



# Saving on prescription medications



## CVS/caremark

CVS/caremark® has approximately 68,000 pharmacies in their national network, made up of major chains such as CVS Pharmacy, Kroger, Albertsons, Walmart®, Costco® and most independent pharmacies across the United States.

### CVS Health's Standard Control Formulary

The formulary is the list of safe and effective medications available for you. Not all medications on the formulary are covered by your plan, and some medications are excluded entirely. Not seeing a specific medication on the formulary? Talk to your doctor about an alternative that can work for you. For questions, call CVS/caremark Customer Service at **1-855-335-7698**.

### Out-of-pocket costs

Eligible pharmacy costs count toward your out-of-pocket maximum (OOP). There are certain prescription drug expenses that do not count toward the OOP, such as items excluded by the plans or the cost difference if you choose a brand-name drug instead of a generic.



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

Manage your prescriptions online with tools available at [caremark.com](https://www.caremark.com).

- Check the cost of a drug
- Find available alternative medications
- See your prescription history
- View balances
- View the Preferred Drug List
- Locate a participating pharmacy
- And more

## Generic medications

When it comes to choosing your medications, it pays to shop smart. You can often save (sometimes a lot) if you choose an available generic drug instead of the brand-name version.

**PPO plan members:** If you choose the brand-name drug and you are enrolled in the PPO plan, you'll pay the applicable copay plus the cost difference between the generic and brand-name drug. Only the generic copay will count toward your OOP.

**HDP members:** If you choose the brand-name drug when a generic is available, only the generic cost will apply to your OOP.

Many retailers offer \$4-generic programs (30-day supply) and some offer \$10-generic programs (90-day supply). If you are enrolled in the PPO plan, you will always pay the lesser of the retail cost or the generic copay. HDP members can also save with these programs.

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For prior authorization or coverage review, contact CVS/caremark at **1-800-294-5979**. You can also visit [pebcinfo.com](http://pebcinfo.com).

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## CVS Specialty pharmacy

Specialty drugs are those that are typically more expensive, used to treat complex, chronic conditions, and require an enhanced level of care. CVS® Specialty has a team of professionals that help you ensure the best possible outcomes from your specialty drugs.

- Medications filled through CVS Specialty are shipped to you in a 30-day supply (not 90-day)
- The PPO copay is one-third the cost of a 90-day mail-order copay until the PPO out-of-pocket limit is met
- If you are enrolled in the HDP, you pay the actual cost until your deductible is met. After your deductible is met, you pay 20% of the actual cost until you meet the plan's out-of-pocket limit. Once you reach the out-of-pocket limit, your plan pays 100% of the cost of specialty drugs filled at CVS Specialty.

## Specialty medication

Unless your drug is needed on an emergency basis, all specialty drugs must be filled through CVS Specialty or you pay 100% of the cost without credit to your annual out-of-pocket limit. Many specialty drugs have a copay assistance program that reduces your copay or out-of-pocket cost. If you are enrolled in a copay assistance program, let your pharmacy know at the time you fill the prescription.

If you have questions about specialty medications, call CVS Specialty at **1-800-237-2767** or visit [cvsspecialty.com](http://cvsspecialty.com).

Pharmacy access options Refills allowed as prescribed	PPO plan	HDP
<b>CVS/caremark National Network Pharmacy (network) up to a 30-day supply</b>	<b>\$15</b> generic <b>\$30</b> preferred brand <b>\$60</b> non-preferred brand	<ul style="list-style-type: none"> <li>• For retail and home delivery pharmacy, you will pay 100% of the CVS/caremark/CVS Specialty cost until you meet your deductible.</li> <li>• After deductible, you pay 20% of the cost until the network OOP is met.</li> <li>• After network OOP, plan pays 100%.</li> </ul>
<b>CVS/caremark Mail Order Pharmacy up to a 90-day supply or CVS/caremark Retail-90 Network Pharmacies</b>	<b>\$30</b> generic <b>\$60</b> preferred brand <b>\$120</b> non-preferred brand	
<b>CVS Specialty Pharmacy up to a 30-day supply</b>	<b>\$10</b> generic <b>\$20</b> preferred brand <b>\$40</b> non-preferred brand	

## No-additional-cost contraceptives (prescription required)

The pharmacy benefit plan covers certain contraceptives at no additional cost to you, which can be filled through home delivery or at the retail pharmacy. This includes generic contraceptives and some brand-name drugs in certain cases. Not all drugs are covered. If you have questions, contact CVS/caremark.

### The outpatient pharmacy benefit covers the following methods:

- Hormonal methods, like birth control pills, patches, vaginal rings and injections
- Barrier methods, like diaphragms and cervical caps
- Over-the-counter barrier methods (female condoms, spermicides and sponges)
- Intrauterine contraceptives (Mirena®)
- Implantable medications (Implanon™)
- Emergency contraceptives (Plan B, ella®)

## 90-day prescriptions

Get up to a 90-day supply of your medicine for the prescriptions you take regularly. If you are enrolled in the PPO plan, the copay will mirror the home delivery copay. Home delivery allows you to get a 3-month supply for the price of 2 copays. Specialty drugs are shipped in a 30-day supply. You will pay one-third of the 3-month supply copay for specialty drugs through CVS Specialty. Home delivery includes free standard shipping.

To get started with home delivery, get a 90-day prescription from your doctor plus refills for up to 1 year (if applicable). Complete the CVS/caremark mail-order form available at [caremark.com](https://www.caremark.com). Click on "Plan & Benefits" and select "Print Plan forms." Mail the form and prescription to Caremark at the address on the form. You can also ask your doctor to ePrescribe or fax your prescription. If you have questions about home delivery, call the CVS/caremark Mail Order Pharmacy at **1-855-335-7698**.



## Preventive statin drugs

Certain low/moderate-dose generic statin drugs are considered preventive and will be available at no extra cost to PPO plan and HDP members who meet certain criteria and do not have a history of cardiovascular disease. The list is subject to change.

Included:	High-intensity doses that are not included:
<ul style="list-style-type: none"><li>• Atorvastatin: 10–20 mg</li><li>• Fluvastatin IR: 20–40 mg</li><li>• Fluvastatin XL: 80 mg</li><li>• Lovastatin: 10–40 mg</li><li>• Pravastatin: 10–80 mg</li><li>• Simvastatin: 5–40 mg</li><li>• Rosuvastatin: 5–10 mg</li></ul>	<ul style="list-style-type: none"><li>• Atorvastatin: 40–80 mg</li><li>• Lovastatin: 60 mg</li><li>• Rosuvastatin: 20–40 mg</li><li>• Simvastatin: 80 mg</li></ul>

## Excluded drugs

Check the list of drugs excluded from the CVS/caremark formulary. In many cases, the generic equivalent for the brand-name excluded drug is covered and will cost you less. In other cases, there is an alternative to the excluded medication. You pay 100% of the cost for any excluded drug, and that cost is not applied to the deductible or OOP. View the 2024 Excluded Drug list at [pebcinfo.com](https://www.pebcinfo.com).

