

## CDHP Public Safety Pharmacy Benefits Plan at a Glance

<p><b>What you pay for prescription drugs</b> Retail: 30-day supply Mail order: 90-day supply</p> <p><b>Network and out-of-network cost sharing amounts are combined for the deductible and annual out-of-pocket maximum.</b></p> <p><b>Cost sharing amounts are combined with the medical benefit out of pocket maximum.</b></p>		<b>Retail Network Pharmacy</b>	<b>Retail Out-of-Network Pharmacy</b>	<b>CVS/caremark Mail Order Service</b>
	<b>Deductible</b>	\$3,200 Single \$6,000 Family	\$5,000 Single \$10,000 Family	\$3,200 Single \$6,000 Family
	<b>Generic formulary</b>	Deductible and coinsurance  Drugs on Preventive Drug List \$0 copayment	Deductible and coinsurance	Deductible and coinsurance  Drugs on Preventive Drug List \$0 copayment
	<b>Formulary brand</b>	Deductible and coinsurance  Drugs on Preventive Drug List \$20 copayment	Deductible and coinsurance	Deductible and coinsurance  Drugs on Preventive Drug List \$40 copayment
	<b>Non-formulary brand</b>	Deductible and coinsurance  Drugs on Preventive Drug List \$40 copayment	Deductible and coinsurance	Deductible and coinsurance  Drugs on Preventive Drug List \$80 copayment
	<b>Specialty</b>	\$0 after deductible	No Coverage	N/A
	<b>Annual out-of-pocket maximum</b>	\$3,200 Single \$6,000 Family	\$7,000 Single \$14,000 Family	
	<b>Your Benefit Year</b>	October 1 – September 30		
<b>Filing claims</b>	<p>When you use a network pharmacy, the pharmacy will file the claim for you.</p> <p>If you use an out-of-network pharmacy, you must file the claim within the plan guidelines to receive benefits.</p>			
<b>When coverage ends</b>	Pharmacy benefit coverage ends at the end of the month in which your eligibility ends.			

## How Prescription Drug Benefits Work

Your Prescription Drug Benefit has three parts. These parts may be subject to Plan exclusions, conditions, limitations and cost sharing requirements.

1. Retail pharmacy prescription drug program. This is for short-term prescriptions. You can conveniently pick up these prescriptions at your local pharmacy that is in the network.
2. Mail order prescription program for maintenance or long term prescriptions. These will be mailed to your home and you have the option to conveniently pick them up at your local retail CVS Pharmacy.
3. Specialty prescription program for specialty medications that require extra care, handling and/or service. You will use the CVS / Specialty Pharmacy for all your Specialty medication needs. You have the option to conveniently pick them up at your local CVS Pharmacy.

### ***Need Help?***

Questions about your prescription coverage, locating a network pharmacy; or want to know more about the Formulary (see the definition of Formulary).

- Download and register on the CVS/caremark App on your mobile device.
- Register on the CVS/caremark website at [www.caremark.com](http://www.caremark.com),
- Call CVS/caremark at 800-776-1355.

## ***Understanding Your Prescription Drug Benefits***

Here are some terms to help you better understand how Prescription drug benefits work and to get the most from your Plan.

### **Annual Out-of-Pocket Maximum**

This is the most you will pay under the Plan during the plan year. It combines both Medical and Prescription Drug expenses. Prescription Copayments count toward the out-of-pocket maximum.

### **Brand Name Drug**

This is a drug that has is protected by one or more patents.

### **Copay Cards**

Dollars offered by pharmaceutical manufacturers to reduce the cost of prescription drugs. Any dollars used on a copay card for any prescription drug do not count toward your Annual out-of-Pocket Maximum (deductible or out-of-pocket). This applies to all drugs that offer non-financial-needs-based copay cards.

### **Copayment**

The amount you will pay for each Prescription Drug when you use Network pharmacies.

### **Dispenses As Written (DAW)**

DAW1 is when the medical provider who wrote the prescription indicates only to dispense the Brand Drug.

DAW2 is when the medical provider who wrote the prescription indicates Brand or Generic prescriptions are acceptable to dispense and you request a Brand Drug.

