



RxBenefits, Inc.
advocacy. expertise. service.

P.O. Box 382377
Birmingham, AL 35238-2377

800.334.8134
RXBENEFITS.COM

Dear Employee:

Avon Community School Corporation is pleased to announce that effective **January 1, 2019**, your pharmacy benefit services will be provided by **CVS/caremark** administered by RxBenefits, Inc. Please note that even though **CVS/caremark** appears on your ID card, you are not limited to CVS pharmacies. There are more than 60,000 pharmacies in the network including major chains and local stores. As part of your new pharmacy benefits, you will receive:

ID Cards: Your combined medical and pharmacy ID card(s) will be sent separately by **UMR**. Please begin using your new card when filling your prescriptions on or after **January 1, 2019**. Make sure your pharmacy has your new information. Below is the information your pharmacy needs in addition to your identification number or social security number:

RXBIN: 004336
RXPCN: ADV
RXGRP: RX2169
Issuer: CVS/caremark
Pharmacy Member Services: 1-800-334-8134
Pharmacist Helpdesk: 1-800-364-6331



Summary of Benefits: A summary of your benefits is provided in this packet for your information.

Performance Drug List (PDL): You can access a copy of the most current Performance Drug List at www.caremark.com or by contacting our Member Services Department at 1-800-334-8134. Your medications may not be in the same tier level under Caremark as they were under your prior plan, so please review the performance drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

Formulary Exclusions: You can access a copy of the most current Formulary Exclusions List at www.caremark.com or by contacting our Member Services Department at 1-800-334-8134. If you find that your medication is an excluded medication, you will need to speak with your physician to discuss other covered alternatives.

Maintenance Medication Coverage (90-days' Supply): Maintenance medications are those that you take for ongoing medical conditions like diabetes, high blood pressure and asthma. Maintenance drugs can be ordered through CVS Caremark's mail order pharmacy and delivered to your home. Mail order is simple and easy, just use one of the options below on or after **1/1/2019**.

Register at www.caremark.com. Click on "Start a New Prescription" and then click on "FastStart[®]".

-  Call toll-free at 1-888-769-9030 and let the representative know you wish to fill your prescriptions through mail. Provide the information on your benefit ID card, the names of the long-term medications you take, your doctor's name and phone number, and your mailing address. Caremark will request the new prescription information from your physician.
-  Contact your physician for a new prescription(s) for each maintenance medication for a 90 day supply with up to three refills, complete a mail order form (available at www.caremark.com or by contacting our customer service team at 1-800-334-8134) and mail the prescription(s) and order form to the Caremark Mail Order Pharmacy.

**If you have any questions about your prescription benefits please contact
Member Services at 1-800-334-8134 or RxHelp@rxbenefits.com**



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New or initial orders take 10-14 business days to process so you will need to have a 2 week supply of medication on hand when mailing a new order to the Mail Order Pharmacy.

Caremark.com: On or after your effective date, you can register online at Caremark.com. It is designed to help you explore ways to save money, check drug costs, track your prescription benefits and manage your own alerts. You will be able to access your information and also your dependents under age 18.

CVS/caremark Mobile App: As a **CVS/caremark** member, you can register your account from your mobile device. Make sure to download the **CVS/caremark** mobile app for FREE! From your phone, you can schedule prescription refills, check your drug cost, locate a nearby pharmacy and so much more.

We look forward to assisting you with your pharmacy plan, so please let us know if we can be of service. Our Member Services Department can be reached at 1.800.334.8134 from 7:00 am CST until 8:00 pm CST Monday through Friday. After hours and on weekends you can either leave a message for us to call you back, or select the option to transfer directly to **CVS/caremark** (#1).

**If you have any questions about your prescription benefits please contact
Member Services at 1-800-334-8134 or RxHelp@rxbenefits.com**



**Avon Community School Corporation
Effective January 1, 2019**

PPO Tier 3

	1-30 Day <u>Supply Retail</u>	90 Day Supply <u>Mail</u>	1-30 Day Supply <u>Specialty Medications</u>
Generic Medications	\$10	\$20	\$60
Preferred Medications	\$30	\$75	\$60
Non-Preferred Medications	\$60	\$150	\$60

Maximum Out of Pocket (MOOP): \$3,600 Individual / \$6,000 Family

The calendar year MOOP applies to pharmacy claims. Each individual family member must meet the single Maximum Out of Pocket (MOOP) unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. The Generic dispense as written penalty does not apply to the MOOP.

PPO

	1-30 Day <u>Supply Retail</u>	90 Day Supply <u>Mail</u>	1-30 Day Supply <u>Specialty Medications</u>
Generic Medications	\$10	\$20	\$60
Preferred Medications	\$30	\$75	\$60
Non-Preferred Medications	\$60	\$150	\$60

Maximum Out of Pocket (MOOP): \$3,600 Individual / \$6,000 Family

The calendar year MOOP applies to pharmacy claims. Each individual family member must meet the single Maximum Out of Pocket (MOOP) unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. The Generic dispense as written penalty does not apply to the MOOP.

