

## **SECTION FIVE: Your Prescription Drug Benefits (All Benefit Levels)**

### **I. Summary of Benefits**

The Trustees have chosen the CVS Caremark to administer your prescription drug benefits. Your Prescription drug benefit plan offers you and your family a convenient and inexpensive way to receive your covered prescription medication. Please remember that you are responsible for your co-pays. You do not have to meet a deductible to receive this benefit. The most you will pay out of your pocket is \$4,350 per individual and \$8,700 per family effective January 1, 2015.

You may choose to have your “non-maintenance” prescriptions filled by mail, at a pharmacy that participates in the network, or at a non-participating pharmacy. Your prescription drug program requires that mail services or CVS/pharmacy be utilized for all maintenance medications; however, you may receive two (2) fills (one original fill plus one refill) at your retail pharmacy prior to being required to use mail service or CVS pharmacy. When you have your prescriptions filled through the Mail Service Program, you may order your refills by phone, mail or internet.

In order to determine if a medication you are taking is categorized as a “maintenance” medication, or for any other questions regarding your prescription drug benefits, please call CVS Caremark Customer Service at 1 (888) 543-5940.

### **II. What You Need To Do**

- Find a participating Pharmacy near you. This information is available on Caremark.com, the CVS Caremark mobile application, or by contacting Customer Care at 1 (888) 543-5940 located on the back of your ID card.
- Take your CVS Caremark ID card to the pharmacy with you.
- Pay the pharmacist your copayment when you pick up your prescription. There are no claim forms to file, and you do not have to meet a deductible to receive this benefit.
- To use the Mail Service Program, call Customer Service at 1 (888) 543-5940 to request a form and an envelope.
- Mail your prescription and your coinsurance payment with your form in the envelope.

### **III. Preventative Services Coverage**

To comply with the Patient Protection and Affordable Care Act (PPACA), Teamsters Local 251 Health Services and Insurance Plan will provide the following:

#### Aspirin - \$0 copay

- Age limit of 50-59
- Generic only
- Over-the-counter requires a prescription

#### Contraceptives - \$0 copay

- Applies to the following types of contraceptives
  - Oral contraceptives
  - Emergency contraceptives
  - Injectables
    - Quantity Limit (4 injections per year)
- Over-the-counter requires a prescription
  - Applies to the following types of contraceptives
    - Female condoms (FC-2)
    - Vaginal Sponge
    - Spermicides (Nonoxynol-9 and Octoxynol)

#### Oral Fluorides - \$0 copay

- Children less than 5
- Brand and Generic– Over-the-counter is not covered

#### Folic Acid - \$0 copay

- Women under the age of 55
- Generic only
- Over-the-counter requires a prescription

#### Tobacco Cessation - \$0 copay

- Annual limit of two 12-week cycles (168 days)
- Generic nicotine replacement products
- Generic Zyban
- Chantix
- Over-the-counter requires a prescription

#### Bowel Prep Medications - \$0 copay

- Adults age 55 through 74
- Over-the-counter requires a prescription
- Generic and Brand names

#### Primary Prevention of Breast Cancer - \$0 copay

- Women 35 or older
- Generic only

### **IV. Covered Prescription Drugs**

The following drugs are included as covered prescription drugs:

- Most medications that require a physician's prescription by federal law that are not available "over-the-counter;"
- Needles and syringes when dispensed with insulin;
- Diabetic test strips (resale of test strips are prohibited)
- Oral contraceptives; and
- Injectable drugs covered by CVS Caremark.

## **A. Participating Pharmacies**

When you fill a prescription at a pharmacy that participates in the prescription drug network, you just present your CVS Caremark ID card when you request your medication. You'll pay a copayment for the cost of the prescription.

More than 68,000 pharmacies participate in the network, including major chains like CVS, Shaw's Supermarket/Star Market, Stop and Shop and Walgreens as well as many independent pharmacies. Visit [www.caremark.com](http://www.caremark.com) for a list of participating pharmacies.

## **B. Non-Participating Pharmacy**

If you have your prescriptions filled at a pharmacy that does not participate in the network, you must pay the full amount of the prescription's cost at the time of purchase. You will be reimbursed according to the CVS Caremark maximum allowance, not the retail cost, minus the standard retail coinsurance. Walmart is excluded. If you have a prescription filled at Walmart, you will not be reimbursed. This means a higher out-of-pocket cost to you.

