

**LLNS**  
**Prescription Drug Benefit**  
**for Anthem Members**  
**(Provided by CVS/Caremark)**

Benefit Program Summary  
January 1, 2017

**IMPORTANT**

This is a summary of highlights of the above-named Benefit Program, a component of the LLNS Health and Welfare Benefit Plan for Employees, ERISA Plan 501, and the LLNS Health and Welfare Benefit Plan for Retirees, ERISA Plan 502 (each a "Plan"). Receipt of this document and/or your participation in a Plan and any benefit programs under a Plan do not guarantee your employment or any rights or benefits under a Plan. LLNS reserves the right to amend or terminate each Plan or any benefit program(s) under a Plan at any time. Each Plan and the benefit programs referred to in this summary are governed by a Federal law (known as ERISA), which provides rights and protections to Plan participants and beneficiaries.

For more information on the LLNS benefit programs, see the LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (SPD) or the LLNS Health and Welfare Benefit Plan for Retirees Summary Plan Description, as applicable, available from the LLNL Benefits Office at 925-422-9955. SPDs are also available electronically at <https://benefits.llnl.gov/> (for employees) or at [www.llnsretireebenefits.com](http://www.llnsretireebenefits.com) (for retirees).

## About Your Prescription Drug Coverage

If you are enrolled in an Anthem Blue Cross medical plan option, your prescription drug coverage is provided through CVS/Caremark. You can purchase prescription drugs for yourself and/or your covered dependents through retail pharmacies or through mail order.

## How Your Prescription Drug Coverage Works

The Plan pays benefits for eligible expenses associated with outpatient prescription drug services. The chart below briefly describes how the retail pharmacy and mail-order pharmacy components operate.

Provision	Retail	Mail Order
<b>Access</b>	For your short-term prescriptions, you have access to a network of pharmacies, including many chain pharmacies such as CVS, Walgreens, Target, Wal-Mart, Kroger, and Rite-Aid. These pharmacies agree to charge lower rates for prescription drug services.	For your long-term maintenance prescriptions, you have access to a mail-order pharmacy. You can get up to a 90-day supply of your long-term medications by mail.
<b>Prescriptions When You Need Them</b>	At the point that you fill your short-term prescription, you decide whether to go to a network pharmacy or a non-network pharmacy.	The mail-order pharmacy is designed to meet your long-term or maintenance medication needs and save you time and money. The mail-order program provides delivery of your prescriptions to your home in confidential, tamper-resistant, and temperature-controlled packaging.
<b>Your Cost</b>	In general, your cost will depend on whether your prescription is filled with a generic, preferred brand, or non-preferred brand, and if you use a network or non-network pharmacy. In most instances, your cost will be lower when you use generics and network pharmacies.	In general, your cost will depend on whether your prescription is filled with a generic, preferred brand, or non-preferred brand. In most instances, your cost will be lower when you use generics.
<b>Finding a Pharmacy</b>	You can select a network pharmacy from the online directory at <a href="http://www.caremark.com">www.caremark.com</a> . Or, you can call CVS/Caremark directly for assistance.	Access a mail service order form through the CVS/Caremark website at <a href="http://www.caremark.com">www.caremark.com</a> . You also may call Caremark's FastStart program to get started with mail service order at 1-888-216-5022. This is for participants only. You also may have your provider call Caremark's New Rx at 1-800-378-5697

