

	RETAIL PHARMACY	MAINTENANCE CHOICE (MAIL SERVICE OR CVS PHARMACY)
	For immediate or short-term medication needs*	For maintenance or long-term medication needs*
YOU WILL PAY	<ul style="list-style-type: none"> • \$10 for each generic medication • \$20 for each preferred brand-name medication** • \$45 for each non-preferred brand-name medication** 	<ul style="list-style-type: none"> • \$10 for each generic medication • \$20 for each preferred brand-name medication** • \$45 for each non-preferred brand-name medication**
	<ul style="list-style-type: none"> • \$0 for contraceptives, contraception devices, emergency contraception and certain preventative medications. (Brand-name medications with direct generic equivalents will require an applicable copayment.) 	
OUT-OF-POCKET LIMIT	\$3,000 per individual / \$6,000 per family. Includes out-of-pocket costs for prescription and medical expenses under this prescription benefit plan and your HealthTrust medical plan during a plan year (January Plan Year: 1/1 through 12/31; July Plan Year: 7/1 through 6/30).	
DAY SUPPLY LIMIT	Up to a 34 -day supply	Up to a 90 -day supply
REFILL LIMIT	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
PRIOR AUTHORIZATION REQUIRED	Botox and Myobloc for non-cosmetic purposes only; Wellbutrin and its generics (all forms of Wellbutrin and its generics are not covered for use as a smoking deterrent); Specialty Medications; Compound Medications	
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 on to www.healthtrustnh.org to find out more about which prescription medications and over-the-counter products are covered under your plan.	

*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medications. Please contact CVS Caremark at 1-888-726-1631 or log on to your secure account at www.healthtrustnh.org 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.

Where to Fill Your Prescriptions

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.healthtrustnh.org

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 1-888-726-1631.

Long-term medications are taken regularly for chronic conditions such as high blood pressure, asthma, diabetes or high cholesterol. You have the choice of obtaining long-term prescriptions (up to a 90-day supply) through the CVS Caremark Mail Service Pharmacy or at any CVS Pharmacy in New Hampshire or nationwide (including Target locations). Either way, it's a convenient way to fill your long-term or maintenance medications while reducing your prescription costs. Choose any of the following easy ways to get started:

For delivery by mail:

1. Call FastStart toll-free at 1-800-875-0867
2. Ask your doctor to call in the prescription through the toll-free FastStart physician number at 1-800-378-5697
3. Fill out and send in a mail service order form - use the one included with your welcome kit or print one at www.healthtrustnh.org

For pickup at a CVS Pharmacy:

1. Ask your doctor to send the prescription to your preferred CVS Pharmacy location
2. Call your preferred CVS Pharmacy location and they will help get a new prescription from your doctor

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 **1-888-726-1631** or by e-mail at customerservice@caremark.com. For Telecommunication Device assistance, please call toll-free **1-800-863-5488**. To help you manage your prescription drug benefits, simply log in to your secure HealthTrust account at www.healthtrustnh.org and click on the CVS Caremark button, or use the CVS Caremark mobile app.

Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-726-1631. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

To contact 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.healthtrustnh.org. HealthTrust 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@healthtrustnh.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 up to the Maximum Allowed Amount (MAA). You may be responsible for any amount that exceeds the MAA.

Day Supply Limit

You can get up to a 34-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 34-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 the CVS Caremark Mail Service Pharmacy or a CVS Retail 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 toll-free at 1-888-726-1631.

Getting Your Prescription Filled Through the CVS Caremark Mail Service Pharmacy

CVS Caremark operates two 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® number and expiration date in the space provided on the mail service order form.

Convenient Home Delivery

Please allow 10-14 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

Out-of-Pocket Limit

This is the most you could pay in out-of-pocket costs for prescription and medical expenses under this prescription benefit plan and your HealthTrust medical plan during a plan year (January Plan Year: 1/1 through 12/31; July Plan Year: 7/1 through 6/30). It does not include your premium, amounts over the Maximum Allowed Amount, penalties, or charges for noncovered services. Once the combined Out-of-Pocket Limit is satisfied, you will not have to pay additional deductibles, coinsurance, or copayments for the rest of the plan year.

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 in to your secure HealthTrust account at www.healthtrustnh.org and click the CVS Caremark button, or call Customer Care toll-free at 1-888-726-1631 to access the most current drug list for your plan.

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 and require Prior Authorization before the prescription can be filled. 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.