HSA \$3,000

	1-30 Day <u>Supply Retail</u>	90 Day Supply <u>Mail</u>	1-30 Day Supply <u>Specialty Medications</u>
Generic Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance
Preferred Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance
Non-Preferred Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance

Deductible/Maximum Out of Pocket (MOOP): \$3,000 Individual / \$6,000 Family

The calendar year Deductible/MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the Deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

HSA \$6,000

	1-30 Day <u>Supply Retail</u>	90 Day Supply <u>Mail</u>	1-30 Day Supply <u>Specialty Medications</u>
Generic Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance
Preferred Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance
Non-Preferred Medications	0% Coinsurance	0% Coinsurance	0% Coinsurance



Deductible/Maximum Out of Pocket (MOOP): \$6,000 Individual / \$12,000 Family

The calendar year Deductible/MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic dispense as written penalties do not apply to the Deductible. The deductible does apply to the Maximum Out of Pocket (MOOP).

Specialty Medications: Specialty medications must be ordered through Caremark Specialty Pharmacy at 1-800-237-2767. Medications are limited to a 30-day supply and may require prior authorization.

MCAP (Mfg Coupon Assist Program): Some specialty medications may qualify for third party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Generic Policy: If you choose to buy the Brand name drug when a Generic equivalent is available, you will be required to pay the Brand copay plus the difference in cost between the Generic and Brand name drug.

Step Therapy Program: Your plan has certain medications that are subject to step therapy. You could be asked to try one of the first or second level options before a Brand medication is covered by the plan.

LCV (Low Clinical Value): Certain formulary exclusions including medications which have low clinical value may apply. Contact Member Services at 1-800-334-8134 for additional information.

HDCR (High Dollar Claim): Medication costs exceeding \$1,000 per 30 day supply and \$3,000 per 90 day supply require prior authorization.

DRUGS COVERED*

Drugs covered may be subject to Utilization Management which may include prior authorization and/or quantity limits. Please contact Member Services at 1-800-334-8134 if you have specific drug questions or register at caremark.com to check coverage.

- ADD/ADHD medications
- Androgens
- Compound medications of which at least one ingredient is a legend drug at a participating pharmacy. Compounded medications equal to or exceeding \$300 per script will require prior authorization.
- Contraceptives: Oral, transdermal, intravaginal, injectable; extended cycle products are subject to 3x retail copays for a 90-day supply
- Diabetic Care: Insulin/Insulin pre-filled syringes, Agents/Strips, Disposable insulin needles/syringes/lancets, Blood Glucose Meters,
- Extended/Immediate Release Controlled Substances
- Gastrointestinal-Antiemetics
- Impotency Medications
- Influenza Agents
- Insomnia/Sedatives/Hypnotics
- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below.
- Migraine Medications
- Narcolepsy Medications
- Oral/Intranasal/Topical Fentanyl
- OTC's – PPI (Proton Pump Inhibitors) & NSA (Non-Sedating Antihistamines)
- Pain/Narcotics/Opioids
- Prescription and OTC smoking cessation (two 12-week programs per plan year) OTC requires prescription



- Prescription Vitamins
- Topical Acne Agents

EXCLUSIONS*

- Anabolic Steroids
- Anti-obesity/Appetite suppression
- Biological, blood products, serums, immunoglobulin, and Non-ACA immunization agents
- Compounded prescriptions that use ingredients such as bulk chemicals and powders
- Cosmetic agents (Anti-wrinkle agents, Depigmenting agents, Hair growth stimulants and removal products)
- Formulary Exclusion Lists
- Growth Hormones
- HSDD Agents
- Infertility Medications
- Medication which is to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar institution which operates on its premises, or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
- New to market drugs, including line extensions and new strengths until clinically reviewed
- Over the counter (OTC) medications unless listed above
- Patient assistance programs may not apply to deductible and out of pocket accumulations.
- Periodontal Products

*** This is not an inclusive list but is a representation of the most commonly used medications. Contact customer service for specific drug coverage information.**

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Customer Service if you have specific drug questions or register at www.caremark.com to check drug costs and coverage.

Easy, convenient, accessible: Caremark.com and the CVS Caremark® mobile app

Your health is important so we're making it convenient and easy to manage your prescription benefits. Simply visit **Caremark.com** or download the **CVS Caremark mobile app** and get the access you need, anywhere and anytime.



Easy Refills

- Refill online or use our mobile app to scan the barcode on your prescription label
- You can order new prescriptions and renewals online. We take care of contacting your doctor



Timesaving Tools

- Manage delivery by mail, auto refill, find a pharmacy and more
- Choose from retail and mail options for 90-day prescriptions



Convenient Savings

- See how much you've spent and where you might have savings opportunities. Even break down your costs by family member
- See savings options by prescription and print a report so your doctor can help you choose

Get started:

Register today at
Caremark.com
or download the
**CVS Caremark
mobile app**



Caremark.com

