

## Your Personal Prescription Benefit Program

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate or short-term medication needs*	For maintenance or long-term medication needs*
<b>YOU WILL PAY</b>	<ul style="list-style-type: none"> <li>• <b>\$10</b> for each generic medication</li> <li>• <b>\$25</b> for each preferred brand-name medication**</li> <li>• <b>\$40</b> for each non-preferred brand-name medication**</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1</b> for each generic medication</li> <li>• <b>\$40</b> for each preferred brand-name medication**</li> <li>• <b>\$70</b> for each non-preferred brand-name medication**</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>\$0</b> for contraceptives, devices and emergency contraception</li> </ul>	
<b>MAXIMUM OUT-OF-POCKET</b>	<p style="text-align: center;"><b>\$750</b> per individual per calendar year <b>\$1,500</b> per family per calendar year</p>	
<b>DAY SUPPLY LIMIT</b>	Up to a <b>31</b> -day supply	Up to a <b>90</b> -day supply
<b>REFILL LIMIT</b>	One initial fill plus two refills for maintenance or long-term medications. For each additional fill, you will pay 100% of the prescription cost.***	None
<b>TOBACCO CESSATION</b>	Your plan covers prescription medication and some over-the-counter products designed to eliminate tobacco use. Coverage is available through your retail and mail service benefit subject to the cost sharing components and dispensing limitations of your plan. To be eligible for the coverage you must be age 18 or older. Contact Customer Care or log on to <a href="http://www.caremark.com">www.caremark.com</a> to find out more about which prescription medications and over-the-counter products are covered under your plan.	
<b>PRIOR AUTHORIZATION REQUIRED</b>	Acne Therapy, Amevive, Antiemetic Agents, Apokyn, Botox and Myobloc for Non-Cosmetic Purposes Only, Celebrex, Misc. Dermatologicals, Erectile Dysfunction, Erythroid Stimulants, Growth Hormones, Hypnotic Agents, Interferons, Migraine Agents, Multiple Sclerosis Therapy, Myeloid Stimulants, Platelet Proliferation Stimulants, Provigil, Rheumatoid Arthritis Therapy, Xolair, Wellbutrin and its generics.	

\*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medications. Please contact CVS Caremark at 1-888-726-1630 or log on to [www.caremark.com](http://www.caremark.com) for the most up-to-date plan information.

\*\*When a generic equivalent is available but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and the generic.

\*\*\*Your plan requires that maintenance or long-term medications be filled through the CVS Caremark Mail Service Pharmacy once you exceed the refill limit per prescription. Your plan also includes the Mail-Order Opt-Out Program. For more information, please call CVS Caremark toll-free at 1-888-726-1630 to talk with a Customer Care Representative about the opt-out program.

### Where to Fill Your Prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

**Short-term medications** are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS Caremark retail network.

- Choose from more than 64,000 network pharmacies nationwide, including over 20,000 independent community pharmacies
- Find a participating pharmacy at [www.caremark.com](http://www.caremark.com)

**Tip:** To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS Caremark retail network. Additional Prescription Cards may be obtained by calling Customer Care toll-free at 1-888-726-1630.

**Long-term medications** are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions. Choose **one** of four easy ways to start using the CVS Caremark Mail Service Pharmacy:

1. Fill out and send in a mail service order form – use the one included in this welcome kit or print one at [www.caremark.com](http://www.caremark.com)
2. Use the FastStart® tool found on [www.caremark.com](http://www.caremark.com)
3. Call FastStart® toll-free at 1-800-875-0867
4. Ask your doctor to call in the prescription through the toll-free FastStart® physician number at 1-800-378-5697

### Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week, toll-free at **1-888-726-1630** or by e-mail at [customerservice@caremark.com](mailto:customerservice@caremark.com). For Telecommunication Device assistance, please call toll-free **1-800-863-5488**. **Caremark.com** is also available to help you manage your prescription drug benefits. By registering online, you can order mail service refills, check order status, price medications, and much more.

*Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-726-1630.*

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

To contact LGC HealthTrust, please call toll-free at **1-800-527-5001** between the hours of 8:30 a.m. and 4:30 p.m. (EST) Monday through Friday or visit [www.nhlgc.org](http://www.nhlgc.org). LGC HealthTrust's Enrollee Services Representatives are available for issues or concerns with enrollment or eligibility, and any other prescription benefit-related inquiry. For further information or questions, you may also e-mail Enrollee Services at [enrolleeservices@nhlgc.org](mailto:enrolleeservices@nhlgc.org).

