

Your Prescription Benefits Handbook

Summary of State of Maryland Prescription Benefits available through CVS Caremark®



Health Benefits



Putting the pieces together to improve your health

Welcome to CVS Caremark

The State of Maryland Prescription Benefits Plan provides comprehensive benefits with convenient and flexible delivery options for you and your family. To ensure you understand your benefits and how to make the program work best for you, please take the time to review these materials before using your prescription benefit plan.

For Medicare-eligible retirees, prescription benefits are provided through SilverScript®, a subsidiary of CVS Caremark. You will receive a separate handbook.

This handbook contains a summary of prescription benefits for all other members. If there is a discrepancy between information in this booklet and the official Plan documents, the Plan documents will govern.



Table of Contents

Your prescription benefit plan through CVS Caremark	3
Understanding your benefits	3-4
Covered medications	3
Your cost for prescriptions	3-5
Out-of-pocket maximums	5
How to use your plan	6
Filling your prescriptions	6
Using an out-of-network pharmacy	6
Home delivery from CVS Caremark Mail Service	6-7
Vacation overrides	7
CVS Specialty	8
Utilization management programs	8
Generics preferred program	8-9
Step therapy	9
Prior authorization	9-10
Quantity level limits	10
Claims inquiry	10
Privacy	10
Resources-at-a-glance	11
Online	11
Telephone numbers	11

Medicare-eligible retirees please note:

SilverScript® Insurance Company, a subsidiary of CVS Caremark, is the prescription benefit manager for retirees who are enrolled in the Over 65 Retiree Plan and covered by Medicare. Medicare retirees should refer to the plan documents, which can be found at: <http://info.caremark.com/stateofmaryland>.



Your prescription benefit plan through CVS Caremark

CVS Caremark manages your prescription benefits just like your health insurance company manages your medical benefits. You have choices when it comes to having your prescriptions filled. CVS Caremark ensures you have access to high-quality, cost-effective medications through a system of more than 68,000 local pharmacies. You can also request convenient home delivery of medications you take regularly (also known as maintenance medications) from the CVS Caremark Mail Service Pharmacy.

Understanding your benefits

Covered medications

Your coverage under CVS Caremark is based on a list of covered medications known as a formulary. Your formulary offers a wide selection of clinically sound, cost-effective generic and brand-name prescription medications. For more information or to check drug coverage, please visit <http://info.caremark.com/stateofmaryland>.

Your cost for prescriptions

The amount you pay for your covered medications—also known as your copayment*—will depend on two factors:

- Whether your prescription is filled with a generic, a brand-name or specialty medication
- Where your prescription is filled (at a participating local pharmacy, at an out-of-network** local pharmacy or through the CVS Caremark Mail Service Pharmacy)

Actives and Non-Medicare Retirees

Local and Mail Service Pharmacies

Type of Medication	Up to 45-Day Supply (1 copayment)	46- to 90-Day Supply (2 copayments)
Generics	\$10	\$20
Preferred Brands	\$25	\$50
Other Brands	\$40	\$80
Out-of-Pocket Maximum	Active Employees	Non-Medicare Retirees
Single only coverage	\$1,000	\$1,500
Family coverage	\$1,500	\$2,000

SLEOLA Plan Design—Actives Only

Local and Mail Service Pharmacies

Type of Medication	Up to 45-Day Supply (1 copayment)	46- to 90-Day Supply (2 copayments)
Generics	\$5	\$10
Preferred Brands	\$15	\$30
Other Brands	\$25	\$50
Out-of-Pocket Maximum		
All coverage tiers	\$700	

SLEOLA = State Law Enforcement Officers Labor Alliance, State of Maryland

Notes for Non-SLEOLA and SLEOLA plan designs

1. If you receive a brand-name medication when a generic is available, you will pay the brand copayment plus the difference in cost between the generic and brand-name medication.
2. Some specialty drugs require limited distribution and must be filled through a specialty pharmacy.

*If the cost of your medication is less than the minimum copayment, you will pay the lower amount.

