# Frequently Asked Questions about Your Specialty Drug Benefit

Specialty medications can be covered under either the EUTF HMSA medical plan or CVS prescription drug plan as deemed medically appropriate by your health care provider. We encourage you to review these Frequently Asked Questions (FAQs) for details about your specialty medication coverage.

**For More Information**

To learn about specialty medication benefits and/or to speak with a resource about your individual specialty medication needs, contact the following carriers:

**HMSA Medical Plan**
For general information and assistance with specialty medications call **808-948-6499** or toll free **1-800-776-4672**.

**CVS Caremark Prescription Drug Plan**
For coverage of non-preferred specialty medications, your physician may call **1-808-254-4414**. For assistance with ordering specialty prescriptions or to locate a specialty network pharmacy, call **1-855-801-8263**. For assistance with ordering specialty prescriptions at CVS Specialty, call **1-800-896-1464**. To view the CVS Caremark Specialty Drug list, visit caremark.com/eutf.

## 1. What is a specialty medication?

Specialty medications are high-cost medications used to treat complex, chronic conditions like cancer, auto-immune diseases like rheumatoid arthritis or multiple sclerosis (MS), or rare diseases such as hemophilia. Specialty medications typically require specialized administration and rigorous monitoring.

## 2. How has my specialty medication benefit changed effective July 1, 2023?

Effective 7/1/2023, the EUTF expanded access for specialty medications to make it easier for HMSA members to get their medications by allowing coverage of specialty medications administered in the physician's office (including ambulatory infusion suites and home IV/infusion sites) under the HMSA medical plan.

In general, specialty medications taken at home and self-administered (either orally or by injection) that are filled by a pharmacy are covered under your CVS prescription drug benefit. Specialty medications administered by a healthcare provider and dispensed onsite (e.g., a doctor's office or outpatient treatment center) are generally covered under your medical benefit. Specialty medications dispensed by a pharmacy and delivered to your doctor's office will be covered under the prescription drug plan. Your doctor determines where the specialty medication will be dispensed from and where the claim is submitted, so provide both your medical and pharmacy cards to your provider to ensure coverage.

### 3. How much will I have to pay for my specialty medications each year?

Your benefit depends on the medication prescribed, the medical setting it is dispensed under, and plan coverage requirements (e.g., deductible, coinsurance, and prior authorization).

**HMSA Medical Plan:** You will need to meet your deductible (if applicable) first and then pay a coinsurance up to your Maximum Out-of-Pocket (MOOP). Refer to the Injections benefit listed in the HMSA Guide to Benefits (available at hmsa.com/eutf).

| Plan | In-Network Deductible (Individual / Family) | In-Network Coinsurance | Annual MOOP (Individual / Family) |
|---|---|---|---|
| EUTF Active 90/10 PPO | None | 10% | $2,000 / $4,000 |
| EUTF Active 80/20 PPO | None | 20% | $2,500 / $5,000 |
| EUTF Active 75/25 PPO | $300 / $900 | 25% | $5,000 / $10,000 |
| EUTF Active HMO | None | No charge (excluding $15 office visit copay) | $2,000 / $4,000 |
| HSTA VB Active 90/10 PPO | None | 10% | $2,000 / $4,000 |
| HSTA VB Active 80/20 PPO | None | 20% | $2,500 / $5,000 |
| EUTF Retirees | $100 / $300 | 20% | $2,500 / $7,500 |
| HSTA VB Retirees | None | 10% | $2,000 / $6,000 |

**CVS Prescription Drug Plan:** There is no deductible and you will pay a coinsurance up to a Specialty MOOP and/or overall Drug MOOP (if applicable). Exceptions include oral oncology specialty medications which have a $30 copayment, and HIV, Transplant, Hepatitis B, and Ocular specialty medications which follow the standard copay schedule. Refer to the Specialty Medications benefit listed in the CVS benefit summary (available at caremark.com/eutf).

| Plan | In-Network Coinsurance | Specialty MOOP* | Annual MOOP (Individual / Family) |
|---|---|---|---|
| EUTF Active 90/10 PPO, 80/20 PPO and HMO | Generic:<br>10% up to $200/fill<br>Pref. brand:<br>20% up to $300/fill<br>Non-pref. brand:<br>30% up to $400/fill | $2,500 | $4,350 / $8,700 |
| EUTF Active 75/25 PPO | Same as above | $2,500 | $3,150 / $6,300 |
| HSTA VB Active 90/10 PPO and 80/20 PPO | Non-specialty copays apply | None | $4,350 / $8,700 |
| EUTF Retirees | 20% up to $250/fill | $2,000 | None |
| HSTA VB Retirees | Non-specialty copays apply | None | None |

*Applicable copayments and caps for specialty medications apply and are counted toward the total annual MOOP.

