

# EUTF Active Employees



The information below includes a brief summary of your prescription benefits.

<b>EUTF 90/10 PPO PLAN EUTF 80/20 PPO PLAN EUTF HMO PLAN</b>	<b>Short Term Medications</b> Participating Pharmacy (Up to a 30 day supply)	<b>Long Term Medications</b> Retail 90 or Hawaii Mail Service Pharmacy (Up to a 90 day supply)	<b>Long Term Medications</b> Non Retail 90 Pharmacy (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>\$10</b> for a generic prescription	<b>\$15</b> for a generic prescription
<b>Preferred Brand Medications</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.†	<b>\$25</b> for a preferred brand prescription	<b>\$50</b> for a preferred brand prescription	<b>\$75</b> for a preferred brand prescription
<b>Non-Preferred Brand Medications</b> You will pay the most for medications not on your plan's preferred drug list.†	<b>\$50</b> for a non-preferred brand prescription	<b>\$100</b> for a non-preferred brand prescription	<b>\$150</b> for a non-preferred brand prescription
<b>Specialty Generic</b>	<b>10%</b> – up to \$200 per fill	N/A	N/A
<b>Specialty Preferred Brand</b>	<b>20%</b> – up to \$300 per fill	N/A	N/A
<b>Specialty Non-Preferred</b>	<b>30%</b> – up to \$400 per fill	N/A	N/A
<b>Specialty Oral Oncology</b>	<b>\$30</b> copayment	N/A	N/A
<b>Specialty Maximum Out-of-Pocket (MOOP)</b>	<b>\$2,500</b> maximum out-of-pocket per calendar year	N/A	N/A
<b>Preferred Insulin</b>	<b>\$5</b> copayment	<b>\$10</b> copayment	<b>\$15</b> copayment
<b>Other Insulin</b>	<b>\$25</b> copayment	<b>\$50</b> copayment	<b>\$75</b> copayment
<b>Preferred Diabetic Supplies</b>	<b>\$0</b> copayment	<b>\$0</b> copayment	<b>\$0</b> copayment
<b>Other Diabetic Supplies</b>	<b>\$25</b> copayment	<b>\$50</b> copayment	<b>\$75</b> copayment
<b>Oral Contraceptives</b>	<b>\$0</b> for most oral contraceptives		
<b>Refill Limit</b>	One initial fill plus two refills for new maintenance medications on a 30-day supply.		
<b>Maximum Out-of-Pocket</b> Specialty MOOP will be counted toward the total annual MOOP	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 <b>caremark.com</b> to access tools that can help you save money and manage your prescription drug 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 <b>caremark.com</b> or at <b>caremark.com/eutf</b>		

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 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.

## New Plan Changes

1. Added the RxSavingsPlus program which is a discount program where members can get additional discounts on certain non-covered drugs effective July 1, 2022.
2. Added prior authorization and quantity limits for Opzelura (treats atopic dermatitis) and eye drops used to treat presbyopia (farsightedness) such as Vuity effective July 1, 2022.
3. Expanded the age limitation for colonoscopy prep prescriptions to ages 45-75 effective May 1, 2022, in accordance with the Affordable Care Act.
4. Excluded certain drugs with minimal clinical value through the Drug Exclusion Plan Design program effective January 1, 2022.
5. Added utilization management such as prior authorizations, step-therapy, and/or quantity limits effective January 1, 2022 for the following drugs or classes: Acthar (treats infantile spasms); Afrezza (treats diabetes); Mupirocin (treats bacterial infections); Omega-3 fatty acids (treats hyperlipidemia); Palforzia (treats peanut allergies); products for migraine, neuralgia, psoriasis, and rosacea; and topical corticosteroids.
6. Added prior authorization and quantity limit requirements for Ivermectin (treatment for parasitic infections) effective October 14, 2021.

## Frequently Asked Questions

### About the CVS Caremark Retail Network

#### How do I submit a claim for a prescription filled at a non-participating pharmacy?

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 along with the prescription receipt(s) to CVS Caremark for reimbursement of covered expenses. You can download and print a claim form when you log in to [caremark.com](https://www.caremark.com). You will be reimbursed the eligible charge less the out-of-network cost share (copayment plus 20% coinsurance) in accordance with the plan's out-of-network benefit.

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

First, find a participating retail pharmacy by using the **Pharmacy Locator** at [caremark.com](https://www.caremark.com), through the CVS Caremark mobile app, or by calling toll-free **1-855-801-8263**. Next, go to a CVS Caremark participating retail pharmacy and tell the pharmacist where your prescription is currently on file. The pharmacist will contact the non-participating pharmacy and make the transfer for you.

### About the CVS Caremark 90-Day Retail and Mail Service Pharmacy

#### Voluntary Retail 90 Pharmacy Network & Mail Order Program

Maintenance medications are prescriptions taken for an extended period of time to treat such chronic conditions as high blood pressure, diabetes, or high cholesterol. By filling your maintenance prescriptions at a Retail 90 pharmacy or CVS Caremark Mail Service Pharmacy, you will save by paying a lower copayment for your medications. For a 90-day supply filled at a Retail 90 pharmacy or CVS Caremark Mail Service Pharmacy, you pay **two copayments for a three-month supply**.

The EUTF plan requires that prescriptions for maintenance medications are filled in a 90-day supply after the first three (3) initial fills. Participants are allowed three (3) 30-day initial fills at the retail pharmacy for each new medication or dosage to determine if the medication or dosage is medically appropriate.

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

The CVS Caremark Mail Service Pharmacy is located on Oahu and is a convenient way for you to order your maintenance prescriptions. Your maintenance 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 do I change my prescription from a retail pharmacy to CVS Caremark Mail Service Pharmacy?

There are three ways to transfer your prescription from a retail pharmacy to CVS Caremark Mail Service Pharmacy:

1. Call CVS Customer Care at toll-free **1-855-801-8263** to have a Customer Care Representative help you transfer your prescription.
2. Register or login to [caremark.com](https://www.caremark.com). Select **Prescriptions** from the navigation bar. From the drop-down menu, select **Start Rx Delivery by Mail**.
3. Ask your doctor to write a prescription for a "90-day supply plus refills," when clinically appropriate, for your maintenance medications. The pharmacy must fill your prescription for the exact quantity that your doctor prescribes, up to your plan design limit. If you need to take your maintenance medication right away, ask your doctor for two (2) prescriptions:
  - The **first prescription** written for up to a 30-day supply to be filled at a retail pharmacy.
  - The **second prescription** written for up to a 90-day supply, up to three (3) refills when clinically appropriate, to be filled at CVS Caremark Mail Service Pharmacy located on Oahu.

#### 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 CVS Caremark Mail Service Pharmacy order?

You can check the status of your mail service order at [caremark.com](https://www.caremark.com) or by calling toll-free **1-855-801-8263**