

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, LivingWell Basic CDHP and the LivingWell HDHP only)

If you have the LivingWell CDHP, LivingWell Basic CDHP, or the LivingWell HDHP 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.

CVS Weight Management Program

You may benefit from the CVS Weight Management program. This program provides the customized nutrition planning and coaching support you need for lasting results.

The program will help you reach your weight loss goals through:

- One-on-one support from a team of clinicians, including providers and registered dietitians.
- A nutrition plan personalized just for you.
- The Weight Coach app with helpful guides, recipes, goal setting, and much more.
- A connected bodyweight scale and other devices, as applicable, to support and track your progress.

There is no cost to you to participate in this program, but you will be responsible for your deductible, co-insurance, or co-pay for any drugs and supplies. Participation in the program may be required to have certain weight loss drugs covered.

You can call **800-706-9317** to speak with a clinician to learn more.

HEALTH ACTION

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 win-win 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	LivingWell HDHP
1 to 30 - Day Supply (Retail)	(No Deductible)		(No Deductible)	(No Deductible)
Tier 1 – Generic	0%	\$0	0%	0%
Tier 2 – Formulary	10%	\$25	25%	25%
31 to 90 - Day Supply (Retail or Mail Order)	(No Deductible)		(No Deductible)	(No Deductible)
Tier 1 – Generic	0%	\$0	0%	0%
Tier 2 – Formulary	10%	\$50	25%	25%