



SELF FUNDED PLANS

**RxBenefits, Inc.**

*advocacy. expertise. service.*

P.O. Box 382377

Birmingham, AL 35238-2377

800.334.8134

RXBENEFITS.COM

Dear Employee:

The Jefferson Health Plan is pleased to announce that effective **January 1, 2020** your pharmacy benefit services will be provided by CVS/caremark and 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 pharmacy ID card will be sent separately by CVS/caremark. Please be on the lookout for this mailing and begin using your new card(s) when filling your prescriptions on or after January 1, 2020. Make sure your pharmacy has your new information. If you need to fill a script prior to receiving your CVS/caremark card, below is the information your pharmacy needs in addition to your identification number or social security number:

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](http://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](http://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 January 1, 2020:

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

-  Call toll-free at 1.855.383.9422 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](http://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](mailto: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



**Jefferson County Government  
JANUARY 1, 2020**

JEFFERSON COUNTY GOVERNMENT (SFPI AETNA)

	<b>1-34 Day Supply Retail</b>	<b>90 Day Supply CVS / Mail</b>	<b>30 Day Supply *Specialty Medications</b>
<b>Generic Medications</b>	25% coinsurance \$10 min	20% coinsurance \$5 min \$25 max	25% coinsurance \$10 min
<b>Preferred Medications</b>	25% coinsurance \$10 min	20% coinsurance \$5 min \$25 max	25% coinsurance \$10 min
<b>Non-Preferred Medications</b>	25% coinsurance \$10 min	20% coinsurance \$5 min \$25 max	25% coinsurance \$10 min

**Maximum Out of Pocket (MOOP): \$4,100 Individual / \$8,200 Family**

The plan year MOOP applies to pharmacy claims. Each individual family member must meet the single 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%. Generic dispense as written penalties do apply to the MOOP.

**\*Specialty Medications:** Specialty medications treat complex chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. These medications are limited to a 30-day supply and must be ordered from Caremark Specialty Pharmacy at 1-800-237-2767. Specialty medications may have utilization management including prior authorization, quantity limits, and step therapy.

**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.

**Voluntary Maintenance Choice:** Members have the option of filling their maintenance prescriptions in 90-day supplies at a local CVS pharmacy or at mail order to benefit from a lower copay. You may choose to continue filling 30-day supplies at retail without penalty.

**Performance Generic Step Therapy:** Your employer has implemented performance generic step therapy that promotes the use of generic medications first before non-preferred brand medications. If you choose to use certain non-preferred brand-name drugs before trying a generic medication or a preferred brand medication, your prescription may not be covered, and you may need to pay the full cost. Step therapy applies to the following drug classes: ARBs/direct renin, inhibitors/combinations, Brand bisphosphonate + vitamin D combinations, Brand nasal steroids, COX-2 inhibitors/NSAIDs, Fibrate, SABA inhalers, Brand statins, Brand PPI packets, Brand SSRI, Brand sleep agents, Brand triptan and Urinary antispasmodic. This list can change quarterly.

**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](http://caremark.com) to check coverage.

- ADD/ADHD medications
- 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, Alcohol Swabs
- Extended/Immediate Release Controlled Substances
- Gastrointestinal-Antiemetics
- Influenza Agents
- Insomnia/Sedatives/Hypnotics

**For Prescription Drug Card Member Services Call 1-800-334-8134**

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- Legend Drugs (drugs that require a prescription) **Exceptions:** See Exclusion list below.
- Migraine Medications
- Narcolepsy Medications
- Oral/Intranasal/Topical Fentanyl
- Pain/Narcotics/Opioids
- Prescription and OTC smoking cessation (two 12-week programs per plan year) OTC requires prescription
- Prescription Vitamins required by the ACA
- Topical Acne Agents

#### **EXCLUSIONS\***

- Anabolic Steroids
- Androgens
- 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
- Impotency Medications
- 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
- Prescription Vitamins unless listed above

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

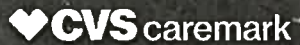
Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles or other limitations such as annual caps or limits. You can contact Customer Service if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

Please Note: RxBenefits, Inc. does not provide legal advice. Nothing contained in this Summary of Benefits & Coverage or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. This document is a sample only and the content and calculations herein should be verified by the Employer/Plan Sponsor. It is the responsibility of the Employer/Plan Sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related Summary of Benefits & Coverage. The Employer/Plan Sponsor should consult with its legal counsel regarding the contents of its group health plan and summary documents, and the legal requirements that may be applicable thereto.

**For Prescription Drug Card Member Services Call 1-800-334-8134**

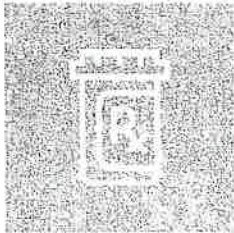
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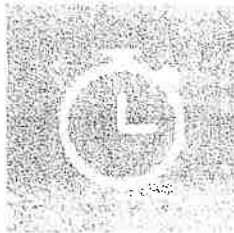
# Easy, convenient, accessible: Caremark.com and the CVS Caremark® mobile app

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**