

# Your Personal Prescription Benefit Program

## Health Savings Account (HSA) Based Medical Plan and Health Reimbursement Account (HRA) Based Medical Plan Comparison

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. This overview does not contain all the plan provisions. Additional plan details are in the Summary Plan Description (SPD) document in the *Benefits Book*. You can access the SPDs on *Teamworks* or Your Benefit Resources™ at [resources.hewitt.com/wf](http://resources.hewitt.com/wf).

	<b>CVS Caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)		<b>CVS Caremark Mail Service Pharmacy</b> For long-term medications (Up to a 90-day supply)	
<b>Where</b>	The CVS Caremark Retail Pharmacy Network includes more than 64,000 participating pharmacies nationwide. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://www.caremark.com/wf">www.caremark.com/wf</a> or call a Customer Care representative toll-free at 1-800-772-2301.		Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home or a location of your choice.	
	<b>Health Savings Account (HSA) Based Medical Plan</b>		<b>Health Reimbursement Account (HRA) Based Medical Plan</b>	
	<b>Network Retail Pharmacy</b>	<b>Mail Service Pharmacy</b>	<b>Network Retail Pharmacy</b>	<b>Mail Service Pharmacy</b>
<b>Annual Deductible</b>	\$3,000 you / \$4,500 you + spouse / \$4,500 you + child(ren) / \$6,000 you + spouse + child(ren)		None	
<b>Annual Out-of-Pocket Maximum</b>	\$5,000 you / \$7,500 you + spouse / \$7,500 you + child(ren) / \$10,000 you + spouse + child(ren) (Annual deductible is included in the annual out-of-pocket maximum)		None	\$1,000 you / \$1,500 you + spouse / \$1,500 you + child(ren) / \$2,000 you + spouse + child(ren)
<b>Preventive Drug List</b>	Medications on the Preventive Therapy Drug List will not be subject to the deductible for the Health Savings Account (HSA) Based Medical Plan.		The Preventive Therapy Drug List does not apply.	
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>10%</b> for a generic prescription (after deductible has been met)	<b>10%</b> for a generic prescription (after deductible has been met)	<b>\$7</b> for a generic prescription	<b>\$14 *</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>10%</b> for a preferred brand-name prescription (after deductible has been met)	<b>10%</b> for a preferred brand-name prescription (after deductible has been met)	<b>50% (\$75 max)</b> for a preferred brand-name prescription	<b>50% (\$150 max) *</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>10%</b> for a non-preferred brand-name prescription (after deductible has been met)	<b>10%</b> for a non-preferred brand-name prescription (after deductible has been met)	<b>50% (\$110 max)</b> for a non-preferred brand-name prescription	<b>50% (\$220 max) *</b> for a non-preferred brand-name prescription
<b>Open Enrollment Web Services</b>	Visit <a href="http://www.caremark.com/wf">www.caremark.com/wf</a> to review prescription drug coverage highlights, view the CVS Caremark Primary/Preferred Drug List, look up what you will pay for prescriptions, find out if a prior authorization or step therapy is required for the prescriptions you take, find a local in-network pharmacy and learn how CVS Caremark can help you switch to mail order to save you time and money.			
<b>Customer Care</b>	Visit <a href="http://www.caremark.com/wf">www.caremark.com/wf</a> or call toll-free at 1-800-772-2301. For additional information on specialty medications contact Specialty Customer Care toll-free at 1-888-346-4945.			
<b>Dispense as Written</b>	If you buy a brand-name drug and a generic is available, you pay the cost of the brand-name drug, plus the cost difference. This cost difference amount does not apply to annual deductible or annual out-of-pocket maximum.		If you buy a brand-name drug and a generic is available, you pay the cost difference plus the generic copay. This amount does not apply to the annual mail order out-of-pocket maximum.	

\*Copayment will be prorated based on day supply up to the copay amount listed above for specialty medications.

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.

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



00001

00001

NUBAAG

# Frequently Asked Questions

## ABOUT OBTAINING YOUR PRESCRIPTIONS THROUGH CVS CAREMARK

### When should I use a retail pharmacy instead of the CVS Caremark Mail Service Pharmacy?

You should use the retail pharmacy for your immediate and short-term medication needs. Use mail service for your long-term maintenance medication needs. To find a CVS Caremark participating retail pharmacy, click on "Find a Pharmacy" at [www.caremark.com/wf](http://www.caremark.com/wf)

### Why should I use the CVS Caremark Mail Service Pharmacy for my prescriptions?

The CVS Caremark Mail Service Pharmacy is a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication. You can have your long-term medication delivered to your home or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy while saving money on your prescriptions.

