

# County of Boulder, State of Colorado

PHARMACY BENEFITS

EFFECTIVE DATE: January 1, 2016

UPDATED FOR: January 1, 2024

## Important Information

THIS IS NOT AN INSURED BENEFIT PLAN. THE BENEFITS DESCRIBED IN THIS BOOKLET OR ANY RIDER ATTACHED HERETO ARE SELF-INSURED BY COUNTY OF BOULDER, STATE OF COLORADO WHICH IS RESPONSIBLE FOR THEIR PAYMENT. CVS CAREMARK PROVIDES CLAIM ADMINISTRATION SERVICES TO THE PLAN, BUT CVS CAREMARK DOES NOT INSURE THE BENEFITS DESCRIBED.

## Prescription Drug Benefits Summary Plan Description

This Summary Plan Description (SPD) for Pharmacy benefits provides plan details not found in the Benefits at a Glance document. You may have questions about your plan benefits, in which case you are encouraged to reach out to the benefit administrator, CVS Caremark.

Customer Care phone number 1-877-906-3802; TDD: 1-800-863-5488/ 24hrs-day/ 7 days a week

Specialty Pharmacy Customer Care 1-800-237-2767

Prior Authorization Fax number 1-800-296-5979

Medical Exceptions Fax number 1-888-487-9257

[www.caremark.com](http://www.caremark.com)

## Plan Outline

The plan utilizes the CVS Caremark National pharmacy network and the **Advanced Control Performance Formulary**.

Deductibles, Maximum Out-of-Pocket and Lifetime Maximums cross-accumulate with the Medical Benefit.

Reference the Medical SPD for:

Eligibility & Termination specifics

Coordination of Benefits

COBRA Continuation Rights

## PRESCRIPTION DRUG PROGRAM

When you enroll in the Medical Plan, you are eligible for the Prescription Drug Program. When you use a participating CVS Caremark network Pharmacy your copay will depend on the type of prescription. You will generally pay the lowest copay for any generic drug and a mid-level copay for cost-effective, preferred brand-name drugs, and a higher copay for non-preferred brand-name drugs. Specialty drugs are only available through the CVS Caremark Specialty Pharmacy. To receive your benefit, go to a drug store that accepts your CVS Caremark prescription drug card. To find a participating drug store near you contact CVS Caremark at 1-877-906-3802 or visit their website at [www.caremark.com](http://www.caremark.com). Prescriptions purchased at out-of-network pharmacies are not covered.

**How Much Do I Have to Pay for Prescriptions?**

Copay for retail and mail order pharmacies are shown on the chart below.

<b>Consumer Choice Plan (HDHP)</b>		
<b>Medical/Rx Plan Deductible</b>	<b>\$2,750-individual / \$5,500 family (embedded)</b>	
<b>Medical/Rx Plan Out-of-Pocket Maximum</b>	<b>\$2,750-individual / \$5,500-family (embedded)</b>	
	<b>Retail- 30 Day Supply</b>	<b>Mail Order-90 Day Supply</b>
<b>Generic</b>	Plan pays 100% after deductible	Plan pays 100% after deductible
<b>Formulary Brand Drug</b>	Plan pays 100% after deductible	Plan pays 100% after deductible
<b>Non-Formulary Brand Drug</b>	Plan pays 100% after deductible	Plan pays 100% after deductible
<b>Specialty Drug</b>	Plan pays 100% after deductible	Not Applicable
<b>Unique Copays</b>		
<b>Preventive Drug List<sup>1</sup></b>	\$0 Copay	\$0 Copay
<b>Epinephrine auto-injectors<sup>1</sup> (Brand &amp; Generic)</b>	\$0 Copay	\$0 Copay
<b>Rescue Inhalers<sup>1</sup> (Brand &amp; Generic)</b>	\$0 Copay	\$0 Copay

<sup>1</sup>**Preventive Medications:** Prescription medications are used to prevent medical conditions and are not subject to the Deductible. This benefit does not include any drugs or medications used to treat an existing illness, injury or condition. While the expanded preventive drug list items bypass the deductible, these medications will still accumulate toward the Maximum Out-of-Pocket, if there is a member payment required. Refer to the “Consumer Choice Preventive Drug List” provided on the Boulder County benefits web page.

Medications required as part of preventive care services under Federal law are covered at 100% with no copayment or deductible. Refer to the “No Cost Share Preventive Medications for Hybrid and Consumer Choice Plans” (under the PPACA) list provided on the Boulder County benefits web page.

