

NON-MEDICARE RETIREES

PPO and HMO Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)		HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy	Non-participating Pharmacy*	Copayment up to
RETAIL & MAIL PRESCRIPTION PROGRAM (30/90 day supply)			
Generic and Insulin	\$5/\$9 copayment	\$5 + 30% of eligible charges	\$10/\$20 mail only. Insulin not available through mail-order
All covered Brand Name	\$15/\$27 copayment	\$15 + 30% of eligible charges	\$10/\$20 mail only
Specialty Drug & Injectables	Specialty medications are subject to the applicable Brand/Generic copayment. Specialty drugs are not available through mail-order and only dispensed up to a 30-day supply		Injectables: \$10 / Not available thru mail-order Specialty Drugs: \$10/\$20 mail-order for eligible drugs
Lancets, Strips and Meters	No copayment		50% coinsurance

*If you receive services from a nonparticipating (out-of-network) pharmacy you will pay full price for the prescription and must file a claim for reimbursement. You are responsible for the copayment (including the penalty %) and any difference between the actual charge and the eligible charge.

In addition to the Utilization Programs listed on page 33, the following program also applies to the HSTA VB non-Medicare retiree prescription drug plan:

Dispensed as Written (DAW 2) Program

The Dispensed as Written Program requires participants use a generic equivalent medication, when available, in place of the associated brand name medication. The standard generic co-payment will apply. However, if a participant chooses to use a brand medication rather than the generic equivalent, then the co-payment becomes the standard generic co-payment plus the difference in the cost of the generic and brand medication.