

West Chester Area School District: Prescription Coverage - HCR Coverage Period: 07/01/2013 – 06/30/2014

Summary of Benefits & Coverage: What this Plan Covers & What it Costs Coverage for: Individual, + Spouse, + Child(ren), + Family



This is only a summary. If you want more detail about your coverage and costs, please visit at www.caremark.com or call 800-552-8159

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$0	There is no deductible for <u>prescription drug coverage</u> .
Are there other <u>deductibles</u> for specific services?	No.	There is no deductible for <u>prescription drug coverage</u> .
Is there an <u>out-of-pocket limit</u> on my expenses?	No.	There is no out-of-pocket limit for <u>prescription drug coverage</u> . The <u>out-of-pocket limit</u> is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
Is there an overall annual limit on what the plan pays?	No.	The information on page 2 describes any limits on what the <u>plan</u> will pay for specific covered <u>prescription drugs</u> .
Does this plan use a <u>network</u> of pharmacies?	Yes. To locate a participating pharmacy near you call (800) 552-8159	Caremark enables you to utilize any of over 62,000 pharmacies nationwide. If you use an <u>in-network</u> pharmacy, this <u>plan</u> will pay some or all of the costs of covered <u>prescription drugs</u> . To receive a prescription through the mail order pharmacy, please call the Caremark FastStart Mail Order program at (800) 552-8159 to set up your mail order prescription.
Does this plan use a <u>specific formulary</u> ?	Yes. Lookup a medication via: 1) the Standard Formulary Drug List, 2) www.caremark.com , to identify your <u>co-payment</u>	The Standard Formulary Drug List, included with your ID card, is a quick reference guide and details the majority of drugs which will be processed at generic or preferred brand copays. As a general rule, drugs not listed will be processed as non-preferred brand, but exceptions exist. www.caremark.com will provide a definitive categorization of drug tier.
Are there any other limitations I should consider before receiving my medications?	No.	There are no limitations on the prescription drug coverage.
Are there medications this plan doesn't cover?	Yes.	Some of the medications <u>excluded</u> on the <u>plan</u> are listed on page 3. See your plan document for additional information.

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- **Co-payments** are fixed dollar amounts (for example, \$10) you pay for medications, usually when you receive the prescription.
- **Co-insurance** is *your* share of the costs of a covered medication, calculated as a percent of the **allowed amount** for the medication. For example, if the **plan's allowed amount** for a prescription is \$1,000, your **co-insurance** payment of 20% would be \$200.
- The total cost of a medication is determined by the drug manufacturer. Through your **plan's** contract with Caremark, there are discounted prices offered for medications. This is the **allowed amount** for the medication.
- The amount the **plan** pays for covered medications is based on the **allowed amount**. The **plan** will pay the balance of the **allowed amount** after your applicable **co-payment** or **co-insurance** contribution.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Pharmacy	Your Cost If You Use an Out-of-network Pharmacy	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com	Generic drugs	\$10 co-pay/Rx (retail) \$20 co-pay/Rx (mail order)	Full-cost	Covers up to a 30-day supply or 100 units (retail prescription) 90 day supply (mail-order prescription)
	Preferred Brand drugs	\$25 co-pay/Rx (retail) \$50 co-pay/Rx (mail order)	Full-cost	Covers up to a 30-day supply or 100 units (retail prescription) 90 day supply (mail-order prescription)
	Non-Preferred Brand drugs	\$40 co-pay/Rx (retail) \$80 co-pay/Rx (mail order)	Full-cost	Covers up to a 30-day supply or 100 units (retail prescription) 90 day supply (mail-order prescription)
	Specialty drugs	See formulary to identify the specialty drug's tier (then see costs above)	Full-cost	Specialty medications must be filled exclusively through the Caremark Specialty Pharmacy, at 800-294-5979.

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Excluded Medications & Other Covered Medications:

Medications Your Plan Does NOT Cover (This isn't a complete list. Check your plan document for other excluded medications.)

- Allergy Serum
- Smoking Deterrents
- Growth Hormones
- Blood and Blood Plasma
- Durable Medical Equipment (DME)
- Diabetic Supplies (test strips/lancets)
- Cosmetic Drugs (i.e. wrinkle agents, hair growth stimulants)
- Therapeutic Devices

Other Covered Medications (This isn't a complete list. Check your plan document for other covered medications.)

- Contraceptives (oral versions are covered 100%)
- Diabetic Drugs
- Fertility Agents (oral)
- Weight Loss Drugs
- Erectile Dysfunction Drugs

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Your Rights to Continue Coverage:

If you lose coverage under the 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 plan at 1-888-671-5276. 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, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or 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**. Please contact Anne D. Callahan, Director of Human Resources at 610-627-6037 for further information.

Language Access Services:

For assistance in another language please contact Caremark at 1-800-378-2399 for the Spanish line. All other languages, contact 1-800-822-5552 for translation assistance.

—————*To see examples of how this plan might cover costs for a sample coverage situation, see the next page.*—————

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About these Coverage Examples:

These examples show how this plan might cover medications in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual prescriptions you receive will be different from these examples, and the cost of the prescriptions will also be different.

See the next page for important information about these examples.

Managing Hyperlipidemia (High Cholesterol)

BRAND MEDICATION EXAMPLE:

- Amount owed for prescriptions: \$140
- Plan pays \$120
- Patient pays \$20

Sample prescription costs:

Statin medication (brand)	\$140
Total	\$140

Patient pays:

Deductibles	\$0
Copays	\$20
Coinsurance	\$0
Total	\$20

GENERIC MEDICATION EXAMPLE:

- Amount owed for prescriptions: \$6
- Plan pays \$0
- Patient pays \$6

Sample prescription costs:

Statin medication (generic)	\$6
Total	\$6

Patient pays:

Deductibles	\$0
Copays	\$10
Coinsurance	\$0
Total	\$10

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed for prescriptions: \$609
- Plan pays \$520
- Patient pays \$89

Sample prescription costs:

Test Strips	\$110
Lancets	\$9
Insulin	\$215
Syringes	\$240
Needles	\$35
Total	\$609

Patient pays:

Deductibles	\$0
Copays	\$80
Coinsurance	\$0
Total	\$80

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample costs are for example only, and aren't specific to a particular geographic area or health **plan**.
- The patient's condition utilized medications covered under the **plan**.
- All services and treatments started and ended in the same coverage period.
- There are no other prescription expenses for any member covered under this **plan**.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all prescriptions from **in-network** pharmacies. If the patient had received prescriptions from **out-of-network** pharmacies, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments**, and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your pharmacies charge, and the reimbursement your health **plan** allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find similar Coverage Examples. When you compare **plans** with matching coverage examples, check the "Patient Pays" box in each example. The smaller that number, the more coverage the **plan** provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles**, and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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