**Refer to page 6 for instructions when using out-of-network pharmacies.

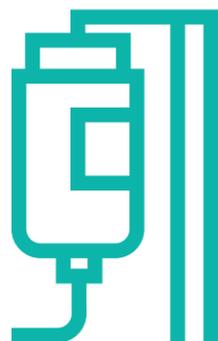
Current Prospective Drug Utilization Review Programs

Quantity Limits/Managed Drug Limitations <ul style="list-style-type: none"> - Erectile Dysfunction - Proton Pump Inhibitors (PPIs) - Nasal Inhalers - Sedative/Hypnotics 	Prior Authorizations <ul style="list-style-type: none"> - Growth Hormones - Select ADHD/Narcolepsy, such as Adderall, Desoxyn, Dexedrine and Dextrostat - Tretinoin Products, such as Altinac, Avita, Retin-A, Tretinoin - Praluent, Repatha and future approved PCSK9 drugs
Step Therapy <ul style="list-style-type: none"> - COX-2 Inhibitors (Celebrex®) 	

Zero Copayment For Generics Program

Copayments reduced to \$0 for the following generic drug classes (local and mail service pharmacies)

Drug Class	Generic Drug Examples
HMG CoA Reductase Inhibitors (Statins)	simvastatin, pravastatin
Angiotensin Converting Enzyme Inhibitors (ACEIs)	lisinopril, lisinopril/HCTZ, enalapril, enalapril/HCTZ
PPIs	omeprazole
Inhaled Corticosteroids	budesonide
Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine, paroxetine, sertraline, citalopram
Contraception Methods	oral contraceptives, emergency oral contraceptives, diaphragm, levonorgestrel
Tobacco Cessation	bupropion



Specialty guidelines

Your plan has guidelines in place to ensure the appropriate use of select classes of specialty medications. Many specialty medications are biotech drugs that are expensive or have limited access, complicated treatment regimens, compliance issues, special storage requirements and/or manufacturer reporting requirements. If your doctor prescribes one of the specialty medications listed on the next page, it will be automatically reviewed for any additional requirements (such as step therapy, prior authorization, and quantity or dosage limits, see pages 9-10). The medications listed below will be limited to a maximum 30-day supply per prescription fill. This list may change over time as new prescription medications become available.

Starting in 2018, for those medications limited to a 30-day supply, you will pay one-third of the 90-day copayment per every 30 days' worth of medication.

Specialty Drug Management

Disease	Specialty Medications
Rheumatoid Arthritis	Cimzia, Enbrel, Humira, Kineret, Orencia, Orthovisc, Remicade, Euflexxa, Hyalgan, Supartz, Synvisc
Multiple Sclerosis	Avonex, Betaseron, Copaxone, mitoxantrone, Novantrone, Rebif, Acthar HP, Tysabri
Blood Disorder	Aranesp, Arixtra, Epogen, Fragmin, Innohep, Lovenox, Nplate, Procrit, Leukine, Neulasta, Neupogen, Neumega, Proleukin, anti-hemophiliac agents
Cancer	Afinitor, Gleevec, Iressa, Nexavar, Revlimid, Sprycel, Sutent, Tarcva, Tassigna, Temodar, Thalomid, Treanda, Tykerb, Xeloda, Zolinda, Eligard, Plenaxis, Trelstar, Vantas, Viadur, Zoladex, Thyrogen, Aloxi IV, Anzemet IV, Kytril IV, Zofran IV
Hepatitis C	Alferon N, Copegus, Infergen, Intron A, Pegasys, Peg-Intron, Rebetol, ribasphere, ribavirin, Roferon-A
Osteoporosis	Forteo, Reclast

Excluded

- Anorectic (any drug used for the purpose of weight loss)
- DESI drugs (drugs determined by the Food and Drug Administration as lacking substantial evidence of effectiveness)
- Vitamins and minerals (except for prescription pre-natal vitamins)
- Pregnancy termination drugs (e.g., RU486, Mifeprex)
- Aerochamber, Aerochamber with Mask and Nebulizer Masks
- All other medical supplies
- Homeopathic legend products
- Investigational drugs
- Non-ambulatory services
- Worker's Compensation claims



Out-of-pocket maximums

Once your pharmacy out-of-pocket expense reaches the levels specified below, the plan will pay covered charges at 100% for the remainder of the calendar year.