If your medical provider indicates DAW1 or if you request the Brand Drug you will pay the Brand cost sharing.

### **Exclusive Specialty**

CVS / Specialty is the only specialty pharmacy and they use Prudent Rx to simplify your specialty drug care needs with a consistent member experience. They offer you the convenience to pick up your specialty medication at your CVS Retail Pharmacy.

### **Formulary or Preferred Drug List**

This is the list of preferred drugs evaluated by CVS/caremark and found to be clinically effective for use. CVS/caremark has a Pharmacy and Therapeutics (P&T) Committee that reviews and approves Food and Drug Administration (FDA) approved drugs based on their safety and efficacy.

The name of your formulary is Advanced Control Formulary. The preferred drugs on this list changes periodically. When a change is made, and you are impacted, both you and your prescribing doctor will receive a notice about the change and the preferred alternative medications.

To learn more about the Advanced Control Formulary

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### **Generic Drug**

This is a drug that has the same active ingredient and is chemically equivalent to the Brand Name drug and, by law, must meet the same standards for safety, purity, strength and quality as a Brand Name Drug.

### **Maintenance (long-term) or Mail Order Prescriptions**

You take Maintenance drugs on a regular basis to treat chronic conditions (for example: high blood pressure, heart conditions and diabetes).

When you get any prescription, please ask your medical provider if it is a maintenance medication. If it is a maintenance medication, then you should ask your medical provider to write two prescriptions:

1. For a 30-day supply to be filled immediately with one or two refills at the local Retail Network Pharmacy, and
2. For up to a 90-day supply to be filled by CVS/caremark through the mail order program.

They must be filled through the CVS/caremark mail order service or you can pick it up a CVS Retail Pharmacy. Reminder, you may fill or refill a maintenance prescription by

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- Call CVS/caremark at 800-776-1355.

### **Retail (Short Term or Acute) Prescriptions**

These are prescription drugs prescribed for 30 days or less. Simply give your prescription to the Retail Network Pharmacy and pay your cost sharing. The Retail Network pharmacy will bill the Plan for the remainder. If you use an Out of Network Retail Pharmacy you will need to file a claim on your own.

### **Retail Network Pharmacy**

A Retail Network Pharmacy has agreed with CVS/caremark to accept your cost sharing amount and electronically bill the Plan for the Plan's portion of the cost. You do not need to file a claim when you use a Retail Network Pharmacy.

### **Out-of-Network Retail Pharmacy**

These Pharmacies are NOT part of your Retail Pharmacy Network. Short-term prescriptions filled at an Out-of-Network retail pharmacy are covered by the Plan. However, you will need to submit a paper claim form to CVS/caremark for coverage consideration under the Plan.

### **Over the Counter Drug**

An over the counter drug is a one you can buy without a prescription. Some over the counter drugs are equivalent to a prescription drug. Your plan does NOT cover a prescription drug that has an over the counter equivalent.

### **Specialty Drug**

A specialty drug is a prescription drug that can be a traditional drug, a biotech or a biological drug used to manage specific chronic or genetic disease or requires special handling, distribution, administration, monitoring or patient education and counseling. These must be filled by CVS Specialty.

### **Vaccines**

Seasonal and nonseasonal vaccines are covered. Your Plan does not cover travel vaccines.

## ***Utilization Management Programs***

Programs, guidelines, requirements designed to improve the quality of care you receive and control overall Plan costs.

### **Advanced Control Formulary / Advanced Control Specialty Formulary**

A formulary that provides access to quality medications and drives savings for you and the Plan.

### **Compound Strategy**

Applies a clinically based prior authorization (PA) criteria for compounds that are more than \$300. The review has timely initial coverage determinations by a pharmacist. If an appeal is necessary, it will be managed by a physician.

### **Drug Savings Review**

Uses evidence-based clinical standards to identify opportunities to change medications that lead to improved drug therapy and cost savings. CVS uses timely, actionable, clinically supported, interventions when working with prescribers.

### **Generic Step Therapy**

Generic Drugs will always be the first step before a brand name drug is considered when they are available.

