

State of Maryland

Your 2022 Prescription Benefits

 **CVS** caremark[®]





Hi, we're CVS Caremark.
**We manage your
prescription benefits.**

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.

CVS Caremark

makes sure you have access to affordable medication – when and where you need it

You've probably heard of:

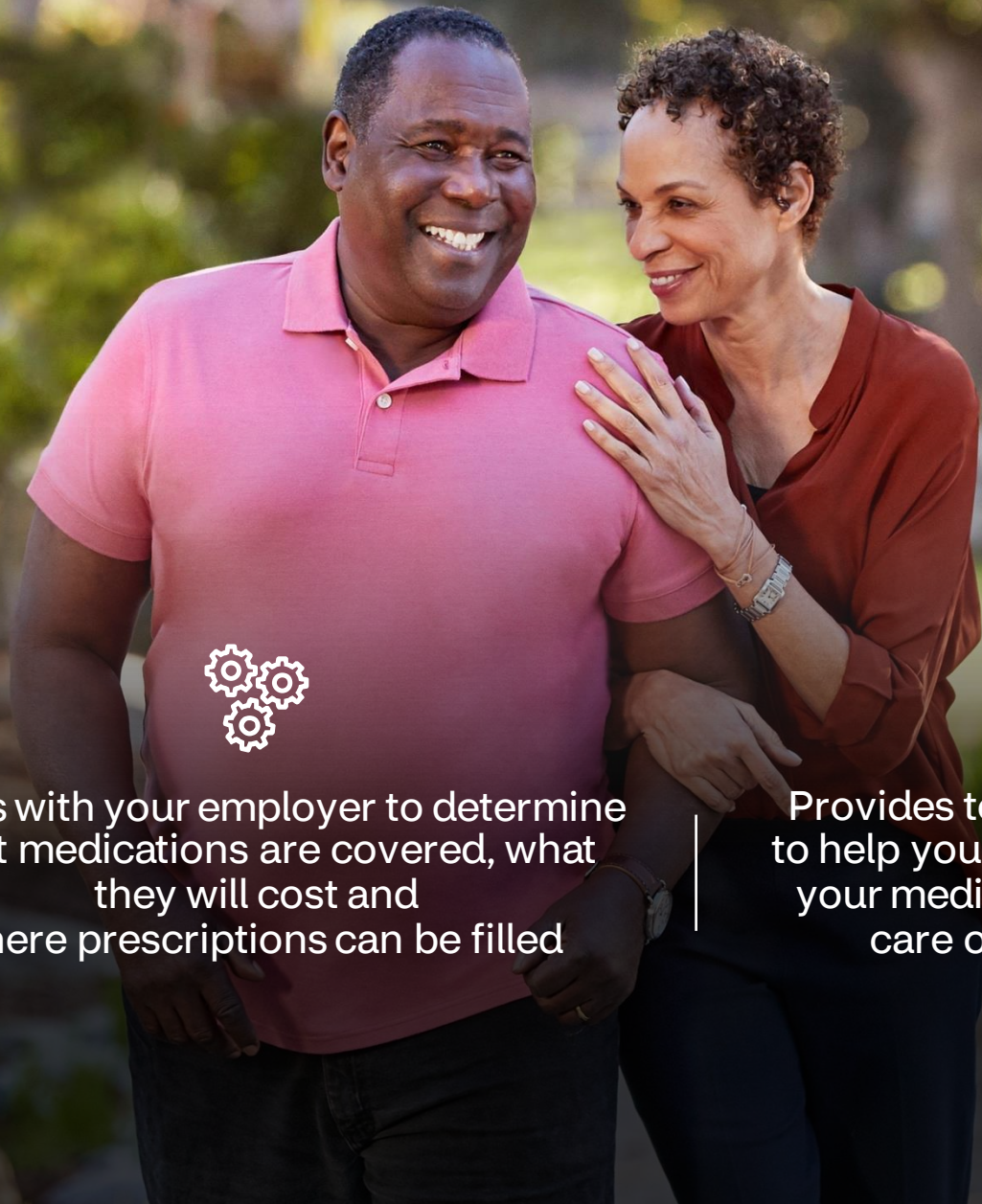
CVS Pharmacy

MinuteClinic

CVS HealthHUB locations

We're all part of the CVS Health family, working together to help you on your path to better health

The CVS Caremark focus



Manages your prescription benefits like your health insurance company manages your health benefits



Works with your employer to determine what medications are covered, what they will cost and where prescriptions can be filled



Provides tools and services to help you stay on track with your medications and take care of your health

Everything you need to manage your medications anytime, anywhere

Caremark.com and the CVS Caremark app



Review
your plan
details



Check
medication costs
and find
ways to save



Find in-network
pharmacies or
start delivery by
mail



Order mail
service refills
and track
shipments



View history
of your
prescriptions



Track progress
toward your
deductible or
out-of-pocket
maximum



Set alerts and
reminders to
help you stay
on track

Once you're registered, download the CVS Caremark app from your preferred app store to manage your medications on your smart phone

Registering at Caremark.com

When can I register?