<b>Hybrid Plan (PPO)</b>		
<b>Medical/Rx Plan Deductible</b>	<b>\$1,500-individual / \$3,000 family (not applicable to Rx) (embedded)</b>	
<b>Medical/Rx Plan Out-of-Pocket Maximum</b>	<b>\$4,000-individual / \$8,000-family (embedded)</b>	
	<b>Retail -30 Day Supply</b>	<b>Mail Order -90 Day Supply</b>
<b>Generic</b>	\$10 copay	\$20 copay
<b>Formulary Brand Drug</b>	\$40 copay	\$80 copay
<b>Non-Formulary Brand Drug</b>	\$75 copay	\$150 copay
<b>Specialty Drug</b>	\$200 copay or \$0 copay when PrudentRx is available (see below)	Not Applicable

**What are Generic Drugs?**

Generic drugs are approved to be as safe and effective as their brand name counterparts, and on average cost 50% less than brand name drugs. Generic drugs contain the same active ingredients and are available in the same strength and dosage form as their brand-name counterparts. The U.S. Food and Drug Administration (FDA) regulates the manufacture of all generic drugs, which helps ensure their strength, quality and purity. The FDA also requires generic drugs to be absorbed into the body at the same rate and to the same extent as the branded product, which ensures that generic and branded products provide the same effectiveness in children, adults, and the elderly.

### **What are Preferred Brand-Name Drugs?**

Preferred brand-name drugs are a selected list of medicines on the CVS Caremark Preferred Drug List that are clinically appropriate and cost-effective to meet individual needs. This list is commonly referred to as the “formulary” drug list. You can view and download the CVS Caremark Preferred Drug List by logging onto [www.caremark.com](http://www.caremark.com). You may want to print a copy of the drug list and take it to your Physician the next time you need a prescription. If a generic isn’t available for your prescription, ask your Physician to prescribe a preferred brand-name drug from the list, if appropriate for your needs.

### **What are Non-Preferred Brand-Name Drugs, Non-Formulary, or Excluded Drugs?**

These are brand-name drugs that aren’t part of the CVS Caremark Preferred Drug List and will require you to pay a higher co-payment than a preferred or generic drug. Other limitations for coverage of certain conditions are shown in the Medical plan document as “Exclusions”.

### **How Does Generic Substitution Work?**

You can save the most money by choosing generic drugs when available. Ask your Physician to authorize generic substitution when medically appropriate.

If a generic drug is not available, you’ll pay the brand-name copay. However, if you or your Covered Dependent requests a brand-name formulary drug when the Physician approves an available generic drug, you must pay the brand copay plus the difference in cost between the prescribed formulary brand-name drug and its generic equivalent. This penalty payment does not accumulate toward the deductible or maximum out of pocket amount. You will pay the penalty for this choice, even if the maximum out of pocket has already been met. If you or your Covered Dependent request a non-formulary excluded brand-name drug, you will pay the full cost of the drug.

### **How Does “Dispense as Written” (DAW) Work?**

Your physician may prescribe your medication with a note to Dispense as Written. This means no generic substitutions are allowable and you will pay the Formulary brand-name copay amount or the full cost of the drug for non-formulary brand names, whichever is applicable.

### **What are the Limitations on my prescription fills?**

Each prescription order or refill shall be limited as follows:

- up to a consecutive 30-day supply, at a retail Participating Pharmacy, unless limited by the drug manufacturer’s packaging; or
- up to a consecutive 90-day supply at a Mail Service Participating Pharmacy or a CVS Retail Participating Pharmacy, unless limited by the drug manufacturer’s packaging; or
- to a dosage and/or dispensing limit

In no event will the Copayment or Coinsurance for the Prescription Drug or Related Supply exceed the amount paid by the plan to the Pharmacy, or the Pharmacy’s Usual and Customary (U&C) charge. Usual & Customary (U&C) means the established Pharmacy retail cash price, less all applicable customer discounts that Pharmacy usually applies to its customers regardless of the customer’s payment source.

Maintenance medications are required to be filled for a 90-day supply through a CVS Pharmacy or CVS Caremark Mail Service Pharmacy. Refills for 30-days of maintenance medications are no longer covered by the plan. To avoid paying full cost, be sure that all refills, after the initial fill, are for 90-days and at an appropriate facility.

### **MAIL ORDER PRESCRIPTION DRUG PROGRAM**

Through the CVS Caremark mail order program, you can save time and money by ordering up to a 90-day supply of prescription medications taken for ongoing treatment of conditions, such as diabetes, ulcers, arthritis, and heart

problems. Some medications may be limited to a 30-day supply. Copay amounts for mail order prescription drugs are shown in the chart above. Over-the-counter (i.e. nonprescription) drugs cannot be ordered through the mail order prescription drug program.

### **How Do I Place a Mail Order?**

Have your doctor write two prescriptions – one to be filled by your local retail pharmacist for a 30-day supply and one to send to the mail order pharmacy for up to a 90-day supply with the number of refills indicated.

- After your first RETAIL order, you will receive notification via mail, including a preaddressed return envelope, if your prescription is eligible for mail order.
- For your first MAIL order, use the preaddressed envelope to mail your prescription, completed order form and your check or money order for your copay amount. You may also pay with your VISA, MasterCard, Discover or American Express card. Do not send cash.

