

SAN FRANCISCO ELECTRICAL WORKERS LOCAL 6

Retail Prescription Drug Card Program

(Self Funded PPO Plan Participants – Only)

San Francisco Electrical Workers and CVS Caremark are pleased to present your new retail prescription program. Please review the following information provided to help you best utilize the pharmacy program.

CVS Caremark Identification Cards:

- You must present the enclosed identification card at the CVS Caremark network pharmacy each time you purchase a prescription. To order additional cards call CVS Caremark at 800-770-8014.

CVS Caremark Participating Pharmacies:

- Most major chains and independent pharmacies are in the CVS Caremark provider network, including but not limited to the following: Albertsons, Costco, K-Mart, CVS, Raley's, Safeway, Save Mart, Sav-on, Shopko, RiteAid, Target, Von's Food & Dug, Walgreen's, 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 Pharmacy Prescriptions:

- Members pay only 20% of the cost of their prescriptions each time they go to the pharmacy.
- The pharmacy must bill your prescription claims to the fund for reimbursement.

Retail Copayments:

- Generic Drugs: 20% collected at the pharmacy
- Brand Name Drugs: 20% collected at the pharmacy
- Secondary Insurance 20% of primary insurance copay

Retail Days Supply:

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

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/Insulin syringes (must be on a written prescription), Immunization Drugs (self-administered only), Retin-A (through age 22), Viagra (limit 8 tablets/month), 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*, Medical Supplies and Appliances*, Smoking Deterrents*.

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

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 retroactivity.

Important Telephone Numbers:

CVS Caremark Help Desk: 800-770-8014
Fund Administration Office: 415-263-3670