## Prescription Drug Benefits

	<b>Anthem Blue Cross Plus</b>	<b>Anthem Blue Cross PPO</b>	<b>Anthem Blue Cross Core Value</b>	<b>Anthem Blue Cross EPO Exclusive</b>	<b>Anthem Blue Cross HDHP</b>
<b>Prescription drug member services</b>	1-866-623-1438	1-866-623-1438	1-866-623-1438	1-866-623-1438	1-866-623-1438
<b>Prescription drug Web site</b>	www.caremark.com	www.caremark.com	www.caremark.com	www.caremark.com	www.caremark.com
<b>Annual prescription deductible</b>	Not applicable	Not applicable	Medical deductible applies; member pays 100% of the Rx cost until medical deductible is met	Not applicable	Medical deductible applies; member pays 100% of the Rx cost until medical deductible is met
<b>Prescription benefits are covered under medical deductible</b>	No	No	Yes	No	Yes
<b>Annual Rx Out-of-pocket maximum</b>	\$2,800 Individual; \$5,700 Family (in-network only)	\$2,100 Individual; \$4,200 Family (in-network only)	Medical out-of-pocket maximum applies; once medical out-of-pocket maximum is met, Rx is 100% covered for the remainder of the calendar year	\$3,500 Individual; \$7,000 Family	Medical out-of-pocket maximum applies; once medical out-of-pocket maximum is met, Rx is 100% covered for the remainder of the calendar year
<b>Retail generic</b>	In Network - \$10 copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - \$10 copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met	\$10 copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met
<b>Retail formulary brand</b>	In Network - 80% covered; \$40 minimum copay, \$60 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered; \$40 minimum copay, \$60 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met	80% covered; \$40 minimum copay, \$60 maximum copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met
<b>Retail nonformulary brand</b>	In Network - 60% covered; \$60 minimum copay, \$100 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 60% covered; \$60 minimum copay, \$100 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met	60% covered; \$60 minimum copay, \$100 maximum copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met
<b>Mail order generic</b>	\$20 copay; 90 day supply; must use plan mail order facility	\$20 copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met	\$20 copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met
<b>Mail order formulary brand</b>	80% covered; \$80 minimum copay, \$120 maximum copay; 90 day supply; must use plan mail order facility	80% covered; \$80 minimum copay, \$120 maximum copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met	80% covered; \$80 minimum copay, \$120 maximum copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met
<b>Mail order nonformulary brand</b>	60% covered; \$120 minimum copay, \$200 maximum copay; 90 day supply; must use plan mail order facility	60% covered; \$120 minimum copay, \$200 maximum copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met	60% covered; \$120 minimum copay, \$200 maximum copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met

Note: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

## How Benefits Are Paid

The Plan pays benefits for eligible expenses related to covered prescription drug services based on all of the following:

- Whether you fill your prescription through:
  - A retail network pharmacy;
  - A retail non-network pharmacy; or
  - The mail-order pharmacy.
- The type of prescription you receive:
  - Generic;
  - Preferred brand; or
  - Non-preferred brand.
- Whether the prescription is for maintenance medications.

## Eligible Expense

An expense is considered eligible only if the following apply:

- You or your covered dependent incurs the expense while coverage is in effect;
- The covered service for which you incur the expense is recommended by a physician, dentist, or optometrist and is medically necessary for the care and treatment of an illness or injury;
- A provider usually charges its patients for the covered service; and
- The expense is not attributable to cost differentials due to:
  - Filling a brand name prescription drug when a generic/generic equivalent is available,
  - Filling prescriptions at Retail for maintenance medications

## Retail Pharmacy

Retail pharmacies that participate in the network should be your primary source for filling short-term prescriptions. If you fill your prescription at a non-network pharmacy, you must satisfy a higher deductible and you're responsible for a higher percent of the eligible expense.

## How to Use Network Pharmacies

To fill a prescription through a retail network pharmacy:

- Go to a network pharmacy.
- Present your prescription to the pharmacist.
- Present your ID card to the pharmacist.
- Sign for and receive your prescription.

## Refills

You may need a prescription refill. If this is the case and you receive authorization from your physician, simply bring your prescription bottle or package to a network pharmacy. You also can use the pharmacy's automated refill system (if available).

The Plan limits refills to a 30-day supply at a retail pharmacy. In addition, after two fills (1 initial fill and 1 refill) of a maintenance medication at a retail pharmacy, the Plan requires you to fill 90-day supply through the mail order pharmacy.