If you already have prescription benefits with CVS Caremark

Register any time using your member ID number
(on your member ID card)



Remember — you won't see any changes for the
upcoming plan year until January 1, 2022

If you're new to CVS Caremark prescription benefits

You can register on or after January 1, 2022



Your cost for prescriptions

Employees 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—Active Employees 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	

Retail 90



Get the medications you take regularly (such as diabetes, asthma or high blood pressure medications) in 90-day supplies

90-day supplies are more convenient and may cost less

To find a pharmacy in your plan's Retail 90 network, sign in to Caremark.com





ACA Preventive Services Drug List

For some medications, **you pay \$0** even if you or your family haven't met your annual deductible

2022 PRESCRIPTION BENEFITS

The Affordable Care Act (ACA) Preventive Services Drug List includes:

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at **Caremark.com** or <https://info.caremark.com/stateofmaryland>

Convenient, no-cost vaccinations

The CDC recommends a yearly flu vaccination for all adults and a pneumonia vaccination for those 65 and older

Your plan offers

- ✓ No-cost flu vaccinations
- ✓ No-cost pneumonia vaccinations for adults over age 65
- ✓ A vaccination network of more than 68,000 pharmacies nationwide/Vaccinations at any of 9,900 CVS Pharmacy stores nationwide – no appointment or doctor's office visit required
- ✓ You can use your CVS Caremark Prescription ID card at any participating pharmacy

On-site options may be available. For more information check with your local Agency HR Representative.

CDC (Centers for Disease Control and Prevention).



Transform Diabetes Care[®] will be transitioning to a new, no-cost meter January 1, 2022 – **BioTel Care cellular-enabled meter**



Cellular-enabled meter

- Near real-time data transmission
- Over-the-air updates
- Responsive color touchscreen
- Personalized, interactive on-screen messaging
- Summary graphs and testing goals
- Logs and support



Testing supplies

- Sent directly to member's home
- No cost to members
- Available whenever they need them



Coaching and 24/7 support

- 24/7 outreach on high and low readings
- Proactive outreach based on BG trends
- Comprehensive coaching model
- Onboarding support and customer care
- Access for clinicians and family members



BioTel Care provides 24/7 support and outreach to members with glucose readings above or below normal

* For current Livongo members, effective January 1, 2022, the Livongo meter you're currently using won't be part of the Transform Diabetes Care[®] program. You will receive a letter with details regarding the transition process for the new program and meter in October. For members wanting to enroll in the new program, you can call BioTel at 1-800-378-0772 after January 1, 2022. *** This program is not available to Medicare Part D (SilverScript) members.**

Terms you should know

Deductible | An individual or family needs to spend this amount on medications each plan year before coverage starts; may be combined with medical benefits

Copay or coinsurance | The amount you pay for medications once you or your family reaches the deductible and coverage starts; a copay is a flat amount and coinsurance is a percentage of the cost of the medication

Maximum out-of-pocket (MOOP) | Once you or your family reach this amount, all medications are covered at 100%

Generic medication | Has the same active ingredients as the brand-name medication; usually your lowest-cost option

Preferred brand medication | Medication that will cost less under your benefit plan

Non-preferred brand medication | Highest-cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes or high cholesterol medications

Acute or short-term medication | Medication you take for a short time, like an antibiotic

Preventive medication | Affordable Care Act (ACA) preferred medications are covered at 100%; high deductible health plan (HDHP) preventive medications bypass the deductible, which means they are covered even if you haven't met your yearly deductible yet

Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit | A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | This means we need more information on why your doctor has prescribed a specific medication for you. The information is reviewed to determine whether your medication will be covered by your plan.

Dispense as written | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand-name medication and you may have to pay more for the brand.

Appeals | If your or your doctor's request for coverage of a non-covered medication is denied, you have the right to appeal that decision.

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- ▶ **Find more information on these topics in your summary plan description (SPD).**
 - ▶ **Use the Check Drug Costs & Coverage tool at [Caremark.com](https://www.caremark.com) to find out what medications are covered, if there are extra requirements for coverage and how much they will cost.**
 - ▶ **Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find network pharmacies near you with the *Pharmacy Locator* at [Caremark.com](https://www.caremark.com)**

Thank you

Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

Copayment, copay or coinsurance means the amount a plan 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.

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