

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

**General Information**

The pharmacy benefit or drug card program is a valuable benefit provided by Green Bay Area Public School District and administered by CVS Caremark. For questions regarding your pharmacy benefit, please call CVS Caremark at 1-866-818-6911, download CVS Caremark's smartphone mobile app or visit [www.caremark.com](http://www.caremark.com). You can use these resources to find a pharmacy, learn about medications, check drug coverage and costs, and find savings opportunities.

Your pharmacy benefit or drug coverage card:

- Provides discounted rates for you and your health plan.
- Keeps a record of transactions and your medication profile history.
- Enables centralized safety features and drug utilization review.

Some suggestions to help you save:

- Generics should be considered as first line prescribing. If you are using a brand medication, ask your doctor if a generic is available to treat your condition.
- Use formulary and preferred medications.
- Mail Service may save you money. Compare retail and mail prices with the *Check Drug Costs* feature on [www.caremark.com](http://www.caremark.com) or on CVS Caremark's smartphone app.
- Price shop. Call and ask pharmacies for their CASH PRICE. If a Retail network pharmacy's cash price is less than the contract discount, you get the benefit of the lower price.
- Always use your pharmacy benefit card so your paid expenses count towards your out-of-pocket limits.
- Ask about financial assistance resources that may be available. There may be need and/or non-need-based resources available to help pay for your prescriptions.

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

**Cost Share Overview**

<b>Your Plan Option(s) and Respective Cost Share(s)</b>	MEDICARE RET RX ONLY (WRXGBSR5)
	\$2,500 Individual Out-of-Pocket
Affordable Care Act Preventive Drugs **	\$0.00
Covered Diabetic Supplies	\$0.00
<b>Retail Cost Share</b> (Up to a 30-day supply)	
Generics^	\$ 5.00
Preferred Brands*^	\$ 20.00
Non-Preferred Brands*^	\$ 50.00
<b>Maintenance Choice Cost Share</b> (Required for maintenance medications after 2 fills) (90-day supply of maintenance medications available at CVS retail pharmacies)	
Generics^	\$10.00
Preferred Brands*^	\$50.00
Non-Preferred Brands*^	\$125.00
<b>Mail Service Cost Share</b> (Required for maintenance medications after 2 fills) (Up to a 90-day supply)	
Generics^	\$10.00
Preferred Brands*^	\$50.00
Non-Preferred Brands*^	\$125.00
<b>Specialty Cost Share</b> (One fill or up to a 30-day supply per month) Specialty medications must be obtained from CVS Specialty	
Generics^	\$10.00
Preferred Brands*^	\$50.00
Non-Preferred Brands*^	\$125.00

^ If the actual cost of the prescription is less than the required cost share, you pay the lower amount.

\* If a brand is requested when a generic is available, you may be charged the applicable brand cost share plus the difference in cost between the brand and generic. This cost difference does not count towards the out-of-pocket limit.

\*\*For a list of covered medications and limitations visit: [www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits)

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

**Retail**

CVS Caremark provides a network of pharmacies where you may fill your prescriptions. This includes most major chains as well as independent pharmacies. You can find a list of participating pharmacies from the CVS Caremark web site, smartphone app, or by calling customer care.

**Mail Service**

Mail Service may lower your out-of-pocket costs. It allows for up to 3-month supplies of medication and is designed for long-term maintenance medications needed for chronic conditions. Medications will be delivered directly to your home or other address that you choose. You should contact the mail service pharmacy at least two weeks before you need your next fill to allow for processing and mailing.

You can get started with Mail Service in a variety of ways:

- Call CVS Caremark. Have your ID card, doctor's contact information, prescription information, and payment method ready.
  - Customer Care: 1-866-818-6911
- Ask your doctor to call, e-prescribe or fax your prescription information to Caremark.
  - Phone: 1-800-378-5697
  - Fax: 1-800-378-0323
  - E-prescribe: CVS Caremark Mail Service, NCPDP ID 322038, 9501 E. Shea BLVD. Scottsdale, AZ 85260
- Mail a 90-day prescription and a completed Mail Service order form to CVS Caremark. Allow at least two weeks for delivery. Ask your doctor for a 30-day prescription you can fill at retail while you wait for the mail order delivery if you choose this option. A Mail Service order form can be found online at [www.caremark.com](http://www.caremark.com), under "print plan forms" in the upper right-hand corner of the website.

**Maintenance Medications**

Medications used for common chronic conditions are required to be filled in 90 days supplies either through Mail Service or through your local CVS/pharmacy after 2 fills.

**Specialty**

CVS Specialty is the preferred pharmacy provider for specialty drugs. There is no industry standard definition for specialty drugs, but they often share some of the following characteristics:

- High cost
- Unique storage or shipping requirements
- May require patient compliance and safety monitoring
- Prescribed for complex conditions (multiple sclerosis, rheumatoid arthritis, cancer, and others)

Some specialty drugs may have limited distribution and may only be available from select pharmacies. CVS Caremark may use various means to ensure the safe and cost-effective use of these medications.

