

# EUTF ACTIVES

## PPO and HMO Prescription Drug Plans Coverage Chart (CVS Caremark & Kaiser) – EUTF

COVERAGE	PPO Prescription Drug Plan CVS Caremark*		HMO Prescription Drug Plan		
	Participating Pharmacy	Nonparticipating Pharmacy**	Kaiser Comprehensive	Kaiser Standard	CVS Caremark*
Calendar Year Maximum Out-of- Pocket Single/Family	90/10 and 80/20 PPO Plan: \$4,100/\$8,200***	None	Copayment up to	Copayment up to	In-Network
	75/25 PPO Plan:\$1,600/\$3,200***		Applies towards the medical out of pocket supplemental charge maximum	Applies towards the medical out of pocket supplemental charge maximum	\$4,100/\$8,200***
<b>RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)</b>					
Generic	\$5/\$10/\$10 copayment	\$5 + 20% of eligible charges	\$15/\$30/\$45	\$5/\$10/\$15 tier 1; \$10/\$20/\$30 tier 2	\$5/\$10/\$10 copayment
Preferred Brand Name	\$15/\$30/\$30 copayment	\$15 + 20% of eligible charges	\$15/\$30/\$45	\$35/\$70/\$105	\$15/\$30/\$30 copayment
Other Brand Name	\$30/\$60/\$60 copayment	\$30 + 20% of eligible charges	\$15/\$30/\$45	\$35/\$70/\$105	\$30/\$60/\$60 copayment
Injectables and Specialty Drug	20% of eligible charges; Up to \$250 maximum; \$2,000 out-of-pocket maximum per calendar year; \$30 copay oral oncology specialty medications	Not a benefit	\$15/\$30/\$45	\$5/\$10/\$15 tier 1 / \$10/\$20/\$30 other tier 2 / \$35/\$70/\$105 brand, if requires skilled administration by medical personnel - \$20 per dose	20% of eligible charges; Up to \$250 maximum; \$2,000 out-of-pocket maximum per calendar year; \$30 copay oral oncology specialty medications
<b>Insulin</b>					
Preferred Insulin	\$5/\$10/\$10 copayment	\$5 + 20% of eligible charges	\$15/\$30/\$45	\$35/\$70/\$105 brand insulin	\$5/\$10/\$10 copayment
Other Insulin	\$15/\$30/\$30 copayment	\$15 + 20% of eligible charges	\$15/\$30/\$45	\$10/\$20/\$30 generic insulin	\$15/\$30/\$30 copayment
<b>Diabetic Supplies</b>					
Preferred Diabetic Supplies	No copayment	No copayment	\$15/\$30/\$45	50% of applicable charges	No copayment
Other Diabetic Supplies	\$15/\$30/\$30 copayment	\$15 copayment	\$15/\$30/\$45	50% of applicable charges	\$15/\$30/\$30 copayment
<b>MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)</b>					
Generic	\$5/\$10/\$10 copayment	Not a benefit	\$15/\$30/\$30	\$5/\$10/\$10 tier 1; \$10/\$20/\$20 tier 2	\$5/\$10/\$10 copayment
Preferred Brand Name	\$15/\$30/\$30 copayment	Not a benefit	\$15/\$30/\$30	\$35/\$70/\$70	\$15/\$30/\$30 copayment
Other Brand Name	\$30/\$60/\$60 copayment	Not a benefit	\$15/\$30/\$30	\$35/\$70/\$70	\$30/\$60/\$60 copayment
<b>Insulin</b>					
Preferred Insulin	\$5/\$10/\$10 copayment	Not a benefit	Not Available through Mail Order	Not Available through Mail Order	\$5/\$10/\$10 copayment
Other Insulin	\$15/\$30/\$30 copayment	Not a benefit			\$15/\$30/\$30 copayment
<b>Diabetic Supplies</b>					
Preferred Diabetic Supplies	No copayment	Not a benefit	\$15/\$30/\$30	50% of applicable charges	No copayment
Other Diabetic Supplies	\$15/\$30/\$30 copayment	Not a benefit	\$15/\$30/\$30	50% of applicable charges	\$15/\$30/\$30 copayment

For the Royal State Supplemental Plan, reimbursement for prescription drug co-payments charges shall not exceed \$20 per prescription drug (RX) up to \$350 if enrolled in single coverage, \$700 if enrolled in 2-party coverage or \$1,000 if enrolled in family coverage per policy year. Reimbursement for prescription drugs co-payment count towards the Plan Year Maximum Benefit Payable.

\* This plan is the prescription drug coverage for the HMSA PPO & HMSA HMO medical options and is administered by CVS Caremark.

\*\*If you receive services from a nonparticipating (out-of-network) pharmacy you are responsible for the copayment (including the penalty %) and any difference between the actual charge and the eligible charge.

\*\*\*There is a prescription drug Maximum Out-of-Pocket (MOOP) limit of \$4,100 per individual and \$8,200 per family for the 90/10 PPO, 80/20 PPO, and EUTF HMSA HMO plans and \$1,600 per individual and \$3,200 per family for the 75/25 PPO plan for the calendar year (1/1/15 – 12/31/15). Applicable copayments and caps for specialty medications apply and are counted towards the total annual out-of-pocket maximum for the 90/10 plan, the 80/20 plan, the 75/25 plan and the EUTF HMSA HMO plan.