

# HSTA VB Active Employees

The information below includes a brief summary of your prescription benefits, as well as some frequently asked questions about the CVS Caremark® prescription benefit program. CVS Caremark and the EUTF are confident you will find value with your prescription benefit program.

<b>HSTA VB 90/10 PPO PLAN</b> <b>HSTA VB 80/20 PPO PLAN</b>	<b>Short-Term Medications</b> CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	<b>Long-Term Medications</b> CVS Caremark Hawaii Mail Service Pharmacy & Retail Pharmacy Network (Up to a 90-day supply)
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.†	<b>\$5</b> for a generic prescription	<b>\$9</b> for a generic prescription
<b>Brand Medications</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.†	<b>\$15</b> for a brand prescription	<b>\$27</b> for a brand prescription
<b>Insulin</b>	<b>\$5</b> copayment	<b>\$9</b> copayment
<b>Diabetic Supplies</b>	<b>\$0</b> copayment	<b>\$0</b> copayment
<b>Specialty Medications</b>	Subject to applicable generic/brand copayments. <b>\$0</b> for oral oncology specialty medications.	N/A
<b>Refill Limit</b>	None	None
<b>Maximum Out-of-Pocket</b>	The maximum out-of-pocket for your drug plan expenses are <b>\$4,350</b> per individual and <b>\$8,700</b> per family, per calendar year. Once the amount is reached, no further copayment or coinsurance will be charged for in-network benefits that are covered under the plan. This excludes any non-covered medications or prescriptions not filled at a network pharmacy.	
<b>Web Services</b>	Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.	
<b>Customer Care</b>	Walk-in services: Pauahi Tower, 1003 Bishop Street, Suite 704 - 7:45am-4:30pm, Monday through Friday. Call toll-free at <b>1-855-801-8263, TDD 711</b> , 24 hours a day, 7 days a week. Plan information is also available on <a href="http://caremark.com">caremark.com</a> or at <a href="http://caremark.com/eutf">caremark.com/eutf</a> .	
Please note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you may pay the difference between the brand-name medication and the generic, plus the generic copayment.		

† Some prescriptions may require a prior authorization approval before the plan provides coverage.

Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a fixed amount, or a percentage of the prescription price, with the balance, if any, paid by a Plan. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

# Plan Changes Effective July 1, 2021

There will be a \$0 copay for Exemestane 25mg and Anastrozole 1mg for the prevention of breast cancer for women 35 years or older.

## Frequently Asked Questions

### About the CVS Caremark Retail Network

#### Can I receive additional Prescription ID cards?

Yes, for additional Prescription ID cards, please call a Customer Care representative toll-free at **1-855-801-8263**.

#### May I fill my medication at a non-participating pharmacy?

There are more than 68,000 participating pharmacies in the CVS Caremark retail network. When you choose to go to a non-participating pharmacy, you will pay the full prescription price and will need to send CVS Caremark a paper claim. You should submit a paper claim form along with the original prescription receipt(s) to CVS Caremark for reimbursement of covered expenses. You can download and print a claim form when you log in to **www.caremark.com**. When you receive services from a non-participating (out-of-network) provider, you are responsible for the copayment plus any co-insurance on the eligible charge, plus any cost difference between the actual and eligible charge.

#### How do I change my prescription from a non-participating retail pharmacy to a CVS Caremark participating retail pharmacy?

Go to a CVS Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the pharmacy and make the transfer for you. To find a CVS Caremark participating retail pharmacy, click on "Find a Pharmacy" at **www.caremark.com**.

### About the CVS Caremark Mail Service Pharmacy

#### Where is the CVS Caremark Mail Service Pharmacy?

The CVS Caremark Mail Service Pharmacy is located in Hawaii on the island of Oahu.

#### Why should I use the CVS Caremark Mail Service Pharmacy for my prescriptions?

The CVS Caremark Mail Service Pharmacy is located in Hawaii and is a convenient way for you to order a 90-day supply of maintenance or long-term medication. Your long-term medications can be delivered to your home or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy and help to keep plan costs lower.

#### How long does it take for my prescriptions to arrive by mail?

Your prescription order will be processed and mailed in 2-5 days from the day we receive your order.

#### How do I check the status of my order?

You can check your refill order status at **www.caremark.com** or by calling toll-free at **1-855-801-8263**.

#### How should I ask my doctor or other prescriber to write my prescription in order to receive the maximum benefit from the CVS Caremark Mail Service Pharmacy?

Remind your doctor or other prescriber to write a "90-day supply plus refills," when clinically appropriate, for maintenance medications that are purchased through the CVS Caremark Mail Service Pharmacy. CVS Caremark must fill your prescription for the exact quantity of medication that your doctor or healthcare provider prescribes, up to your plan design limit. When you need to take your maintenance medication right away, ask your doctor or other prescriber for two prescriptions:

- The **first prescription** for up to a 30-day supply
- The **second prescription** for up to a 90-day supply, with refills when clinically appropriate

Have the short-term supply filled immediately at a CVS Caremark participating retail pharmacy and send the 90-day supply prescription to the CVS Caremark Mail Service Pharmacy located on Oahu, Hawaii.