### **Opioid Utilization Management**

Designed to positively influence the prescribing and use of opioids to treat pain, while helping provide appropriate access to these medications. It aligns with the Guideline for Prescribing Opioids for Chronic Pain from the Centers for Disease Control and Prevention (CDC)

### **Prior Authorization (PA)**

Some medications require additional information from your prescribing doctor before being dispensed. Your doctor can either access it electronically or they will be contacted by the pharmacist when a prior authorization is necessary.

### **Quantity Limits (QL)**

Medications with the potential for over or misuse have a limitation on the maximum quantities which may be dispensed.

### **Specialty Guideline Management**

Evidence based guidelines from the CVS/caremark Pharmacy and Therapeutics Committee are applied to a specialty drug before it is dispensed. Any changes to your medication will be approved by your physician prior it being changed.

### **Specialty Preferred Drug Step Therapy**

The lowest net-cost specialty drugs in select therapeutic categories must be used before other higher-cost drugs are approved.

### **Utilization Review (UR) Pharmacy**

A CVS/caremark pharmacist will evaluate patient drug utilization to identify prescription use that may lead to a severe medical condition and/or unnecessary medical costs. CVS/caremark contacts your physician if a potential drug-induced disease or interaction is identified.

### ***Drugs and Services Not Covered and Limitations***

Just because a licensed medical provider prescribes a medicine does not make it medically necessary or covered by the Plan. The Plan does NOT cover everything. We are providing more common items here; you should always contact CVS caremark with any questions about whether your drug or service is covered.

- Dispensed before the effective date of you or your dependent's participation in the Plan or after you or your dependent's participation in the Plan ends.
- That are refilled later than one year after the date of the original prescription date.
- For which Federal Law does not require a prescription (although one may be required under State Law) from an authorized provider (except insulin, insulin analogs, insulin pens and prescriptive and nonprescriptive oral agents for controlling blood sugar level); and drugs, insulin or covered devices for which no valid Prescription is obtained.
- Cosmetic drugs used primarily to enhance appearance, including, but not limited to correction of skin wrinkles and skin aging.
- Athletic performance enhancing drugs.
- That are entirely consumed or administered at the time and place the prescription order is issued (e.g. at a hospital or nursing home). See your medical plan SPD to see whether such drugs are covered by that plan (often being considered part of the medical services).
- Associated with the administration of any drug.
- Received from a source other than a retail or mail-order pharmacy.
- For which you (or the pharmacy) do not file a claim within 365 days after the prescription or service is provided.
- That exceed the supply limitations.
- That exceed the prescribed quantity.

- That are blood derivatives that are not officially classified as drugs except blood derivative products used as an ingredient in a biotech drug.
- That are used for off-label use, except as otherwise approved by the Claims Administrator.
- Shipping, handling or delivery charges.
- Traditional insulin pumps
- Allergy– injectable and non-injectable
- Nutritional supplements
- Arestin
- IV injectables
- Nebulizers
- Syringes other than insulin
- Cosmetic drugs
- Over the Counter Medications
- Travel Vaccines

### ***Other Drug Limits***

The plan places limits on the benefits it provides for the following types of drugs:

- Opioids Initial fill Immediate Release (IR) products 7 day limit with Morphine Milligram Equivalence (MME) limit.
- Opioids moving from IR to Extended Release (ER) go through step therapy and have MME limit.
- Topical lidocaine quantities are limited and a Prior Authorization is required for additional quantities.
- Anabolic steroids – a Prior Authorization is required.
- Antidiabetic GLP-1 agents may require a Prior Authorization.
- Disposable Insulin Pumps – a Prior Authorization is required.
- Fertility drugs – a Prior Authorization is required and a lifetime benefit of \$15,000 applies.
- Growth hormones – a Prior Authorization is required.
- Certain medications for the prevention of Migraines may require Prior Authorization.
- Opzelura – a Prior Authorization is required.
- Oral and Intranasal Fentanyl Products – a Prior Authorization is required.
- Specialty Medications – a Prior Authorization is required
- Testosterone Products – a Prior Authorization is required.
- Weight Loss Medications – a Prior Authorization is required.