



Your 2024 prescription benefits

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October 17th, 2023





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

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.

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 locations

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 benefits 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



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



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:

Prior authorization | This means we need more information on why your doctor has prescribed a specific medication for you. The information is reviewed to determine whether your medication will be covered by your plan.

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

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- ▶ 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 network pharmacies near you with the *Pharmacy Locator* at [Caremark.com](https://www.caremark.com)



2024 PRESCRIPTION BENEFITS

Pay \$0 for specialty medications with PrudentRx

*Some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take. If you do not return their call, 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 30 percent of the cost of your specialty medications.

LLNL is working with PrudentRx to reduce your out-of-pocket costs for specialty medications to \$0

- ✓ Pay \$0 for any medication on your plan's Exclusive Specialty Drug List for as long as you're enrolled – even if there is no copay program available
- ✓ PrudentRx works with manufacturers to get copay assistance for your medications
- ✓ PrudentRx handles all the details for you — no need to worry about renewals or expiration dates

Watch your mailbox for more information. Your enrollment in the program will be started automatically, but some additional steps may be required.* You can choose to opt-out at any time. If you opt-out, you'll have to pay 30 percent of the cost of your medication

Please note: the amount paid for your medication by manufacturers is not applied to your deductible/MOOP.

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



2024 PRESCRIPTION BENEFITS

Maintenance Choice

With Maintenance Choice, medications you take regularly (such as diabetes, asthma or high blood pressure medications) can be filled in 90-day supplies at CVS Pharmacy or through CVS Caremark Mail Service Pharmacy



You can choose pickup or Rx delivery by mail – either way, the cost is the same



90-day supplies are more convenient and usually cost less

Need to transfer your prescription?
[Visit Caremark.com/MoveMyMeds](https://www.caremark.com/MoveMyMeds)

Convenient, no-cost vaccinations

The CDC recommends a yearly flu vaccination for all adults

Your plan offers

- ✓ No-cost flu vaccinations
- ✓ A vaccination network of more than 68,000 pharmacies nationwide – no appointment or doctor's office visit required

Visit [Caremark.com](https://www.caremark.com) to find a vaccine pharmacy in your network.

CDC (Centers for Disease Control and Prevention).





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.

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