

Getting Started

Access your pharmacy benefits with your Premier Health Employee Plan member ID card. Your card will allow you to fill a prescription at a Premier pharmacy, participating retail pharmacy, or order your prescriptions online through the CVS Caremark Pharmacy.

Important Phone Numbers

Member Services

(855) 869-7139

Monday - Friday, 7 a.m. to 7 p.m. and Saturday, 8 a.m. to 3 p.m.

Prescription Benefit Highlights

The following information illustrates your co-payments/co-insurance based on the type of prescription you have filled and where you have it filled. After you meet your combined medical and pharmacy max out of pocket (\$6,750 individual/\$13,500 family), the plan will pay 100% of the cost.

Premier Pharmacy (up to a 90-day supply)	Co-pay	
	30 Day Supply	90 Day Supply
Tier 1 - Preferred Generic Drugs	\$4	\$10
Tier 2 -Generic Drugs	\$15	\$37.50
Tier 3 - Preferred Brand & Non-Preferred Generic Drugs	\$45	\$112.50
Tier 4 - Non-Preferred Generic & Brand Drugs	\$80	\$200
Tier 5 - Specialty drugs (30-day supply only)	20%	NA

Retail In-Network Pharmacy (up to a 30-day supply)	30 Day Supply
Tier 1 - Preferred Generic Drugs	\$10
Tier 2 -Generic Drugs	\$20
Tier 3 - Preferred Brand Drugs & Non-Preferred Generic Drugs	\$55
Tier 4 - Non-Preferred Generic & Brand Drugs	\$90

Mail Order Pharmacy (CVS Caremark) (up to a 90-day supply)	Co-pay
Tier 1 - Preferred Generic Drugs	\$30
Tier 2 -Generic Drugs	\$60
Tier 3 - Preferred Brand Drugs & Non-Preferred Generic Drugs	\$165
Tier 4 - Non-Preferred Generic & Brand Drugs	\$270

Specialty Pharmacy (CVS Caremark) (up to a 30-day supply)	Co-pay
Tier 5 - Specialty Drugs	20%

More Information

- If the dispensing pharmacy's charge is less than the co-pay, you will be responsible for the lesser amount.
- If you choose to obtain the brand medication when the generic is available, you will be responsible for the copay and the difference between the cost of the brand medication and the generic medication.

Covered Products

The following products are covered under your pharmacy benefits as described below.

- Drugs, medicines, or medications that under federal or state law may be dispensed only by prescription from a health care practitioner
- Drugs, medicines, or medications that are included on the Preferred Drug List, or formulary
- Insulin and the following diabetes supplies: lancets, alcohol swabs, and blood testing strips
- Hypodermic needles or syringes, when prescribed by a health care practitioner for use with insulin or self-administered injectable drugs
- Specialty drugs and self-administered injectable drugs covered on the formulary
- Preventive prescription, over-the-counter medications, and products as required by the Patient Protection and Affordable Care Act (PPACA)
- Eligible prescriptions filled at Premier pharmacies

Your Plan's Preferred Drug List (Formulary)

The Preferred Drug List, also known as your formulary, is a list of prescription drugs that are covered under your plan. The inclusion of specific medications on the Premier Health Employee Plan formulary is based on the medication's effectiveness, safety, and value.

The formulary offers a wide selection of generic and brand name prescription drugs suggested by the Pharmacy and Therapeutics Committee, a group of physicians, nurses, pharmacists, and other healthcare professionals. The formulary is periodically reviewed and updated throughout the year in order to ensure that our benefits package consistently and adequately meets your needs.

How to Fill Your Prescription Medications

Short-term medications

These are drugs you need immediately. This includes medications used to treat acute infections, or to relieve pain temporarily. You can fill these prescriptions:

At a Premier pharmacy

Simply present your member ID card and written prescription to your pharmacist, and pay your co-payment/co-insurance as described above. You can locate your Premier Health Employee Plan pharmacy at PremierHealthyLiving.org or by calling (855) 869-7139.

At a retail network pharmacy (CVS Caremark)

Your pharmacy benefits can also be filled at pharmacies in the CVS Caremark Advanced Choice Network. Locate the nearest retail network pharmacy by visiting PremierHealthyLiving.org or by calling (855) 869-7139. To fill your prescription, present your member ID card and written prescription and pay your copayment/co-insurance as described above.