## Getting Your Prescription Filled at a Retail Pharmacy

### CVS Caremark Participating Retail Pharmacies

Participating retail pharmacies can easily access information about your prescription benefit plan and the appropriate payment. You will not need to file any additional paperwork when you use a pharmacy in the CVS Caremark retail network. If you use a pharmacy outside the CVS Caremark retail network, you will pay more for your prescription(s) in most cases. Non-participating retail pharmacies will ask you to pay 100 percent of the prescription price. Then, you will need to submit a paper claim form along with the original prescription receipt(s) for reimbursement of covered expenses.

### Day Supply Limit

You can get up to a 31-day supply of medication each time you have a prescription filled at a participating retail pharmacy. Ask your doctor to write a prescription for up to a 31-day supply, when clinically appropriate.

### Refill Limit

You may obtain one initial fill plus two refills for maintenance or long-term medications at a retail pharmacy. It will then be necessary for you to utilize CVS Caremark Mail Service Pharmacy for additional supplies. Otherwise, you will be responsible for 100 percent of the cost of the medication when filled at a retail pharmacy. To determine if your prescription medication is classified as maintenance or long-term, please call Customer Care at 1-888-726-1630.

## Getting Your Prescription Filled through the CVS Caremark Mail Service Pharmacy

CVS Caremark operates five mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, our mail service pharmacies are staffed by registered pharmacists. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it is filled correctly. In addition, your prescription history is reviewed to identify any possible problems with new medications you may be prescribed.

### Day Supply Limit

You can get up to a 90-day supply of medication when you get a prescription filled through the CVS Caremark Mail Service Pharmacy. Ask your doctor to write a prescription for up to a 90-day supply plus three refills for up to one year when clinically appropriate. **Please Note:** *By law, CVS Caremark must fill your prescription for the exact quantity of medication prescribed by your doctor, up to the 90-day supply limit.*

### Payment Options

While checks and money orders are accepted, the preferred method of payment is by credit card. For credit card payments, simply include your VISA®, Discover®, MasterCard®, American Express®, Health Reimbursement or Flexible Spending Account debit card number and expiration date in the space provided on the mail service order form.

### Convenient Home Delivery

Please allow 7-10 days for delivery from the time your order is placed. Refills are delivered within seven days following CVS Caremark's receipt of your refill request by phone or online. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about your prescribed medication that you would receive from a retail pharmacy.

## Other Important Plan Information

### Drug List

Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to [www.caremark.com](http://www.caremark.com) or call Customer Care at 1-888-726-1630 to access the most current drug list for your plan.

### Mail Order Opt-Out Program

Your plan includes the Mail Order Opt-Out Program. This program can be used for plan participants who feel that using mail service would create undue hardship. The Mail Order Opt-Out Program gives you the choice of filling your maintenance or long-term prescriptions through the CVS Caremark Mail Service Pharmacy or at a retail pharmacy location. If you think filling your maintenance or long-term prescriptions through mail service will create a hardship for you, please call CVS Caremark toll-free at 1-888-726-1630 to talk with a Customer Care Representative about the opt-out program. Please note: You may only receive up to a 31-day supply at a retail pharmacy location and you will be subject to the retail copayment. Even if you elect to opt-out now, you can still choose to use mail service at any time.

### Brand-Name Medications Requiring Use of a Generic First

You can save money by using safe, effective generic medications when possible. Your plan requires using an alternative generic medication for certain brand-name medications first unless you have tried a generic. Brand-name medications will be covered under your plan if your prescription history shows you have tried an alternative generic. Please call CVS Caremark toll-free at 1-888-726-1630 to talk with a Customer Care Representative about your plan and options available if you must take the brand-name medication because of a medical condition or allergy.

### Quantity Limits

Your plan includes quantity limits for some medications limiting the amount of medication for which your plan will pay. Please call CVS Caremark toll-free at 1-888-726-1630 to talk with a Customer Care Representative about the limits and options available if your doctor determines additional quantities are clinically appropriate.

### Prior Authorization

Some medications may require approval before the prescription can be filled. Your retail pharmacist will give you or your doctor a toll-free number to call in order to obtain approval. The CVS Caremark Mail Service Pharmacy will contact your doctor directly for approval.

### Specialty Medications

Specialty medications are used for the treatment of chronic and/or genetic conditions, such as multiple sclerosis, rheumatoid arthritis or hepatitis C, and are often injected or infused. All specialty medications will be provided by CVS Caremark's Specialty Pharmacy. CVS Caremark's Specialty Pharmacy is a mail order facility dedicated to dispensing specialty medications. Questions? Call CVS Caremark Specialty Pharmacy toll-free at 1-800-237-2767.