## Maintenance Choice Program

Through the Maintenance Choice program, you have an option when filling your long-term maintenance medications. You and your covered dependents can get up to a 90-day supply of long-term maintenance medications at a CVS retail pharmacy for the same cost you would pay through the mail-order program. Maintenance Choice is only available through CVS retail pharmacies. It isn't available through any other retail pharmacies, even if they're network pharmacies. When filling a long-term maintenance medication at a CVS retail pharmacy through the Maintenance Choice program, the 30-day refill limit doesn't apply.

A long-term maintenance medication is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes, or high cholesterol. To refill your prescription through the Maintenance Choice program at a CVS retail pharmacy, just submit your refill order to the pharmacist.

## Mail-order for Maintenance Medications

You can fill your long-term maintenance medications through the mail. With the mail-order pharmacy, you receive up to a 90-day supply of your medication for less than the cost of three fills at a Retail pharmacy.

## How to Use the Mail-Order Pharmacy

- Ask your physician to write a prescription for a 90-day supply, plus refills, so that you can submit it directly to the mail-order pharmacy with your form. Be sure to ask your physician to prescribe generic medications if available to help reduce costs.
- If you need medication immediately, ask your physician for two prescriptions, the first for an immediate supply (30-day supply). You can then take this to your local network pharmacy. The second is for the long-term supply (90-day supply with three refills). You can submit this one to the mail-order pharmacy. An alternative is to use the Maintenance Choice program at a CVS retail pharmacy as described under "Maintenance Choice Program" under this section, in which case your physician only needs to write a single prescription for a 90-day supply, plus refills.
- Complete a mail-order form and send it to CVS/Caremark. Be sure to include your original prescription. A new form and pre-addressed envelope is then sent to you with each delivery. You also can print forms at [www.caremark.com](http://www.caremark.com). Submit a mail-order form for each prescription.
- Payment is due with each order.

## Maintenance Medication Refills

You may need to have your long-term or maintenance medication refilled. If this is the case and your physician authorizes a prescription refill, you can obtain a refill by any of the following methods:

- **Mail:** Attach a refill label from your prescription order to a mail-order form. Then, mail it to your prescription plan provider in the pre-addressed envelope.
- **Telephone:** To reach a CVS/Caremark Customer Service representative (CSR), call 1-866-623-1438. The automated toll-free phone line is available 24 hours a day, seven days a week.
- **Online:** Log on to [www.caremark.com](http://www.caremark.com) to place refill orders or check the status of orders.

**Remember:** The Plan allows for a refill once you use up 75 percent of your 90-day supply. The Plan limits refills to a 90-day supply.

## **Generic Substitution**

You can save the most money by choosing generic drugs when available. Ask your physician to authorize generic substitution when medically appropriate. CVS Caremark will never give you a generic instead of a brand-name drug without your physician's permission.

If a generic drug is not available, you'll pay the applicable brand-name copay. However, when a drug is available in generic form but your physician prescribes the brand-name drug, you'll pay the brand copayment plus the difference in cost between the generic and brand-name drugs.

If you or your Covered Dependent requests a brand-name drug when the Physician approves an available generic drug, you must pay the brand copay plus the difference in cost between the prescribed brand-name drug and its generic equivalent.

## **CVS Caremark Specialty Pharmacy Services**

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 members 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 [Caremark.com](http://Caremark.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 (SGM) review. SGM 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 to request an SGM review.

## **Quantity Limitations**

CVS Caremark develops limitations 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 1-866-623-1438.

## **Prior Authorization**

Prior authorization requires a drug's prescribed use to be evaluated against a predetermined set of criteria before the prescription will be covered. In addition to the Quantity Limitations above, certain drugs or drug classes will require prior authorization for you to receive coverage for them. You can avoid delays and interruptions in your therapy by asking your doctor to call the CVS Caremark Prior Authorization Department at 1-888-413-2723. The request will be evaluated to determine if you still qualify for Plan coverage of the prescribed medication. If you don't meet the criteria standards and still wish to take the medication, you'll be responsible for the entire cost of the drug.