- **Active Employees:** \$1,000 Individual | \$1,500 Family
- **Non-Medicare Retirees:** \$1,500 Individual | \$2,000 Family
- **SLEOLA:** \$700 all coverage levels

Additional costs for purchasing a brand-name medication when a generic equivalent is available (ancillary charges) do not apply to the out-of-pocket maximum. These out-of-pocket maximums are separate from out-of-pocket maximums for your medical plan. Refer to your medical plan summary plan description for information on your medical out-of-pocket maximums.

How to use your plan

Filling your prescriptions

There are several ways to fill your prescriptions depending on your needs:

For medications taken for a short time

For medications you take for a short time, such as antibiotics for strep throat or pain relievers for an injury, filling your prescription at a participating local pharmacy is optimal. Simply present your CVS Caremark member ID card to your pharmacist and pay your copayment as shown in the appropriate charts.

For medications you take regularly

For prescription medications you take regularly to treat ongoing conditions (such as medications used to treat high-blood pressure or diabetes), you may fill a 90-day supply for the best value. See below for how to get started with the CVS Caremark Mail Service Pharmacy. You may also fill your 90-day supply at a participating local pharmacy.

For medications taken for complex conditions (specialty medications)

For specialty medications used to treat complex conditions, such as medications that treat cancer or multiple sclerosis, CVS Specialty can help. See pages 7-8 for more on CVS Specialty. While CVS Specialty isn't a neighborhood pharmacy you can walk into, we can have your specialty medications available for pickup at any local CVS Pharmacy®, including those inside Target stores. Or you can have your medications delivered to your home, office or location of your choice. Visit CVSSpecialty.com to get started.

Please note: You must use 75% of your medication before requesting a refill (controlled substance refill threshold is 80%).

Using an out-of-network pharmacy

If you use a pharmacy that's not covered in the network, you must pay the entire cost of the medication and then submit a claim for reimbursement. Claim forms are located online at <http://info.caremark.com/stateofmaryland> and can also be requested by calling CVS Caremark Customer Care at **1-844-460-8767**. Claims must be submitted within 365 days of the prescription purchase date. You will be reimbursed for the amount the plan would have paid if you had obtained your medication at a participating local pharmacy, minus the appropriate copayment.

Home delivery from CVS Caremark Mail Service

Filling your prescriptions through the CVS Caremark Mail Service Pharmacy offers the most convenient way to get your medications. Your medications are delivered safely and conveniently to your home.



When you use the CVS Caremark Mail Service Pharmacy, you can count on:

- Up to a 90-day supply of your medications for two copayments
- No-cost standard shipping in a plain, weather-resistant package
- Flexible payment options and, if you elect, automatic refills
- Refill orders placed at your convenience, by telephone or online
- Access to a registered pharmacist any time, day or night

Getting started with mail service

You can begin using the CVS Caremark Mail Service Pharmacy for home delivery of your medications, using one of the following options:



Online

Register online at <http://info.caremark.com/stateofmaryland> to begin managing your prescriptions online.



By mail

Ask your doctor to provide you with a written prescription for your medications. Sign in to caremark.com to download and print a mail service form. Mail the prescription(s) along with a completed order form to the address below:

CVS Caremark
P.O. Box 94467
Palatine, IL 60094

Please note: to avoid delays in filling your prescription, be sure to include payment with your order. Please do not send correspondence to this address.



By fax or electronic submission from your doctor

Have your doctor's office fax the prescription for a 90-day supply, plus the appropriate number of refills (maximum one-year supply). Most prescriptions are sent electronically. Your doctor should be able to send your prescription to CVS Caremark Mail Services. We also accept faxes, and your doctor's office will have the appropriate fax number.

Important notes:

- Faxes must be sent from your doctor's office. Faxes from other locations, such as your home or workplace, cannot be accepted.
- For new prescriptions, please allow approximately one week from the day CVS Caremark Mail Service receives your request.
- You must use 75% of your medication before you can request a refill through mail service (80% of your medication for controlled substances).

Vacation overrides

If you are going on vacation and need an additional supply of your medication, you should ask your pharmacist to call the Pharmacy Help Line to request a vacation override. This will allow you to obtain your next refill early. You may also contact Customer Care at **1-844-460-8767** for assistance.

