

**SAN FRANCISCO ELECTRICAL WORKERS HEALTH & WELFARE PLAN**  
**Prescription Drug Card Program**  
(Self-Funded PPO Plan Participants-Only)

San Francisco Electrical Workers and CVS Caremark are pleased to provide the following information to help you best utilize the pharmacy program.

**CVS Caremark Identification Cards**

- You must present the enclosed identification card at a CVS Caremark network pharmacy each time you purchase a prescription . To order additional cards, call CVS Caremark at 800-298-8535.

**CVS Caremark Participating Pharmacies**

- Most major chains and independent pharmacies are in the CVS Caremark pharmacy network, including, but not limited to, the following: Lucky, Costco, K-Mart, CVS, Raley's, Safeway, Save Mart, Save-on, Shopko, RiteAid, Target, Von's Food & Drug, Walgreen's, and Wal-Mart.
- To locate a participating pharmacy closest to your home or workplace, call the CVS Caremark Help Desk at 800-770-8014 and request a zip code search.

**Retail**

**Copayments Collected at Pharmacy:**

- Generic Drugs: Lesser of 20 % of retail price or \$7.00 per script
- Brand Name Drugs 20% of retail price
- Secondary Insurance 20% of primary insurance copay

Supply: 30-day supply maximum allowed with each prescription. Members can receive a 90-day supply at a CVS pharmacy.

**Mail Order** (Recommended for Maintenance Medications)

Copayments: Pay by Check, Credit/Debit Card or, with online or phone pre-registration by Electronic Payment or "Bill Me Later"

- Generic: Lesser of 20% of retail price or \$17.50 per script
- Brand Name Drugs: 20% of retail price

Supply: 90- day supply maximum allowed with each prescription with up to three refills, if appropriate.

The attached brochure explains how the program works in more detail

**Covered Drugs**

Federal Legend Drugs (Drugs approved by the FDA requiring a written prescription), Azelex (through age 22), Bee Sting Kits, Depo Provera, Diabetic Test Strips, Lancets and Tablets, Diaphragms, Glucogan, Immunosuppressants, Insulin/Syringes (must be on a written prescription), Immunization Drugs (self-administered only), Retin-A (through age 22), Viagra (limit 8 tablets/months), Vitamins (prescription only).

**Excluded Drugs:**

Appetite Suppressants/weight loss agent, Blood and Blood Plasma\*, Cosmetic Drugs, Drugs administered at the doctor's office, rest home or hospital, Fertility Drugs, Growth Hormones, Injectables not self administered or otherwise available through the Specialty Rx Program describe below\*, Medical Supplies and Appliances\*, Smoking Deterrents.

*\*Items with an asterisk are covered under Insured Medical Program.*

### **Over-The-Counter Program Options for Proton Pump Inhibitors and Antihistamines -- Prilosec and Claritin**

The Plan will cover the full cost of prescription strength Prilosec and Claritin over-the-counter ("OTC") for no copayment, provided you have a prescription. If you purchase these drugs OTC with no prescription the Plan will not cover the costs. This is an optional benefit.

### **Specialty Drug Program**

This program provides one-on-one service and active management of Biopharmaceuticals. This program provides a more cost effective solution for specialty medications. A Member care specialist will be assigned to contact individuals who have been prescribed certain medications to make sure that they are taking them, as prescribed, and understand how to deal with any side effects that may occur. These medications are sent directly to the members' homes and clinical pharmacists that are dedicated to the specialty pharmacy are available on a 24 hour basis to answer questions or concerns.

The CVS Caremark Specialty provides not only specialty medicines, but also personalized pharmacy care management services:

- Access to an on-call pharmacist 24 hours a day, seven days a week
- Coordination of care with you and your doctor
- Convenient delivery directly to you or your doctor's office
- Medicine- and disease-specific education and counseling
- Online support through [www.caremark.com/specialty](http://www.caremark.com/specialty), including disease-specific information and interactive areas to submit questions to pharmacists and nurses

Copayments: 20%, up to a maximum of \$150 per script.

### **TrueTrack Glucometer Program for Diabetics**

This program offers a free new TrueTrack Glucometer that meets or exceeds industry standards. Although a variety of test strips are compatible, members are encouraged to use the less expensive test strips that were designed for the TrueTrack Glucometer.

### **New Members Only**

New Members may submit claims for prescriptions not billed through CVS Caremark during the first 60 days of their participation in the pharmacy program. The enclosed Direct Member reimbursement form must be filled out and submitted with your receipt to the fund administration office. Reimbursement will be at 80% of the retail price paid. Claims for prescriptions filled outside of the CVS Caremark program after 60-day grace period will not be reimbursed. An exception to this policy would be a case where eligibility was reported to the fund retroactively.

### **Telephone/Website Information**

CVS Caremark Help Desk:	800-298-8535
CVS Website:	<a href="http://www.Caremark.com">www.Caremark.com</a>
Plan Office:	415-263-3670
Plan Website:	<a href="http://www.eisb.org">www.eisb.org</a>