

# Caremark High Option Prescription Plans

Summary of Benefits and Coverage: What these Plans Cover & What they Cost

Coverage Period: 01/01/2017 – 12/31/2017

Coverage for: Members | Plan Type: Rx



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at [www.caremark.com](http://www.caremark.com) or by calling 1-866-240-4926.

Important Questions	Answers	Why this Matters:
What is the overall <b>deductible</b> ?	Not applicable.	You must pay all the costs up to the <b>deductible</b> amount before these plans begin to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b> .
Are there other <b>deductibles</b> for specific services?	No	You don't have to meet deductibles for <i>specific</i> services, but see the chart starting on page 2 for other costs for services these plans cover.
Is there an <b>out-of-pocket limit</b> on my expenses?	No	The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <b>out-of-pocket limit</b> ?	Not applicable.	Not applicable.
Is there an overall <b>annual limit</b> on what these plans pay?	No	The chart starting on page 2 describes any limits on what these plans will pay for <i>specific</i> covered services.
Do these plans use a <b>network of providers</b> ?	Yes, these plans use participating providers.	If you use a network provider, these plans will pay some or all of the costs of covered services. Plans use the term network, preferred, or participating for providers in their network.
Are there services these plans don't cover?	Yes	Some of the services these plans don't cover are listed on page 4. See your policy or plan document for additional information about <b>excluded services</b> .

**Questions:** Call 1-866-240-4926 or visit [www.caremark.com](http://www.caremark.com). If you aren't clear about any of the bolded terms used in this form, see the Glossary at [www.healthcare.gov/glossary](http://www.healthcare.gov/glossary).



- **Co-payments (copays)** are fixed dollar amounts (for example, \$10) you pay for covered health care, usually when you receive the service.

Common Medical Event	Services You May Need	Your cost if you are a member of:		Notes, Limitations & Exceptions
		\$4/\$8 High Option Plan (IAFF & MCGEO)	\$5/\$10 High Option Plan (unrepresented, FOP & retirees)	
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is available at <a href="http://www.caremark.com">www.caremark.com</a></p>	Tier 1- Your lowest cost option (generic drugs or brand name drugs that do not have a generic available)	Retail: \$4 copay Mail Order: \$4 copay	Retail: \$5 copay Mail Order: \$5 copay	<p><b>Retail Pharmacy Network:</b> To purchase up to a 30-day supply of a short-term medication, use your Caremark member ID card at a participating retail pharmacy.</p> <p><b>Maintenance Choice®:</b> To purchase up to a 90-day supply of a maintenance medication, use your Caremark member ID card at a CVS/pharmacy retail location or use Caremark’s Mail Service Pharmacy.</p> <p><b>Important:</b> If you fill a 30-day prescription for a maintenance medication at a participating retail pharmacy more than two times (original fill plus one refill), you pay the copayment <i>plus</i> the cost difference between mail service and retail pharmacy each time you fill the prescription thereafter. To avoid this, submit a 90-day script with 3 refills through Maintenance Choice (either at a CVS/pharmacy retail location or through mail service).</p> <p><b>For brand name drugs that have a generic available,</b> your copay is \$8 or \$10 (depending on your Plan) if you have an approved letter of medical necessity on file with Caremark. (If not, the cost is \$4 or \$5 <i>plus</i> the difference between the brand name and generic costs.)</p> <p><b>The following programs apply to FOP members and unrepresented employees:</b> generic step therapy, specialty guideline management, advanced controlled specialty formulary.</p>
	Tier 2 – Your highest cost option (brand name drugs that have a generic available)	Retail: \$8 copay Mail Order: \$8 copay	Retail: \$10 copay Mail Order: \$10 copay	

## Excluded Services & Other Covered Services:

<b>Services Your Plan Does NOT Cover</b> (This isn't a complete list. Check your policy or plan document for other <u>excluded services</u> .)
Caremark's quarterly Preferred Drug List is available at <a href="http://www.montgomerycountymd.gov/ohr">www.montgomerycountymd.gov/ohr</a> ; click the Benefits tab and then the appropriate Health Insurance page; scroll down to the Prescription Plan Caremark Materials section.
<b>Other Covered Services</b> (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)
Not applicable.

## Your Rights to Continue Coverage:

**Group health coverage:** If you lose coverage under your plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plans at 1-866-240-4926. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on the back of your ID card or visit [www.caremark.com](http://www.caremark.com). Additionally, a consumer assistance program may help you file your appeal. A list of states with Consumer Assistance Programs is available at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and <http://cciio.cms.gov/prgrams/consumer/capgrants/index.html>.

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## What happens if I am eligible for Medicare?

If you are eligible for Medicare (including due to disability) and elect to participate in the Caremark High Option Prescription Plan, you automatically will participate in Part D, which is administered by SilverScript. You are not eligible for Medicare Part D and the County’s Prescription Plan if you (a) have an international address; (b) do not have Medicare Part A and/or Part B; (c) are incarcerated.

**Important:** Medicare is required to give a 21-day period in order to permit you to opt out of the program. However, if you opt out, you will not have any prescription drug coverage through the County’s Prescription Plans.

## Are my benefits the same if I am enrolled in Medicare Part D through the County?

The Caremark High Option Prescription Plan coordinates around Medicare to provide prescription drug coverage. Under the coordination with Medicare, all aspects of the Caremark High Option Prescription Plan are as described in this document and under the Prescription Plan in the Group Insurance Summary Description (available online at <http://www.montgomerycountymd.gov/ohr/benefits/rgi/retirebenefits.html>).

## Are my overall costs the same if I am enrolled in Medicare Part D through the County?

Under Medicare, if you pay an income based adjusted premium, you will also pay an additional amount for Part D as described on the Medicare website ([www.medicare.gov](http://www.medicare.gov)).

## Where can I find more information?

Visit <http://www.montgomerycountymd.gov/ohr/benefits/rgi/egwp.html> or refer to the Group Insurance Summary Description at <http://www.montgomerycountymd.gov/ohr/benefits/rgi/retirebenefits.html>).