

# Your Personal Prescription Benefit Program

## Copay Plan

Prescription benefits for Meritain Health members are administered by CVS/Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS/Caremark prescription benefit program. CVS/Caremark is confident you will find value with your prescription benefit program.

	<b>CVS/Caremark Retail Pharmacy Network</b> For short-term medications (Up to a 30-day supply)	<b>CVS/Caremark Mail Service Pharmacy</b> For long-term medications (Up to a 90-day supply)
<b>Where</b>	The CVS/Caremark Retail Network includes more than 66,000 participating pharmacies nationwide, including Walgreens, Target, Costco, Walmart, Rite Aid, Safeway, independent pharmacies, chain pharmacies, and 9,900 CVS Pharmacy locations. To locate a participating retail network pharmacy in your area, simply click on "Find a Pharmacy" at <a href="http://caremark.com">caremark.com</a> or call a Customer Care representative toll-free at 1-844-287-1297.	Simply mail your original prescription and the mail service order form to CVS/Caremark. Your medications will be sent directly to your home, office or a location of your choice.
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>\$10</b> for a generic prescription	<b>\$20</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>\$25</b> for a preferred brand-name prescription	<b>\$50</b> for a preferred brand-name prescription
<b>Non-Preferred Brand-Name Medications</b> You will pay the most for medications not on your plan's preferred drug list.	<b>\$40</b> for a non-preferred brand-name prescription	<b>\$80</b> for a non-preferred brand-name prescription
<b>Maximum Out-of-Pocket</b>	\$3,000 per individual/ \$6,000 per family (combined with Meritain Health medical)	
<b>No Cost Medications</b>	The plan rewards you for taking certain medications to control hypertension, cholesterol and diabetes (including diabetic supplies) by covering them in full. You pay nothing.	
<b>Web Services</b>	Register at <a href="http://caremark.com">caremark.com</a> to access tools that can help you save money and manage your prescription benefit.	
<b>Customer Care</b>	Visit <a href="http://caremark.com">caremark.com</a> or call toll-free at 1-844-287-1297.	

Copayment, copay, or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with the Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by the plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

# Frequently Asked Questions

## ABOUT THE CVS/CAREMARK RETAIL NETWORK

### **Do I use my Meritain Medical Card for Pharmacy coverage at a participating pharmacy?**

Yes, your Meritain Medical ID card will include the details related to your Pharmacy insurance coverage and will be accepted as proof of insurance at all participating CVS/Caremark pharmacies. If you have a separate CVS ID Card, that will also be accepted at CVS/Caremark participating pharmacies.

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

There are more than 66,000 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. If you use a non-participating pharmacy, 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 [caremark.com](https://www.caremark.com).

### **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 [caremark.com](https://www.caremark.com).

### **When should I use a retail pharmacy instead of the CVS/Caremark Mail Service Pharmacy?**

You should use the retail pharmacy for your immediate and short-term medication needs. Use mail service for your long-term maintenance medication needs.

## ABOUT THE CVS/CAREMARK SERVICE PHARMACY

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

The CVS/Caremark Mail Service Pharmacy is a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication. You can have your long-term medication delivered to your home, office or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy while saving money on your prescriptions.

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

Please allow 7-10 days for delivery from the time the order is placed.

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

You can check your refill order status at [caremark.com](https://www.caremark.com) or by calling toll-free at 1-844-287-1297.

### **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** for up to a 30-day supply
- The **second** 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.

## ABOUT THE CVS/CAREMARK DRUG LIST

### **What is a drug list?**

It is a list of preferred prescription medications that have been chosen because of their clinical effectiveness and safety. This list is typically updated every three months. The drug list promotes the use of preferred brand-name medications and generic medications whenever possible. Generic medications are therapeutically equivalent to brand-name medications and must be approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness. Generally, generic medications cost less than brand-name medications. You can get a drug list by either visiting [caremark.com](https://www.caremark.com) or by calling Customer Care toll-free at 1-844-287-1297.

### **How do I change to a generic or preferred drug?**

To save money, have your doctor or other prescriber choose a generic or preferred brand-name medication from the CVS/Caremark Drug List, if appropriate. You may want to take the list with you when you visit your doctor or other prescriber.