CVS Specialty®

CVS Specialty is a full-service pharmacy that provides your choice of home delivery service or delivery to your local CVS Pharmacy for specialty medications. These medications are used to treat a number of complex conditions, such as cancer and multiple sclerosis. CVS Specialty does more than provide your medication. We help you stay on track so you can stay healthier longer. We do this by providing the support you need to take them safely and effectively.

Getting started

To get started, call a CVS Specialty representative at **1-800-237-2767** or register online at **CVSspecialty.com**. You may also request that CVS Specialty contact your doctor for you, then call you to arrange for delivery of your medication on a day that is convenient for you. You may refill specialty medications one month at a time (maximum 30-day supply per copayment).

24/7 personalized care

CVS Specialty provides 24/7 support from an entire CareTeam of specially-trained pharmacists and nurses. Your CareTeam can help you manage your condition by: checking dosing and medication schedules; answering your medication questions; helping you manage side effects; helping you set up new medication regimens; and checking that you are taking your medication as prescribed.

Flexible, medication pick-up or delivery

CVS Specialty lets you stay in control and on track with flexible medication pick-up or delivery service. Just pick up your medication at any of the 9,700 CVS Pharmacy locations nationwide or have it delivered to your home or work—the choice is yours.†

Convenient online prescription management

Register for a secure, online specialty prescription profile and make managing your medication even easier with these online tools.



- **Fast refill requests:** Most specialty medications and supplies can be filled at the same time with the one-click “Refill All” tool.
- **Up-to-date prescription information:** View your prescription history, refills remaining, your costs, last fill date and more.
- **Medication pick-up or delivery options:** Request your refills be sent directly to the location of your choice or pick them up at your local CVS Pharmacy.
- **Secure prescription information storage:** Keep all your specialty prescription information in one, secure place. Save your favorite CVS Pharmacy location or address for faster ordering and checkout.

Utilization management programs

To promote safety along with appropriate and cost-effective use of prescription medications, the plan includes several utilization management programs.

Generics preferred program (automatic generic substitution)

If you want to lower your out-of-pocket costs, ask your doctor whether a generic medication is available and right for you. With a generic medication, you get the same high-quality, effective treatment that you get with its brand-name counterpart—without the high cost. FDA-approved generic equivalent medications contain the same active ingredients and are subject to the same rigid standards established by the FDA for quality, strength and purity, as their brand-name counterparts. To help manage the cost of prescription benefits, the plan includes an automatic generic substitution feature.

How does the “generics preferred program” work? When your doctor prescribes a brand-name medication and a generic substitute is available, you will automatically receive the generic unless:

- Your doctor writes “dispense as written” (DAW) on the prescription; or
- You request the brand-name medication at the time you fill your prescription

If you choose generic medications, you get high-quality, effective medication at the lowest cost. Your copayment for the generic medication will be less than the copayment for the brand-name medication.

If a generic is available, but you or your doctor request the brand-name medication, you will pay the brand copayment PLUS the full difference in cost between the brand-name medication and the generic equivalent. This difference in cost is referred to as the ancillary fee. The ancillary fee is in addition to the copayment, so the cost could exceed the copayment maximum. This amount is not counted toward your out-of-pocket maximum.

For example: 30-day supply of medication

Brand-name medication cost	\$120
Generic medication cost	\$50
Difference (ancillary fee)	\$70
Copayment	\$40
Total cost	\$110

If you chose the generic medication, you would pay \$10



Please note: if your doctor requests you take the brand-name medication due to medical necessity, please refer to the Prior Authorization section below.

Step therapy

Step therapy is a process for finding the best treatment while ensuring you are receiving the most appropriate medication therapy and reducing prescription costs. Celebrex is the only current step therapy medication.

Medications are grouped into two categories:

- **First-line medications:** These are the medications recommended for you to take first—usually generics, which have been proven safe and effective. You pay the lowest copayment for these.
- **Second-line medications:** These are brand-name medications. They are recommended for you only if a first-line medication does not work. You may pay more for brand-name medications.