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

This may include, but not be limited to, prior authorization, day's supply limits and formulary management. A list of specialty drugs is available at [www.cvsspecialty.com](http://www.cvsspecialty.com). This list may be subject to change. If you or your doctor have questions, call CVS Specialty Pharmacy at 1-800-237-2767.

**Out-of-Network Pharmacy**

If you use a pharmacy that is not in the network, you will need to pay the full amount billed by the pharmacy and obtain and submit for possible reimbursement. Requests for reimbursement can be submitted in one of two ways:

- Electronically via your [caremark.com](http://caremark.com) account. Online submission allows for faster processing and provides you real time updates on the status of your claim.
- By completing a Prescription Claim Submission Form and returning it via the mail. Mail in submissions usually take up to 30 days processing from the date in which they are received by Caremark. The claim submission form may be obtained on [caremark.com](http://caremark.com). You must submit the form along with your receipt for reimbursement to:

CVS Caremark  
P.O. Box 52136  
Phoenix, AZ 85072-2136

These claims will be reimbursed at the participating pharmacy's negotiated contract rate, less the applicable cost share. Any difference between the pharmacy's billed rate and the contract or negotiated rate is an additional cost you will incur. This difference will not count towards your out-of-pocket. Reimbursement will be subject to prior authorization, utilization management, and formulary management requirements where applicable.

**Preventive Care Services Covered Under the Affordable Care Act**

Your plan offers certain preventive prescription drugs at no cost to you. Preventive drugs are deemed preventive by the United States Preventive Services Task Force. Some services may be covered under your pharmacy benefit while others may be covered under your medical benefit. These no-cost benefits are part of the Affordable Care Act (ACA). A current list of services may be found at [www.hhs.gov](http://www.hhs.gov). See *Preventive Services Covered Under the Affordable Care Act*. This list is subject to change. Limitations may apply. These items require a written Prescription from a medical professional.

**Immunizations**

Immunizations are available from many retail pharmacies. Check with your local pharmacy regarding available services as these may vary by location. The Advisory Committee on Immunization Practices (ACIP) and Centers for Disease Control (CDC) recommended immunization schedules for children and adults may be found at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

**Appeals**

Your benefit plan is subject to ERISA (Employee Retirement Income Security Act). Appeals are managed by CVS Caremark.

The provider is to write a letter of medical necessity and provide any supporting documentations. Filing information can be found within the Prior Authorization, Exception, or Initial Benefit Review denial letter:

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

Prescription Claim Appeals MC 109 - CVS Caremark  
P.O. Box 52084  
Phoenix, AZ 85072  
Fax: 866-443-1172

**Pharmacy Benefit Coverage Inclusions:**

1. Products with an NDC (National Drug Code) unless specified otherwise.
2. Legend drugs unless specified otherwise.
3. Products approved by the FDA (Food and Drug Administration).
4. Compliance with state and federal regulations.
5. Compound drugs. Compound drugs are extemporaneous, or ad-hoc formulations made by a pharmacist from various commercially available products. Not all ingredients in a compound drug may be covered. Utilization management may apply.
6. Formulary compliance. A formulary is a list of drugs that have been determined to be the most clinically and/or cost effective for diseases and/or conditions. The formulary list for this plan is managed by CVS Caremark and updated periodically. All products or formulations may not be covered. The formulary may be subject to change.
7. Utilization management compliance. Utilization management ensures the safe and cost-effective use of medications. This may include, but not be limited to, prior authorization, quantity limitations, and/or prerequisite therapy requirements. Utilization management protocols may be subject to change.

**Prescription Benefit Coverage Exclusions**

*The following are some of the common categories of drugs that are excluded from this prescription drug benefit plan and ARE NOT COVERED:*

1. Products without an NDC (National Drug Code).
2. Products not approved, or not indicated for a specific condition, by the FDA may not be covered.
3. Medical foods or nutritional supplements (vitamins, dietary supplements, herbal remedies, etc.) unless stated otherwise.
4. Drugs administered by a health care provider or taken while in a hospital, skilled nursing facility, rest home, nursing home or similar institution, or a health care provider's office.
5. Primary expenses when reimbursable by other coverage, government programs (Medicaid, Medicare, etc.) or worker's compensation programs.
6. Items not requiring a prescription, such as over-the-counter (OTC) drugs, unless specified otherwise.
7. Products or formulations with over-the-counter availability and/or more cost-effective alternatives may not be covered.
8. Therapeutic or medical devices or appliances (such as support garments, ostomy supplies, durable medical equipment, etc.).
9. Experimental or investigational drugs or products, unless as part of enrollment in an approved clinical trial ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)).
10. Cosmetic agents (such as hair growth, hair removal, anti-wrinkle agents, etc.).
11. Medications for weight loss.
12. Infertility medications.
13. Medications for sexual dysfunction.

**GREEN BAY AREA  
PUBLIC SCHOOL DISTRICT  
GREEN BAY WI  
Pharmacy – Medicare Retiree Rx Only Plan**

- 14. Periodontal anti-infectives administered by an oral health care professional.
- 15. Lost, stolen, or damaged drugs may not be covered.

For questions regarding your pharmacy benefit, please call CVS Caremark at 1-866-818-6911 or visit CVS Caremark's smartphone mobile app or [www.caremark.com](http://www.caremark.com).