Active Employees

Your Personal Prescription Benefit Program
A Convenient Pull-Out Guide

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate or short-term medication needs*	For maintenance or long-term medication needs*
YOU WILL PAY:	• **$10** for each generic medication • **$25** for each preferred brand-name medication** • **$40** for each non-preferred brand-name medication**	• **$1** for each generic medication • **$40** for each preferred brand-name medication** • **$70** for each non-preferred brand-name medication**
MAXIMUM OUT-OF-POCKET:	**$750** per individual per calendar year **$1,500** per family per calendar year	
REFILL LIMIT:	One initial fill plus two refills for maintenance or long-term medications. For each additional fill, you will be responsible for 100% of the cost of the medication.***	None
DAY SUPPLY LIMIT:	Up to a **31**-day supply	Up to a **90**-day supply
TOBACCO CESSATION:	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 onto www.caremark.com to find out more about which prescription medications and over-the-counter products are covered under your plan.	
PRIOR AUTHORIZATION REQUIRED:	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 medication. Please log on to **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.

Have Questions?

Four Easy Ways To Contact CVS Caremark:

1. **Caremark.com**
   Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medication information. Please see the inside front cover for more details.
2. **Automatic Phone Service**
   Call toll-free 1-888-726-1630 for the CVS Caremark fully automated refill phone service.
3. **Customer Care**
   Call toll-free 1-888-726-1630 to speak to a Customer Care representative 24 hours a day, seven days a week. You may also e-mail Customer Care 24 hours a day, seven days a week at **customerservice@caremark.com.**
4. **Telecommunications Device (TDD)**
   If you have a hearing impairment and need TDD assistance, please call toll-free **1-800-231-4403**.

When you call or log in, be ready to provide:

- Your date of birth
- Your CVS Caremark ID number located on the front of your CVS Caremark ID card
- Your VISA®, Discover®, MasterCard® or American Express®, Health Reimbursement or Flexible Spending Account debit card number with expiration date, if your plan requires a payment. While checks and money orders are accepted, the preferred method of payment is by credit card.

Need Another Prescription Benefit ID Card? *Additional benefit ID cards can be obtained by calling Customer Care toll-free at* ***1-888-726-1630.*** *For a temporary ID card go to* **www.caremark.com**.

To contact **New Hampshire Local Government Center** call toll-free **1-800-527-5001** between the hours of 8:30 am and 4:30 pm (eastern standard time) Monday through Friday or visit **www.nhlgc.org**. For further information or questions you may also e-mail Enrollee Services at **sonh@nhlgc.org.**

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Getting Your Prescription Filled Through the CVS Caremark Mail Service Pharmacy

CVS Caremark operates seven 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® or American Express®, Health Reimbursement or Flexible Spending Account debit card number and expiration date in the space provided on the enclosed 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.

Getting Your Prescription Filled at a Retail Pharmacy

CVS Caremark Participating Retail Pharmacies
The CVS Caremark Retail Program includes more than 62,000 participating pharmacies nationwide, including over 20,000 independent community pharmacies. For a full listing, visit **www.caremark.com**.

Non-Participating Retail Pharmacy
In most cases, you will pay more for your prescription if you use a pharmacy outside the CVS Caremark network. You will be asked to pay 100 percent of the prescription price at the pharmacy. Then you will need to submit the paper claim form included in this booklet, along with the original prescription receipt(s) to CVS Caremark 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.

Using a participating retail pharmacy is generally more convenient and less expensive. Participating pharmacies can easily access information about your prescription benefit program and the appropriate payment. You will not need to file any additional paperwork when you use a CVS Caremark participating retail pharmacy.

Refill Limit
You may obtain one initial fill plus two refills at a retail pharmacy for maintenance or long-term medications. It will then be necessary for you to utilize CVS Caremark Mail Service for additional supplies. Otherwise, you will be responsible for 100% of the cost of the medication when filled at a retail pharmacy. When you use CVS Caremark Mail Service Pharmacy for medication you will be taking for a long time, you may save money.

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.

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** to access the most current drug list for your plan.

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.

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.

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.

NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM
You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014. Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families. If you have received this notice by e-mail, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

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Brand Medications Requiring Use of a Generic First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, in order for certain brand-name medications to be covered, you will have to try a generic medication first. The chart below tells you which kinds of drugs require you to use a generic first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Drug Class *Condition Treated**	**Step 1:** You will have to try one of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations *High Blood Pressure*	amlodipine-benazepril benazepril/benazepril HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ fosinopril/fosinopril HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ moexipril/moexipril HCTZ quinapril/quinapril HCTZ ramipril trandolapril trandolapril-verapamil ext-rel	Atacand/Atacand HCT Avapro/Avalide Benicar/Benicar HCT Diovan/Diovan HCT Edarbi Micardis/Micardis HCT Tekturna/Tekturna HCT Teveten/Teveten HCT
Antihistamines/Combinations *Allergies*	levocetirizine	Allegra ODT Allegra-D 24 Hr Clarinex/Clarinex-D Xyzal
Benign Prostatic Hyperplasia-Alpha Blockers *Prostate*	alfuzosin ext-rel doxazosin tamulosin terazosin	Cardura XL Rapaflo
Benign Prostatic Hyperplasia- 5 Alpha Reductase Inhibitors/ Combinations *Prostate*	*finasteride* *** tamsulosin also considered a Covered Generic Alternative for Jalyn*	Avodart Jalyn**
Bisphosphonates/Combinations *Osteoporosis*	alendronate	Actonel Actonel with Calcium Atelvia Boniva Fosamax Plus D
Cholinesterase Inhibitors *Alzheimer*	donepezil galantamine rivastigmine	Aricept 23 mg Exelon Patch
COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations *Pain and Inflammation*	ibuprofen indomethacin meloxicam naproxen *(additional generic NSAIDs available)*	Arthrotec Cambia Celebrex (excluding 400 mg) Flector Nalfon Naprelan CR Zipsor

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Brand Medications Requiring Use of a Generic First (cont.)

Drug Class *Condition Treated**	**Step 1:** You will have to try one of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
Fibrates *High Triglycerides*	fenofibrate fenofibrate micronized gemfibrozil	Antara Fenoglide Lipofen Tricor Triglide Trilipix
Nasal Steroids *Allergies*	flunisolide nasal fluticasone nasal triamcinolone acetonide spray	Beconase AQ Nasonex Omnaris Rhinocort Aqua Veramyst
Ophthalmic/Prostaglandins *Glaucoma*	latanoprost	Lumigan Travatan Z
Proton Pump Inhibitors (PPIs) *Stomach Acid*	lansoprazole lansoprazole delayed-rel ODT omeprazole omeprazole-sodium bicarbonate pantoprazole	Aciphex Dexilant Nexium Prilosec Packets Protonix Packets Zegerid Powder for Oral Susp
Selective Serotonin Agonists/ Combinations *Migraine*	naratriptan sumatriptan	Alsuma Axert Frova Maxalt Relpax Sumavel Treximet Zomig
Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) *Depression*	venlafaxine venlafaxine ext-rel	Cymbalta Pristiq
Selective Serotonin Reuptake Inhibitors (SSRIs) *Depression*	citalopram fluoxetine fluvoxamine paroxetine/paroxetine ER sertraline	Lexapro Luvox CR Pexeva Viibryd
Sleeping Agents *Insomnia/Sleep Problems*	zaleplon zolpidem zolpidem ext-rel	Edluar Lunesta Rozerem Silenor Zolpimist

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Brand Medications Requiring Use of a Generic First (cont)

Drug Class *Condition Treated**	**Step 1:** You will have to try one of these generic medications first:	**Step 2:** Before you can try one of these brand-name drugs:
Urinary Antispasmodics *Overactive Bladder/Incontinence*	oxybutynin/oxybutynin ER trospium	Detrol/Detrol LA Enablex Gelnique Oxytrol Sanctura XR Toviaz Vesicare

Drug Class *Condition Treated**	**Step 1:** You will have to try one of these generic medications first:	**Step 2:** Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Antipsychotics *Mental Health*	risperidone	Abilify Fanapt Invega Latuda Saphris	Geodon Seroquel Seroquel XR Zyprexa
Beta Agonists, Short Acting *Asthma*	*(generic not available in class; use of a preferred select brand is required first)*	Maxair Proventil HFA Ventolin HFA Xopenex HFA	ProAir HFA
HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations *High Cholesterol*	lovastatin pravastatin simvastatin	Advicor Altoprev Crestor (excluding 20 mg, 40 mg) Lescol/Lescol XL Livalo Simcor Vytorin (excluding 10/80 mg)	Lipitor

*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.

Discuss this information with your doctor or health care provider. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content.

Subject to state law restrictions. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes and specific drug targets are subject to change based on new generic drug launches, product approvals, drug withdrawals, and other market changes.

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