These steps follow the most current and appropriate medication therapy recommendations. CVS Caremark will review your records for step therapy medications when you go to the pharmacy to fill a prescription. If your prescription is for a step therapy medication, the pharmacy will search your prescription records for use of a first-line alternative.

If prior use of a first-line medication is not found, the second-line medication will not be covered. You will need to obtain a new prescription from your doctor for one of the first-line alternatives, or have your doctor request a prior authorization for coverage of the second-line medication. For more information on step therapy, visit <http://info.caremark.com/stateofmaryland> or call Customer Care at **1-844-460-8767**.

Prior authorization

Prescriptions for certain medications require a prior authorization—also known as a coverage review—to ensure the medication is cost-effective and clinically appropriate. The review uses both formulary and clinical guidelines and other criteria to determine if the plan will pay for certain medications.

The following situations may require prior authorization for your prescription:

- Your doctor prescribes a medication not covered by the formulary
- The medication prescribed is subject to age limits
- You need additional quantities of certain medications, such as those used to treat migraines
- The medication is only covered for certain conditions

On the rare occasion you are not able to take the generic medication, your doctor can request a prior authorization that would allow you to purchase the brand without paying the ancillary charge.

Quantity level limits

For some medications, such as medications used to treat sleep disorders, your plan covers a limited quantity within a specific time period. A coverage review may be available to request additional quantities of these medications. Please note that the pharmacy does not automatically initiate a coverage review process for additional quantities. You or your doctor must initiate this process.

How to appeal

If the prior authorization is denied, you or your representative may appeal this decision by writing to:

CVS Caremark Appeals Department MC109
P.O. Box 52084
Phoenix, AZ, 85072-2084
Fax: 1-866-689-3092

Please include:

- Your name and member ID number
- Doctor's name and telephone number
- Name of the medication
- Information relevant to your appeal

The appeal will be reviewed according to your plan provisions, and a decision will be sent to you and your doctor.

If you require an urgent review, please call Customer Care at **1-844-460-8767** for instructions. Please note that not all appeal requests are eligible for the urgent review process. Urgent appeals will be decided within 72 hours. If you choose to fill this prescription without prior authorization approval, you will be responsible for the full cost of the medication. You have a right to receive, upon written request and at no charge, information used to review your request. Please note: You must submit an appeal within 180 calendar days after you receive the notice of a denial of a prior authorization.

Claims inquiry

If you believe your claim was incorrectly denied or you have questions about a processed claim, call CVS Caremark Customer Care at **1-844-460-8767**.

Privacy

Your State of Maryland Benefit Plan meets the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to assure your health information is properly protected. CVS Health is committed to meeting both the HIPAA and State of Maryland guidelines related to protecting your privacy.

Resources at-a-glance

Online

If you are not yet enrolled in the plan, you may visit <http://info.caremark.com/stateofmaryland> to learn more about our prescription benefit plan. You will find detailed information to help you explore your pharmacy options:



- View plan highlights
- Locate participating local pharmacies
- Compare medication prices
- Find out if your medications are covered under your plan

If you are already enrolled in the plan, you may register online at <http://info.caremark.com/stateofmaryland>. Once you register for a Caremark.com account, you will find all of the information listed above. In addition, your **Caremark.com** account will allow you to track all of your prescription information and will provide quick access to help you manage your health and medication options:



- Check prescription pricing and coverage
- Order refills and track the status of your prescriptions filled through the CVS Caremark Mail Service Pharmacy
- Request mail service forms and envelopes and download claim forms
- Print a temporary ID card
- Obtain health information and much more

Telephone numbers

Call **1-844-460-8767** to speak with a Customer Care representative to:



- Ask questions about your prescription benefits
- Find the nearest participating local pharmacy
- Speak with a registered pharmacist
- Order refills
- Request CVS Caremark Mail Service Pharmacy home delivery order forms or envelopes
- Request claim forms for prescriptions filled at out-of-network pharmacies

All services listed above are available 24 hours a day, 7 days a week.



Customer Care..... 1-844-460-8767 (TTY 711)
CVS Specialty..... 1-800-237-2767



[†]Where allowed by law. In-store pick up is currently not available in Oklahoma. Some states require first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

Copayment, copay or coinsurance means the amount a 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 document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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

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