

State of Maryland

Your 2020-2021 Prescription Benefits



The CVS Caremark focus



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



Works with the State of Maryland 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, 2021

If you're new to CVS Caremark prescription benefits

You can register on or after January 1, 2021

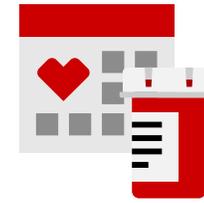


Your cost for prescriptions

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 Drug List

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

2020-2021 PRESCRIPTION BENEFITS

The Affordable Care Act (ACA) Preventive 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

<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

- ✓ New for 2020 - You may use your CVS Caremark ID card at any participating pharmacy
- ✓ No-cost flu vaccinations
- ✓ No-cost pneumonia vaccinations for adults over age 65
- ✓ A vaccination network of more than 68,000 pharmacies nationwide – no appointment or doctor's office visit required

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



Making Diabetes Management Easier

Your plan includes Transform Diabetes Care, a more complete approach to managing diabetes

You get a customized care plan that includes:

- ✓ Blood glucose monitoring
- ✓ Medication review to help make sure you're taking the right medications
- ✓ Help staying on track with your medications
- ✓ Help with lifestyle changes and managing comorbidities

And valuable resources to help you take care of your health:

- ✓ Pharmacist counseling in person or by phone
- ✓ Consultations at CVS HealthHUB or MinuteClinic locations
- ✓ Important information by phone, email or text message

Register at join.livongo.com/SOMD/register or call (800) 945-4355

Use registration code: SOMD



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. CVS Caremark reviews this information and determines whether or not 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 we deny your or your doctor's request for coverage of a non-covered medication, you have the right to appeal that decision.

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- ▶ **Find more information on these topics in your Prescription Benefits Handbook.**
 - ▶ **Use the Check Drug Costs & Coverage tool at 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 pharmacies near you with the *Pharmacy Locator* at Caremark.com.**