

Beth Israel Lahey Health (BILH)

Your 2020-2021 Prescription Benefits





Hi, we're CVS Caremark.
**We manage your
prescription plan.**

CVS Caremark

makes sure you have access to affordable medication – when and where you need it

You've probably heard of:

CVS Pharmacy

MinuteClinic

CVS HealthHUB

We're all part of the CVS Health family, working together to help you on your path to better health

The CVS Caremark focus



Manages your prescription benefit plan like your health insurance company manages your health benefits



Works with your **employer** to determine what medications are covered, what they will cost, and where prescriptions can be filled



Provides tools and services to help you stay on track with your medications and take care of your health

Everything you need to manage your medications anytime, anywhere

Caremark.com and the CVS Caremark App



Review your plan details



Check medication costs and find ways to save



Find in-network pharmacies or start delivery by mail



Order mail service refills and track shipments



View history of your prescriptions



Track progress toward your deductible or out-of-pocket maximum



Set alerts and reminders to help you stay on track

Once you're registered, download the CVS Caremark App from your preferred app store to manage your medications on your smart phone

Registering at Caremark.com

When can I register?

If you already have prescription benefits with CVS Caremark

Register any time using your member ID number (on your member ID card).



Remember — you won't see any changes for the upcoming plan year until **January 1, 2021**

If you're new to CVS Caremark prescription benefits

You can register on or after **January 1, 2021**



2021 Copays

The CVS Caremark pharmacy network provides access to over 68,000 pharmacies nationwide. You will pay the lowest copays at **BILH Pharmacy** but may choose to use any other participating pharmacy for your medications.

BILH Pharmacy and Home Delivery Service

CVS Caremark National Network

	Up to 30-Day Supply	Up to 90-Day Supply	Retail Pharmacy Up to 30-Day Supply	CVS Mail Order and CVS Retail Pharmacies Up to 90-Day Supply
Generics	\$5	\$10	\$15	\$30
Preferred Brands	\$5	\$10	\$35	\$70
Non-Preferred Brands	\$5	\$10	\$55	\$165
Max Out of Pocket	\$3,000 member / \$6,000 family			

Terms you should know

Deductible | An individual or family needs to spend this amount on medications each plan year before coverage starts; may be combined with medical benefits

Copay or coinsurance | The amount you pay for medications once you or your family reaches the deductible and coverage starts; a copay is a flat amount and coinsurance is a percentage of the cost of the medication

Maximum out-of-pocket (MOOP) | Once you or your family reach this amount, all medications are covered at 100%

Generic medication | Has the same active ingredients as the brand-name medication; usually your lowest cost option

Preferred brand medication | Medication that will cost less under your benefit plan

Non-preferred brand medication | Highest cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes, or high cholesterol medications

Acute or short-term medication | Medication you take for a short time, like an antibiotic

Preventive medication | Affordable Care Act (ACA) preferred medications are covered at 100%; High deductible health plan (HDHP) preventive medications bypass the deductible, which means they are covered even if you haven't met your yearly deductible yet

Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit | A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | This means we need more information on why your doctor has prescribed a specific medication for you. CVS Caremark reviews this information and determines whether or not your medication will be covered by your plan.

Dispense as written | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand name medication and you may have to pay more for the brand.

Appeals | If we deny your or your doctor's request for coverage of a non-covered medication, you have the right to appeal that decision.

-
- ▶ **Find more information on these topics in your Summary Plan Description (SPD).**
 - ▶ **Use the Check Drug Costs & Coverage tool at [Caremark.com](https://www.caremark.com) to find out what medications are covered, if there are extra requirements for coverage, and how much they will cost.**
 - ▶ **Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find pharmacies near you with the *Pharmacy Locator* at [Caremark.com](https://www.caremark.com).**

Thank you

Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a 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 a Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS

Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This document may contain references to brand-name prescription medications that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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

This presentation contains trademarks or registered trademarks of CVS Pharmacy, Inc. or one of its affiliates; it may also contain references to products that are trademarks or registered trademarks of entities not affiliated with CVS Health.

