### **Prescription Drug Coverage**

All health plan options have prescription drug coverage. CVS/Caremark manages the prescription benefits for KEHP, but you do not have to use a CVS pharmacy. Go to any in-network pharmacy that you choose and get a 30-day or 90-day supply of drugs! If you prefer to have your prescriptions delivered to your door, use the CVS/Caremark retail mail order program.

#### Sign up at caremark.com

Your drug coverage is limited to drugs on the Value Formulary. You can view both the condensed and detailed versions of the Value Formulary at **kehp.ky.gov** or **caremark.com**. Some drugs are subject to prior authorization. An appeals process is available for drugs not covered under the Value Formulary or for drugs prescribed by a physician where usage or dosage is contrary to FDA approval. For specific questions about your prescriptions, contact CVS/Caremark at **866-601-6934**.

You may want to share the formulary listing with your primary care physician or other providers.

# Preventive Therapy Drug Benefit — Bypass Your Deductible (LivingWell CDHP or the LivingWell Basic CDHP Only)

If you have the LivingWell CDHP or the LivingWell Basic CDHP, you only have to pay for the co-insurance amount for medications on the Preventive Therapy Drug Benefit list without having to first meet your deductible. This list includes medications you need on a regular basis to prevent conditions, such as high blood pressure or high cholesterol. You can see the Preventive Therapy Drug Benefit list at **kehp.ky.gov**.

#### **PrudentRx**

You may be able to save money on your specialty prescriptions. PrudentRx has collaborated with CVS Caremark® to offer a third-party (manufacturer) co-pay assistance program that may help save you money when you fill your prescription through the CVS Specialty network. CVS/Caremark and PrudentRx will work with you to obtain third-party co-pay assistance for your medication, if available.

Once you're enrolled in the PrudentRx program, you'll pay nothing out-of-pocket — that's right, \$0 — for medications on your plan's specialty drug list dispensed by a pharmacy in the CVS Specialty network.

Your enrollment in the program will be started automatically, but some additional steps may be required, such as signing up for a manufacturer's co-pay assistance program. You can choose to opt out at any time, but if you do opt out, a 30% co-insurance will apply to your specialty medications.



CVS/Caremark has a **Check Drug and Cost Coverage** tool that is helpful in comparing the cost of drugs at nearby pharmacies. The lower the cost of the drug, the less you will pay in co-insurance (except for the LivingWell PPO plan, which offers a fixed co-pay for prescription drugs). Sign in at **caremark.com**, select **Plan & Benefits**, and choose **Check Drug and Cost Coverage**.

### **Prescription Drug Coverage**

## Value Benefits for Diabetes, COPD, Asthma, and Hypertension

As costs of prescription drugs continue to rise, KEHP wants to help you by reducing what you have to pay! For several years, KEHP has offered Value Benefits, and we now know that you are being more compliant in taking your medications – because they cost you less! This is effective in improving your health, saving you money, and reducing plan costs. It's a winwin for all!

The Value Benefit for diabetes, COPD, asthma, and hypertension means your costs are reduced if you receive maintenance prescriptions or supplies. Some examples include:

- Inhalers
- Pressure machines
- Infusion pumps
- Blood pressure monitoring devices
- Cardiac monitors
- Supplies and durable medical equipment

You will pay a reduced co-pay and/or co-insurance, and you won't have a deductible.

See the chart below for the cost that you will pay. The maximum you will pay for a 30-day supply of insulin is \$30.

Most supplies and durable medical equipment related to diabetes, COPD, asthma, and hypertension are covered in full with **NO DEDUCTIBLE**.

Value Benefit Design	LivingWell CDHP	LivingWell PPO	LivingWell Basic CDHP
30-Day Supply	(No Deductible)		(No Deductible)
Tier 1 — Generic	0%	0%	0%
Tier 2 — Formulary	10%	\$25	25%
90-Day Supply (Retail or Mail Order)	(No Deductible)		(No Deductible)
Tier 1 — Generic	0%	0%	0%
Tier 2 — Formulary	10%	\$50	25%