The mail order pharmacy will mail your medication(s) and reorder instructions to your home address. All orders will be sent FedEx, UPS, or First-Class Mail. You may request next-day or second-day delivery for an additional charge. Allow 14 days from the day you mail your order until delivery.

### **How Do I Get Refills?**

Refills are permitted only when 75% of the prescribed medication has been used. There are two easy ways to refill your prescriptions:

#### **Mail Order:**

- call CVS Caremark at 1-877-906-3802 (as shown on your prescription label); or
- log on to [www.caremark.com](http://www.caremark.com) to order a refill.

You can also mail your refill requests by using the mail order form, however, telephone and online orders are processed and delivered faster.

The maximum supply for any pharmaceutical under the plan is 90 days.

### **What is the CVS Caremark Specialty Pharmacy Services Program?**

CVS Caremark Specialty Pharmacy Services is a full-service specialty pharmacy that provides specialty injectable and oral drugs for chronic conditions. CVS Caremark provides these products directly to Covered Persons along with personalized service and educational support for your specific therapy. Conditions covered include Multiple Sclerosis, Rheumatoid Arthritis, Gaucher's Disease, Allergic Asthma, Osteoporosis, Cystic Fibrosis, Hepatitis C, Crohn's Disease, Pulmonary Hypertension, Psoriasis, and others. To learn more about CVS Caremark Specialty Pharmacy Services, visit [www.cvsspecialty.com](http://www.cvsspecialty.com) or to get started with the service, call Caremark Connect at 1-800-237-2767. Note: All specialty agents are subject to Specialty Guideline Management review. Specialty Guideline Management is a program that helps to ensure appropriate utilization for specialty medications based on evidence-based medicine guidelines. Patient progress is continually assessed to determine whether appropriate therapeutic results are achieved. Prescribers may call 1-866-814-5506 option 1 to request an SGM review.

### **What is the PrudentRx Copay Program and how do I enroll? (Hybrid Plan only)**

PrudentRx is a program that provides guidance to members to secure available copay assistance for specialty drugs through various programs funded by pharmaceutical companies. Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select specialty medications. The PrudentRx Copay Program will help plan members get copay assistance from drug manufacturers to reduce a member's cost share and out-of-pocket expense for these medications down from 30% coinsurance to a \$0 copay, when you fill at CVS Specialty. If you are taking an eligible specialty drug, PrudentRx will conduct outreach to you to enroll in this program. If you do not return calls from PrudentRx, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% co-insurance on specialty medications that are eligible for the PrudentRx program.

## **PRESCRIPTION MANAGEMENT PROGRAMS**

### **Are There Any Managed Drug Limitations?**

CVS Caremark places limitations on certain medications to ensure safe and appropriate medication use. Regardless of what is prescribed by your Physician, the amount dispensed will be based on the recommended limitation. For more information, call CVS Caremark Customer Care at 1-877-294-5979.

### **What is the Process for Prior Authorization?**

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. **Prior authorization** may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to CVS Caremark to request a prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized.

### **What is the Process for Medical Exception?**

If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written **Medical Exception** request stating why the Prescription Drugs or Related Supplies should be covered and are proven to be medically necessary. You or your Physician may mail or fax the appropriate letter of medical exception request and documentation to the appeals department.

If you have questions about a specific prior authorization or medical exception request, you should call Customer Care at the toll-free number on the ID card.

All drugs newly approved by the Food and Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the Independent Review Board clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by Independent Review Board within six months after FDA approval.

Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by Independent Review Board for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

### **If My Prescription Drug is Denied, How Do I Appeal?**

When a prescription drug is denied for coverage under the Prescription Benefit Program, you or your representative have the right to appeal (request reconsideration). To request an appeal, contact CVS Caremark at 1-800-294-5979. You will be provided the CVS Caremark Prescription Claim Appeals Form and instructions for completion. You and/or your physician should complete the form as instructed and mail or fax to:

PRESCRIPTION CLAIM APPEALS MC109  
CVS/CAREMARK  
P.O. BOX 52084  
PHOENIX, AZ 85072-2084  
FAX: 866-443-1172

You or your representative may submit an appeal to CVS Caremark in writing no later than 180 days after receiving the initial adverse decision notification. Reviews of ERISA appeals are performed based on the Prescription Benefit Program and approved Prior Authorization Criteria. Once the appeal has been reviewed, you or your representative will be notified of the determination in writing within 30 days of receipt of the completed Prescription Claim Appeals Form and supporting information. If the appeal request is urgent you will be notified within 72 hours (typically, however, the response time is less than 36 hours).

You may choose to pay the full cost of any prescription if you receive a denial at a retail pharmacy. Should a denial be reversed or changed upon appeal, you may submit a copy of your proof of payment along with a Prescription Reimbursement Standard Claim Form to CVS Caremark and the appropriate refund, if any, will be processed. You may obtain a Prescription Reimbursement Standard Claim Form at [www.caremark.com](http://www.caremark.com).