

## PRESCRIPTION DRUG PROGRAM

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The Plan provides benefits for covered prescription drugs through a program administered by a pharmacy benefit manager, **CVS Caremark**. The program includes both a retail pharmacy network for short-term prescriptions and a mail order program for long-term prescriptions.

The prescription drug program is part of your Health and Welfare Plan, but is separate from your medical plan of benefits.

There is no calendar year deductible applied to the prescription drug benefit.

The Plan provides for two basic levels of coinsurance based on the drug prescribed for you and whether you obtain your prescriptions from the mail order facility.

### Retail Pharmacy Prescription Drug Benefit

When your physician prescribes a drug you must take for 30 days or less and you use a network retail pharmacy\*, the Plan will pay the following benefit for covered drugs:

- **70%** for a generic drug
- **60%** for a brand-name drug

*\*This Plan does not cover prescriptions filled at WalMart or Sam's Club pharmacies.*

### Mail Order Prescription Drug Benefit

When your physician prescribes a drug you must take for more than 30 days or on an ongoing basis, and you use the mail order program\*, you can receive up to a 90-day supply and the Plan will pay **70%** for the covered drug regardless of whether the drug is generic or brand-name.

\*You can also receive a 90-day supply of certain maintenance medications at CVS retail pharmacies with the CVS90 Saver Program at the mail order benefit level.

### Generic Equivalent Declined

If a brand-name drug is ordered when a generic is available and authorized by your physician, and you choose to decline the generic equivalent, the Plan will pay **50%** after you pay the difference between the cost of the brand-name drug and the generic drug.

### More than 3 Fills at the Retail Pharmacy

If you continue to use a retail pharmacy after 3 short-term fills (the initial plus 2 refills) and do not use the mail order or CVS90 Saver Program, the Plan will pay **50%** of the generic or brand-name drug.

### Non-Covered Prescription Drug Categories

- Non-prescription (over the counter);
- Fertility;
- Cosmetic;
- Gene Therapy;
- Weight loss; stop-smoking products, including those requiring a prescription;
- Impotency or similar categories used for sexual enhancement, e.g., Viagra;
- Vitamins; mineral or nutrient supplements;
- Charges for the administration or injection of any drug;
- Drugs labeled "Caution-limited by federal law to investigational use," or experimental drugs, even though a charge is made to the individual; drugs used for a purpose not approved by the FDA;
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its

- premises, a facility for dispensing pharmaceuticals;
- Medications used to treat conditions not payable in the Medical Plan Exclusions section.

## HOW TO OBTAIN PRESCRIPTION DRUGS

### Retail Purchases

- Present your CVS Caremark prescription drug card to the pharmacist with your prescription.
- The pharmacist will dispense your medication as ordered by the physician, substituting a generic drug when available and authorized by the physician.
- The maximum day supply that is covered on retail purchases is 30 days.
- If you refill an ongoing drug more than two times at the retail pharmacy, your benefit will be reduced for the next and ongoing fill of that prescription.

### Mail Order Purchases

- Mail your original prescription and your Mail Order Form to:  
**CVS Caremark • P.O. Box 52136 • Phoenix, AZ 85072-2136**
- You can receive up to a 90-day supply of drugs at a time through the mail.
- You will receive your drugs by standard postal delivery – usually within 14 business days for the first fill and between 7-10 business days for refills.
- Mail order service is generally used for long-term (over 30 days) or maintenance drugs. Most maintenance drugs are prescribed for a maximum of 12 months before you will need a new prescription from your physician.
- Refills can be obtained by calling CVS Caremark at (833) 266-8151, or by using the CVS Caremark website [www.caremark.com](http://www.caremark.com) or by mailing your refill order form to the mail service pharmacy.

### CVS90 Saver Program

Maintenance drugs (medications that you take for a chronic condition) can be filled at a CVS retail pharmacy with the same benefit you currently have through the mail order process. Bring your prescription for up to 90-day fill (generally with 3 refills) to any CVS pharmacy for the same lower cost benefit you have through the mail order facility.

### Specialty Drugs

CVS Caremark specialty pharmacy, **CVS Specialty**, is designed to assist individuals who have chronic and complex conditions that are being treated with specialty medications. These medications are often very expensive and require special handling. CVS Specialty has clinical experts to personally guide patients through their prescribed treatments to ensure safe, effective and timely administration. Education on all specialty medications offered is available, including injection teaching, proactive refill reminders and fast, free home delivery making it easy for patients to adhere to their treatments. CVS Specialty will provide review of your diagnosis, treatment protocols and potential alternate methods of treatment prior to dispensing the specialty medication being prescribed.

Note: Oral oncology drugs (chemotherapy taken in pill form) used for a specific condition or purpose approved by the FDA are a covered medical expense delivered through the **CVS Specialty** Pharmacy program.

### Prior Authorization on Certain Drugs in the CVS Caremark Program

If you are prescribed or taking a medication that is on a CVS Caremark non-covered drug list, your physician can request coverage by completing a prior-authorization questionnaire specific to the excluded medication. This form will request documentation that you have tried comparable medications with unsuccessful results and/or that you have a medical condition that prevents you from taking alternate medication to the one being prescribed. You have the right to appeal a denial of coverage for medication that is on the CVS Caremark prior-authorization drug list (see Benefit Determination and Appeal Process on page 21). The prior-authorization process will also be applied to certain compounded prescription drugs.

Note: Insulin pumps and Continuous Glucose Monitors are a covered medical expense through Pharmacy prior-authorization process with CVS Caremark.

### **Vaccinations**

Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC) when provided by a registered licensed pharmacist. This includes COVID-19 vaccination.

The plan will pay 90% for any covered vaccinations (as described) that you received from a participating retail pharmacy.

If you receive a covered vaccination from a non-participating retail pharmacy, the Plan will pay 70%.

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