### 4. Can I use both my HMSA medical benefit and CVS prescription drug benefit at the same time?

No, there is no coordination of benefits between the EUTF HMSA medical and CVS prescription drug plans. They have separate and distinct benefits. However, coordination of benefits can occur with a non-EUTF medical or prescription drug plan.

### 5. Can the HMSA MOOP and CVS MOOP be combined? Do I have to satisfy each one separately?

The MOOP amounts cannot be combined, and each must be satisfied individually.

### 6. Are there any specialty medications that are only covered under the HMSA medical plan?

Yes, there are some medications that are excluded under the CVS prescription drug plan. These are generally medications that require special handling or administration and where patients may require medical monitoring after administration. Additionally, some medications, while available under the CVS prescription drug plan, are better suited to being filled under the HMSA medical plans due to complexities with coordinating laboratory draws and/or medical facility visits for medication administration. A list of excluded medications (including medical benefit only medications) under the CVS prescription drug plan can be found at caremark.com/eutf.

### 7. Will I pay more for my specialty medications under the CVS pharmacy plan or the HMSA medical plan?

The cost of the medication, copay/coinsurance and MOOP amounts varies according to the plan. The cost for each specialty medication depends on where and how it's administered, how frequently it's administered, and the provider cost from the manufacturer. Your provider can discuss your options with you, and determine which coverage will be more advantageous, given your medical needs, plan benefits and financial resources. Therefore, it's important to provide both your medical and pharmacy card to your provider, so they can determine which plan benefit is more advantageous for you.

Below is an example of a specialty medication that could be filled either under the medical **OR** prescription drug benefit. The MOOPs do not include any other drug or medical treatment costs, which could also impact when you would reach your MOOP. Your individual scenario may differ, which is why it's important to provide both your HMSA medical and CVS pharmacy cards to your provider.

This example medication is only given three times a year (an initial dose given in a doctor's office followed by two additional doses). The cost per dose is assumed to be the same under both the medical and prescription drug plans.

**Active Member:** The member is enrolled in the HMSA 75/25 PPO plan. If the member's doctor submits the claim under the medical plan, the member cost share is capped at the $5,000 MOOP. The member pays nothing for additional doses and covered medical services throughout the calendar year. If the member's doctor submits the claim under the prescription drug plan, the member pays up to $300 per dose, totaling $900 for three doses.

| Medication A dosed 3x/year | HMSA 75/25 PPO | CVS Pharmacy Plan |
|---|---|---|
| Cost per dose | $35,000 | $35,000 |
| Deductible | $300 | N/A |
| Coinsurance | 25% (or $8,675) | 20% (or $7,000) up to $300/fill |
| Calendar Year Maximum Out-of-Pocket (MOOP) | HMSA Medical: $5,000 | CVS Specialty: $2,500 |
| Member amount due dose 1 | $5,000 (deductible and MOOP met) | $300 |
| Member amount due dose 2 | $0 | $300 |
| Member amount due dose 3 | $0 | $300 |
| **Total** | **$5,000** | **$900** |

**Retiree Member:** The member is Medicare eligible and enrolled in the HMSA 90/10 PPO plan. If the member's doctor submits the claim under the medical plan, Medicare pays first if a Medicare Part B drug. The member's cost share for the initial dose under Medicare Part B is $7,180.80. HMSA pays 80% of that amount less the $100 deductible, leaving the member's cost share at $1,516.16. The member then pays up to the $2,500 MOOP for the second dose. The member pays nothing for the third dose and covered medical services throughout the calendar year. If the member's doctor submits the claim under the prescription drug plan, the member pays $250 per dose, totaling $750 for three doses.

| Medication A dosed 3x/year | HMSA Medicare 90/10 PPO | CVS Medicare Pharmacy Plan |
|---|---|---|
| Cost per dose | $35,000 | $35,000 |
| Medicare Part B Deductible* | $226 | N/A |
| Medicare Part B Coinsurance | 20% (or $6,954.80) | |
| Subtotal | $7,180.80 | |
| Deductible | $100 | N/A |
| Coinsurance | 20% (or $1,416.16) | 20% (or $7,000) up to $250/fill |
| Calendar Year Maximum Out-of-Pocket (MOOP) | HMSA Medical: $2,500 | CVS Specialty: $2,000 |
| Member amount due dose 1 | $1,516.16 (deductible met) | $250 |
| Member amount due dose 2 | $983.84 (MOOP met) | $250 |
| Member amount due dose 3 | $0 | $250 |
| **Total** | **$2,500** | **$750** |

* Medicare Part B deductible for 2023.