Q. How do I change my prescription from a non-participating or out-of-network retail pharmacy to an in-network retail pharmacy?

A. Go to an in-network 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 local in-network retail pharmacy, call a Customer Care representative toll-free at 1-866-490-3376 or click on "Locate a Pharmacy" at www.caremark.com/homedepot.

Q. When should I use a retail pharmacy instead of the CVS/caremark Mail Service Pharmacy?

A. You should use the retail pharmacy for your immediate and short-term medication needs.

Q. Can I fill my maintenance prescriptions at a local pharmacy?

A. Have your doctor write for an 84-90 day supply when clinically appropriate, for maintenance medications that will be purchased at an in-network retail pharmacy. You will be able to fill this prescription at your local CVS/pharmacy, Walmart or Kroger family of pharmacies and pay the mail order coinsurance per your selected plan.

ABOUT THE MAIL SERVICE PHARMACY / CVS/pharmacy

Q. How does The CVS/caremark Mail Service Pharmacy work?

A. The CVS/caremark Mail Service Pharmacy provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication for direct delivery to your home with free standard shipping. Have your doctor write "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 prescribes, up to your plan design limit. When you need to take your maintenance medications right away, ask your doctor for two prescriptions – one for up to a 30-day supply and one for up to a 90-day supply with refills. Have the short-term supply filled immediately at an in-network retail pharmacy and send the 90-day supply prescription to the CVS/caremark Mail Service Pharmacy.

Q. How long does it take for my prescriptions to arrive by mail?

A. Please allow 7-10 days for delivery from the time the order is placed.

Q. How do I check the status of my order?

A. You can check your refill order status at Caremark.com or by calling toll-free at 1-866-490-3376.

ABOUT THE CVS/CAREMARK DRUG LIST

Q. What is a drug list?

A. It is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of preferred brand-name medications and generic medications whenever possible. Generic medications are therapeutically equivalent to brand-name medications and must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness. Generally, generic medications cost less than brand-name medications.

Q. Where can I get a drug list brochure?

A. You can get a drug list brochure by either visiting Caremark.com, Caremark.com/homedepot or by calling a Customer Care representative toll-free at 1-866-490-3376. To save money, have your doctor or other prescriber prescribe a generic or preferred brand-name medication from the CVS/caremark Drug List, if appropriate. You may want to take the list with you when you visit your doctor or other prescriber for a prescription.