## **Step Therapies**

Generic step therapy requires that a cost effective generic alternative is tried first before targeted single-source brands are covered. You can avoid delays and interruptions in your therapy by asking your doctor to call CVS Caremark at 1-888-413-2723 to find out if your prescribed drug is subject to Step Therapy. The request will be evaluated to determine if you still qualify for Plan coverage of the prescribed medication. If you don't meet the criteria standards and still wish to take the medication, you'll be responsible for the entire cost of the drug.

## Medications Not Covered

The Plan doesn't pay benefits for every type of prescription drug, supply, or device. CVS Caremark's website lists all of the medications, supplies, and devices the Plan excludes from coverage. Please go to [www.caremark.com](http://www.caremark.com) or call 1-866-623-1438 to find out what medications, supplies, and devices are covered.

## Applying for Benefits

As long as you receive care from a network pharmacy, you don't have to file a claim for benefits. When you fill a prescription, the pharmacy will determine the amount you owe including your deductible requirement, and your copay or coinsurance.

If you go to a non-network pharmacy, you will have to pay for the prescription in full, and then file a paper claim for the Plan pay benefits and reimburse you for any out-of-pocket expenses you may be owed. See the "Applying for Benefits" section for details.

## How to File Claims

If you use an in-network pharmacy, you aren't required to submit a claim – your pharmacy submits it for you.

If you use an out-of-network pharmacy, you must submit your claim directly to CVS/Caremark at the following address for reimbursement:

P.O. Box 52196  
Phoenix, AZ 85072-2196  
[www.caremark.com](http://www.caremark.com)

Member Claim Forms are available at [www.caremark.com](http://www.caremark.com)

If you need to file a claim, follow these steps:

- **Complete a Form.** Complete a separate form for each covered person and submit completed claim forms directly to the Caremark at the address shown above. If you don't complete the necessary form or identify yourself appropriately, you may experience a delay in the processing of your claim.
- **Submit the Appropriate Information.** Include all of the following:
  - Your member ID and account number (your member ID is included on your ID card, and your account number is the seven-digit policy number included on your ID card); and
  - Itemized bills (you can submit as many itemized bills as you wish with each form). If you're going to be hospitalized, you may wish to obtain a claim form prior to hospitalization (be sure to show your ID card at the time of your admission). Also, when you submit itemized bills be sure they include your provider's name and address, the patient's name, the diagnosis, and the date of service. A description of the service, diagnosis, or other statement regarding the service's purpose and service charge should also be included.
- **Submit Promptly.** Be sure to submit your claims promptly after you receive the service.
- **Who Receives Benefits.** The claims administrator processes your request for benefits and pays benefits directly to you or your physician, hospital, other health care facility, pharmacy, or other health care provider.

## **Benefit Determinations**

Determinations on prescription drug benefits under the LLNS prescription drug benefit plan will be made by Caremark in accordance with the LLNS prescription drug benefit plan. You may request coverage beyond your plan's standard benefit offering, or if you are dissatisfied with a benefit determination made by Caremark, you may appeal the determination in writing. Caremark's appeals process for administrative and clinical denial is structured to follow ERISA requirements.

## **Appeals**

Formal procedures are in place if you need to appeal a benefit decision relative to your prescription drug benefits. Your first and second level appeal should be mailed to:

CVS/Caremark Inc  
Appeals Department  
MC109  
P.O. Box 52084  
Phoenix, AZ 85072-2084  
or faxed to 1-866-443-1172 Attn: Urgent Appeals

This must be done within 180 days of a denial. Third level appeals allow for 4 months of external review.

If you would like more information on the appeal process, or have questions on how to appeal a claim, you can call 1-866-623-1438 or find it on [www.caremark.com](http://www.caremark.com)