

# **HSTA VB Active Employees**

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

Short Term Medications CVS Caremark Retail Pharmacy Network (Up to a 30 day supply)	Long Term Medications CVS Caremark Hawaii Mail Service Pharmacy & Retail Pharmacy Network (Up to a 90 day supply)
\$5 for a generic prescription	\$9 for a generic prescription
\$15 for a brand prescription	\$27 for a brand prescription
\$5 copayment	\$9 copayment
\$0 copayment	\$0 copayment
Subject to applicable generic/brand copayments. <b>\$0</b> for oral oncology specialty medications.	N/A
\$0 for most oral contraceptives	
None	None
The maximum out-of-pocket for your drug plan expenses are \$4,350 per individual and \$8,700 per family, per calendar year. Once the amount is reached, no further copayment or coinsurance will be charged for innetwork benefits that are covered under the plan. This excludes any noncovered medications or prescriptions not filled at a network pharmacy.	
Register at <b>caremark.com</b> to access to manage your prescription benefit. To re ready.	
Walk-in services: Pauahi Tower, 1003 B Monday through Friday. Call toll-free at day, 7 days a week. Plan information is a	
	CVS Caremark Retail Pharmacy Network (Up to a 30 day supply)  \$5 for a generic prescription  \$15 for a brand prescription  \$5 copayment  \$0 copayment  Subject to applicable generic/brand copayments. \$0 for oral oncology specialty medications.  \$0 for most oral contraceptives  None  The maximum out-of-pocket for your dindividual and \$8,700 per family, per careached, no further copayment or coins network benefits that are covered under covered medications or prescriptions in  Register at caremark.com to access to manage your prescription benefit. To re ready.  Walk-in services: Pauahi Tower, 1003 B Monday through Friday. Call toll-free at

<sup>†</sup> 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.

# **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. Expanded the age limitation for colonoscopy prep prescriptions to ages 45-75 effective May 1, 2022, in accordance with the Affordable Care Act.
- 3. 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**. You will be reimbursed the eligible charge less the out-of-network cost share (copayment plus 30% 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**, 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 Mail Service Pharmacy**

### 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**. 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 of medication 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, with 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 your status of your mail service order at caremark.com or by calling toll-free 1-855-801-8263.