### How long does it take for my prescriptions to arrive by mail and how do I check the status of my order?

Please allow 7-10 days for delivery from the time the order is placed. You can check your refill order status at [www.caremark.com/wf](http://www.caremark.com/wf) or by calling toll-free at 1-800-772-2301.

### How should my prescriber write my prescription in order to receive the maximum benefit from the CVS Caremark Mail Service Pharmacy?

Remind your doctor or other prescriber to write a "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 or healthcare provider prescribes, up to your plan limit. When you need to take your maintenance medication right away, ask your doctor or other prescriber for two prescriptions:

- The **first** for up to a 30-day supply
- The **second** for up to a 90-day supply, with refills when clinically appropriate

Have the short-term supply filled immediately at a CVS Caremark participating retail pharmacy and send the 90-day supply prescription to the CVS Caremark Mail Service Pharmacy.

## ABOUT THE CVS CAREMARK DRUG LIST AND THE WELLS FARGO PREVENTIVE DRUG LIST

### What is the CVS Caremark Primary/Preferred Drug List?

It is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is 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. You can get a drug list by either visiting [www.caremark.com/wf](http://www.caremark.com/wf) or by calling Customer Care toll-free at 1-800-772-2301.

### How do I change to a generic or preferred drug?

To save money, have your doctor or other prescriber choose 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.

### What is the Health Savings Account (HSA) - Based Medical Plan Preventive Therapy Drug List?

It is a list of prescription medications that have been chosen to help you maintain your health through preventative care. There is no deductible to meet before the plan pays for eligible preventive prescriptions. For eligible preventive medications, you pay 10% coinsurance for generic or brand-name drugs when using CVS Caremark mail order or participating retail pharmacies. To review the preventive drug list, visit [www.caremark.com/wf](http://www.caremark.com/wf).

## ABOUT THE ANNUAL DEDUCTIBLE AND MAXIMUM OUT-OF-POCKET

### What does "combined medical/prescription deductible" mean in the Health Savings Account (HSA) - Based Medical Plan?

A deductible is the amount of money you pay each year before your benefits begin. A combined medical/prescription deductible means the money you spend towards your eligible medical services and prescription drugs both count toward meeting your deductible.

Example: Using \$3,000 as your plan deductible: As soon as you spend \$3,000 on any combination of prescription drugs, doctor visits, hospital care, etc., you will begin paying the appropriate or coinsurance amount.

### What happens after I meet my deductible in the Health Savings Account (HSA) - Based Medical Plan?

After the deductible is met, you (and your dependents, if applicable) will begin paying a 10% coinsurance for eligible non-preventive medications.

### My spouse and children are covered under my prescription benefit. How is the deductible met in this scenario under the Health Savings Account (HSA) - Based Medical Plan?

The money you spend towards your eligible medical services and prescription drugs both count toward meeting your deductible. If you have a family of four with a family deductible of \$6,000, and you spend \$2,000, your spouse spends \$3,000 and your children spend \$1,000 in combined medical/prescription expenses, your family would have met the \$6,000 family deductible and all four family members would begin paying coinsurance until the annual out-of-pocket maximum amount is met.

### What happens after I meet the annual out-of-pocket maximum?

Once the annual out-of-pocket maximum is met under the Health Savings Account (HSA) - Based Medical Plan, the plan will cover 100% of the cost of eligible prescriptions for the balance of the year at a retail pharmacy or through mail service. Once the annual out-of-pocket maximum is met under the Health Reimbursement Account (HRA) - Based Medical Plan, the plan will cover 100% of the cost of eligible prescriptions through CVS Caremark Mail Service Pharmacy for the balance of the year. You will always be required to pay the copay or coinsurance at a retail pharmacy under the Health Reimbursement Account (HRA) - Based Medical Plan.

### What is coinsurance and how does the maximum amount affect coinsurance in the Health Reimbursement Account (HRA) - Based Medical Plan?

Coinsurance is the percentage of the cost of the medication you are required to pay for each prescription. When there is a maximum amount listed with the coinsurance, your cost will be the lesser of the two amounts.

Example: Using 50% (\$75 max) as your coinsurance: If your 50% coinsurance for the prescription cost is \$100 but the maximum listed is \$75. You will pay the lesser of the two amounts, or \$75. If your coinsurance cost is only \$55 you will only pay the \$55 for the prescription.

1880-70\_ComparisonSUM\_v15-10172011

1880-SML-SUM\_70\_Wells\_Fargo\_CDH\_AD\_MQP-0911