## **C. Mail Service Prescription Drugs**

The Mail Service Program is a convenient way for you to receive "maintenance drugs" that you require on an on-going basis. Examples of maintenance drugs include those you take for high blood pressure, heart conditions or diabetes. Because you know in advance that you will need this medication, it's easy to establish a routine of filling these prescriptions by mail.

### **1. How to use the Mail Service Program**

- First, call CVS Caremark Direct at 1 (888) 543-5940 to request a mail service form and envelope. At that time, find out how much your copayment will be, so you can send payment with your order or provide credit card information. You may also order prescriptions on-line at [www.caremark.com](http://www.caremark.com).
- Mail your original prescription along with your copayment (if you're paying by check or money order) to CVS Caremark P.O. Box 94467, Palatine, IL 60094-4467. Shipping is free.

You may order refills 24 hours a day, seven days a week by phone or mail.

## D. What You Pay for Your Prescription Benefits

### 1. Your Prescription Coverage

	<u>CVS Caremark Retail Pharmacy Network</u>  Your cost for short term medications. (30-day supply or less)	<u>Maintenance Choice</u> <b>CVS Caremark Mail Service Pharmacy or CVS Pharmacy</b>  Your cost for long-term medications. (Long term medications are greater than a 30-day supply). Through your coverage you may get up to a 90-day supply for a 60-day co-payment.
<b>Generic Medications</b>	20% of the allowance for generic. \$50 maximum out of pocket.	20% of the allowance (\$100 maximum)
<b>Preferred Brand-Name Medications</b>	25% of the allowance for preferred brand name drugs. \$50 maximum out of pocket.	25% of the allowance (\$100 maximum)
<b>Non-Preferred Brand-Name Medications</b>	35% of the allowance for non-preferred brand name drugs. \$50 maximum out of pocket.	35% of allowance (\$100 maximum)
<b>Refill Limit</b>	One initial fill plus one refill for long term medications	Based on the number of remaining refills prescribed

**\*Short Term Medications:** Generally are taken for a limited period of time (30 days or less) and have a limited number of refills (i.e. antibiotics).

**\*Long Term Medications:** Are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol.

### 2. Your Enhanced Benefits Prescription Coverage

	<u>CVS Caremark Retail Pharmacy Network</u>  Your cost for short term medications. Short term means up to a 30-day supply.	<u>Maintenance Choice</u> <b>CVS Caremark Mail Service Pharmacy or CVS Pharmacy</b>  Your cost for long-term medications. (Long term medications are greater than a 30-day supply). Through your coverage you may get up to a 90-day supply for a 60-day co-payment.
<b>Generic Medications</b>	5% of the allowance for generic. \$50 maximum out of pocket.	5% of the allowance (\$100 maximum)
<b>Preferred Brand-Name Medications</b>	25% of the allowance for preferred brand name drugs. \$50 maximum out of pocket.	25% of the allowance (\$100 maximum)
<b>Non-Preferred Brand-Name Medications</b>	35% of the allowance for non-preferred brand name drugs. \$50 maximum out of pocket.	35% of allowance (\$100 maximum)

<b>Refill Limit</b>	One initial fill plus one refill for long term medications	Based on the number of remaining refills prescribed
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**\*Short Term Medications:** Generally are taken for a limited period of time (30 days or less) and have a limited number of refills (i.e. antibiotics).

**\*Long Term Medications:** Are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol.

## V. What's Not Covered

- Over the counter drugs (unless covered under PPACA)
- Experimental drugs
- Biological products for immunizations
- Needles and syringes other than for use with insulin
- Drugs used for cosmetic purposes
- Viagra or any therapeutic equivalents
- Medications that are administered while you are a patient in a hospital, rest home, sanitarium, nursing home, home care program, or other institution that provides prescription drugs as part of its services or that operates a facility for dispensing prescription drugs
- Drugs that do not have FDA approval or that have been placed on notice of opportunity hearing status by the Federal DESI Commission
- Allergy Serums
- Vaccines

**This is not an exhaustive list. If you have any questions regarding coverage, please contact CVS Caremark customer service at 1 (888) 543-5940.**