

HSTA VB ACTIVES

PPO and HMO Prescription Drug Plans Coverage Chart (CVS Caremark & Kaiser) – HSTA VB

COVERAGE	HSTA VB PPO Prescription Drug Plan CVS Caremark		HMO Prescription Drug Plan
			Kaiser
	Participating Pharmacy*	Non-Participating Pharmacy*	Copayment
Calendar Year Maximum Out-of- Pocket Single/Family	\$4,100/\$8,200**	None	Applies towards the medical out of pocket supplemental charge maximum
RETAIL PRESCRIPTION PROGRAM (30/60/90 day supply)			
Generic and Insulin	\$5/\$9/\$9 copayment	\$5 + 30% of eligible charges	\$10/\$20/\$30
Brand Name	\$15/\$27/\$27 copayment	\$15 + 30% of eligible charges	\$10/\$20/\$30
MAIL ORDER PRESCRIPTION PROGRAM (30/60/90 day supply)	CVS Caremark	Vendor other than CVS Caremark	Kaiser
Generic and Insulin	\$5/\$9/\$9 copayment	Not a Benefit	Generic: \$10/\$20/\$20 Insulin: Not Available through Mail Order
Preferred Brand Name	\$15/\$27/\$27 copayment	Not a Benefit	\$10/\$20/\$20

*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. Please note: Specialty medications and Injectables are covered under this plan and are subject to the applicable Generic or Brand Name copayment.

**There is a prescription drug Maximum Out-of-Pocket (MOOP) limit of \$4,100 per individual and \$8,200 per family, for the 2015 calendar year (1/1/15 – 12/31/15).

Medications prescribed for treatment that are not approved by the Federal Drug Administration are excluded from the plan.

Additional Information for the HSTA VB Prescription Drug Plan

What's New

Effective 7/1/15, the CVS Caremark prescription drug plan will have a calendar maximum out-of-pocket (MOOP) of \$4,100 per individual, and \$8,200 per family, per calendar year. Effective 7/1/15, to comply with the Affordable Care Act, generic forms of Tamoxifen and Raloxifene are covered with no copayment to the member when prescribed for **primary prevention** of breast cancer. If you are eligible for this benefit, please have your physician call 877-418-4130 to complete a copayment exception form on your behalf.

General Information

The prescription drug plan includes programs that offer a financial incentive for participants to use the