

# Wells Fargo HSA and HRA Plan Comparison

## Saving on prescriptions can make a big difference.

**Long-term medicines** are taken regularly for chronic conditions.\*

Saving money matters. And your new prescription benefits offer new ways to save on the things that matter, like your long-term medicines.

First, make a change from 30-day refills to 90-day supplies. Then, choose to fill your 90-day supply at any of our more than 7,400 CVS/pharmacy locations or with CVS Caremark Mail Service Pharmacy for the same low price. The choice is yours, and so are the savings.

**There are two easy ways to start saving with 90-day prescriptions:**

- Call Customer Care toll-free at **1-800-772-2301**, and we'll handle the rest
- Speak to a pharmacist at one of our CVS/pharmacy locations

You can also save on out-of-pocket prescription costs through the use of safe, effective generic medications. For some medications to be covered, you may need to try a lower-cost generic medication first to treat your condition. Some examples may include ulcer medications, sleep aid medications, anti-inflammatory medications, migraine medications, glaucoma treatment and others. Additionally, some drugs may require prior authorization, which means your physician will need to submit information to CVS Caremark and be approved before the drug is eligible for coverage. Quantity limits may also apply to some drugs. To learn if your medication requires you to try a generic medication first or requires prior authorization, log onto [www.caremark.com](http://www.caremark.com) or contact Customer Care, toll-free at 1-800-772-2301.

**Short-term medications**, such as antibiotics, are taken for a limited period of time.\*\*

To save on short-term prescriptions, use one of our 67,000 network pharmacies nationwide. To find a list of network pharmacies or even more savings, visit [www.caremark.com](http://www.caremark.com).

**See the chart below for an overview of your copay costs.\*\*\***

	<b>CVS Caremark Retail Pharmacy Network</b>		<b>CVS/pharmacy or CVS Caremark Mail Service Pharmacy</b>	
	For short-term medications (Up to a 30-day supply)		For long-term medications (Up to a 90-day supply)	
<b>Where</b>	The CVS Caremark Retail Network includes more than 67,000 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">www.caremark.com</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 or simply find your local CVS/Pharmacy, and provide the pharmacist with a 90 day supply prescription.	
	<b>Health Savings Account (HSA) Based Medical Plan</b>		<b>Health Reimbursement Account (HRA) Based Medical Plan</b>	
	<b>CVS Caremark Retail Pharmacy Network</b>	<b>CVS/pharmacy or CVS Caremark Mail Service Pharmacy</b>	<b>CVS Caremark Retail Pharmacy Network</b>	<b>CVS/pharmacy or CVS Caremark Mail Service Pharmacy</b>
<b>Annual Deductible</b> Dispense as written penalties do not apply to the annual deductible	\$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> Dispense as written penalties do not apply to the maximum out-of-pocket	\$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. Dispense as written penalties do not apply to the maximum out-of-pocket		\$1,000 you / \$1,500 you + spouse / \$1,500 you + child(ren) / \$2,000 you + spouse + child(ren) Out of Network Paper Claims do not apply to Maximum Out-Of-Pocket. Dispense as written penalties do not apply to the maximum out-of-pocket	
<b>Preventive Drug List</b>	Medications that appear on the Wells Fargo Preventive Drug List will not be subject to the deductible for the Health Savings Account (HSA) Based Medical Plan.		The Wells Fargo Preventive 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>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.			
<b>Customer Care</b>	Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll free at 1-800-772-2301.			
<b>Dispense as Written Penalty</b>	Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the generic copayment. Dispense as written penalties do not apply to the maximum out-of-pocket			

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

# Want a way to save on your long-term medicines?

## How about two ways?

CVS Caremark offers you a way to save money on your long-term medicines\* with 90-day supplies.\*\* Now you can choose to fill your prescriptions at any CVS/pharmacy or with CVS Caremark Mail Service Pharmacy, for the same low price. All you have to do is opt for a 90-day supply. Either way, you'll save.

### Save with mail service

- Enjoy convenient, reliable delivery to the location of your choice.
- Receive your medicines in unmarked, tamper-resistant and, when needed, temperature-controlled packaging.
- Talk to a pharmacist by phone toll-free, 24/7, from the privacy of your home.

### Save at CVS/pharmacy

- Pick up your medicines at a time that is convenient for you.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

## Get started

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### Fill at CVS/pharmacy

▶ **Please let us know by one of the two ways below:**

- Ask your doctor for a 90-day prescription. Then have your doctor send it to the CVS/pharmacy of your choice. To find a pharmacy location near you, sign in at [www.caremark.com](http://www.caremark.com) and visit Find a Pharmacy. You can find it in the Order Prescriptions section.
- Call or visit your local CVS/pharmacy to talk to a pharmacist.

### Sign up for mail service for the first time

▶ **You can enroll easily online or by phone:**

- Visit [www.caremark.com/mailemailservice](http://www.caremark.com/mailemailservice) and sign in or register to request a new prescription.
- Call us toll-free at 1-800-772-2301. We'll handle the rest.

### Continue with mail service

▶ **You don't have to do anything:**

- We'll continue to send your medications to your location of choice.

### Learn more

▶ **Call us using the toll-free number on your prescription benefit ID card.**

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\* A long-term medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.

\*\*Actual quantity may vary depending on your plan.

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# Frequently Asked Questions

## 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](http://www.caremark.com) 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](http://www.caremark.com).

## 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.