Long-term medications

These are drugs you take on a regular basis. These could be drugs to treat asthma, high blood pressure, diabetes, etc. These medications can be picked up at a Premier pharmacy, mailed to your home, or filled at a participating retail pharmacy for up to a 90-day supply. You can fill these prescriptions:

At a Premier pharmacy

Your Premier pharmacy offers a convenient option for ongoing medications. Simply present your member ID card and a written prescription for a 90-day supply to your pharmacist and pay your co-payment/co-insurance as described above. Often times, your Premier pharmacy may have a lower co-pay for home delivery. You can locate your Premier Health Employee Plan pharmacy at PremierHealthyLiving.org or by calling (855) 869-7139

Through home delivery from the CVS Caremark pharmacy

You may also receive home delivery for long-term medications from CVS Caremark. These medications will be delivered directly to your home in a plain, weather-resistant pouch for privacy and protection. Standard shipping is free. Please call (855) 869-7139 to learn more about filling your home delivery options.

Specialty medications

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis, and more. You can fill these prescriptions:

At a Premier pharmacy

A Premier pharmacy may be able to fill your specialty medications. Simply present your member ID card and written prescription to your pharmacist, and pay your copayment/co-insurance as described above. You can locate your Premier Health Employee Plan pharmacy at PremierHealthyLiving.org or by calling (855) 869-7139.

Through CVS Caremark Specialty Pharmacy

CVS Caremark Specialty pharmacy, is a specialty pharmacy that provides specialty medications. Please call (855) 869-7139 to learn more about filling your specialty medications.

Using an Out-of-Network Pharmacy/Direct Claims

If you use an out-of-network pharmacy, you must pay the entire cost of the prescription upfront and then submit a claim for reimbursement. These claims will be paid based on your plans prescription benefit as outlined above.

Filing a claim

Claims must be submitted within 365 days of the prescription purchase date. Claim forms are located online at PremierHealthyLiving.org or can be requested by calling your member services team at (855) 869-7139.

Prior Authorization

Some drugs on your plan require approval before they can be covered - this is called prior authorization. Prior authorization helps ensure that you're using the best drugs in the safest way.

If you are currently taking or recently prescribed one of these drugs, please discuss possible alternatives or have your doctor request authorization by calling (855) 266-0713

Step Therapy

Step therapy ensures you are taking the most effective medication at the best cost. This means trying the least expensive medication that has been proven to treat your condition.

How step therapy works

Step 1: When your prescribed drug is impacted by step therapy, first you will be asked to try generic drugs or preferred drug(s). The generic or preferred drug recommended will be approved by the Food and Drug Administration (FDA) as providing the same health benefit

Step 2 - If the generic or preferred drug in step 1 does not work for you, you will be prescribed the brand-name drug. For more information on step therapy, visit PremierHealthyLiving.org or call (855) 869-7139.

Quantity Limits

To ensure you are getting the most cost-effective dose for your medication, a quantity limit or dose duration may be placed on certain drugs. A quantity limits or dose duration may be placed on certain drugs ensure you are getting the most cost-effective drug/dose combination.

For more information on quantity limits or dose durations, visit PremierHealthyLiving.org or call (855) 869-7139.

Preventive Medications & Products

In accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA), the following preventive and contraceptive medications and products, when prescribed by your doctor, are covered at no cost to you:

Examples include:
Aspirin
Fluoride
Folic Acid
Immunizations
Smoking Cessation Products
Contraceptives
*Please note: Not all drugs in these classes are covered and some restrictions apply. Not all preventive medication categories are included above.

Limitations & Exclusions

Unless specifically stated otherwise, no benefit will be provided for, or on account of, the following items:

- Any drug prescribed for intended use other than for:
 - Indications approved by the FDA
 - Off-label indications recognized through peer-reviewed medical literature
- Any drug prescribed for a sickness or bodily injury not covered under the plan
- Any drug, medicine or medication that is either:
 - Labeled “caution-limited by federal law to investigational use”
 - Experimental or investigational or for research purposes
- Allergen extracts
- Therapeutic devices or appliances, including, but not limited to:

- Hypodermic needles and syringes (except needles and syringes used for insulin and self-administered injectable drugs whose coverage is approved by the plan)
 - Support garments
 - Test reagents/substances
 - Mechanical pumps for delivering medications
 - Other non-medical substances
- Dietary supplements, except enteral formulas and nutritional supplements for the treatment of phenylketonuria (PKU) or other inherited metabolic diseases
- Inhaled Nasal Corticosteroids
- Proton Pump Inhibitors
- Histamine-2 Receptor Antagonists
- Nutritional and/or dietary supplements unless covered under the Affordable Care Act (ACA) Fluoride supplements, unless covered by the Affordable Care Act (ACA).
- Minerals
- Growth hormones for idiopathic short stature
 - Unless there is a laboratory confirmed diagnosis of growth hormone deficiency, or as otherwise determined by the plan
- Herbs and vitamins, unless covered under the Affordable Care Act (ACA) Anabolic steroids, except for use in AIDS Wasting Syndrome or testosterone for laboratory confirmed diagnosis of low testosterone
- Anorectic drugs or any drug used for the purpose of weight control
- Any drug used for cosmetic purposes, including, but not limited to:
 - Dermatologicals or stimulants for hair growth
 - Pigmenting or de-pigmenting agents
- Any drug or medicine (unless duly noted on the Preferred Drug List or formulary that is:
 - Lawfully obtainable without a prescription (over-the-counter drugs), except insulin
 - Available in prescription strength without a prescription
- Drugs used to induce abortions
- Infertility medications
- Any drug, medicine, or medication that is consumed or injected at the location where prescribed or dispensed by the health care practitioner
- The administration of covered medication(s)
- Prescriptions that are to be taken or administered to you (in whole or in part) while you are a patient in a facility where drugs are ordinarily provided by the facility on an inpatient basis; inpatient facilities include, but are not limited to:
 - Hospital
 - Skilled nursing facility
 - Hospice facility
- Injectable drugs, including, but not limited to:
 - Immunizing agents, unless otherwise determined by the plan
 - Biological sera
 - Blood
 - Blood plasma
 - Self-administered injectable drugs or specialty drugs for which coverage is not approved by the plan
- Prescription refills:
 - In excess of the number specified by the health care practitioner or allowed by law

- In excess of the number specified by our drug specific refill limit
- Dispensed more than a year from the date of the original order
- Any portion of a prescription or refill that exceeds a 90-day supply when received from a participating mail order pharmacy or a retail pharmacy that allows you to receive a 90-day supply of a prescription or refill
- Any portion of a prescription or refill that exceeds a 30-day supply when received from a non-participating retail pharmacy that allows you to receive a 90-day supply of a prescription or refill
- Any portion of a specialty drug of self-administered injectable drug that exceeds a 30-day supply, unless otherwise determined by us
- Any portion of a prescription or refill that:
 - Exceeds our drug specific quantity level limits
 - Is dispensed to a covered person, whose age is outside the drug specific age limits defined by us
 - Exceeds the duration-specific quantity duration limits
- Any drug for which step therapy or prior authorization is required by the plan and is not obtained
- Any drug for which a charge is customarily not made
- Any drug, medicine, or medication received by you:
 - Before becoming covered under the plan benefits
 - After your coverage ends under the plan benefits
- Any costs related to the mailing, sending or delivery of prescription drugs
- Any intentional misuse of this benefit, including prescriptions purchased for consumption by someone other than you
- Any prescription or refill for drugs, medicines, or medications that are lost, stolen, spilled, spoiled, or damaged
- Any drug, medicine, or supply to eliminate or reduce a dependency on, or addiction to, tobacco and tobacco products unless covered under the Affordable Care Act (ACA)
- Treatment for onychomycosis (nail fungus)
- More than one prescription or refill for the same drug or equivalent medication prescribed by one or more health care practitioners and dispensed by one or more pharmacies until you have used, or should have used, at least 75% of the previous prescription or refill
 - However, if the drug or therapeutic equivalent medication is purchased through a mail order or a retail pharmacy that participates in our program that allows you to receive a 90-day supply of a prescription or refill, you must have used, or should have used at least 75% of the previous prescription (based on the dosage schedule prescribed by the health care practitioner)
- Any amount you already paid for a prescription that has been filled if the prescription is revoked or changed due to adverse reaction or change in dosage or prescription

Benefit Determinations & Appeals

If you have a question or concern about a benefit determination, you may call Member Services at (855) 869-7139.

Definitions

Brand name medication - A drug, medicine, medication, or any drug product that has been designated as brand name by an industry source recognized by the plan

Co-insurance - The percentage of expenses for covered prescription drugs that you are responsible to pay, after you have met your deductible, if any. The amount of your co-insurance depends upon your plan. Refer to your Summary of Benefits (SOB) to determine co-insurance amounts.

Copayment/copay - The amount to be paid by you for each separate prescription or refill of a covered prescription drug when dispensed by a pharmacy

Cost share - Any copayment, deductible, drug deductible, and/or percentage amount that you must pay per prescription drug or refill

Dispensing limit - The monthly drug dosage limit (quantity level limit), drug dosage limit over time (quantity duration limit), or prescription refill limitation (refill limit) that is established to assure safe and effective drug utilization, as determined by the plan

Drug or prescription deductible - A specified amount of prescription drug expenses you must incur each year before benefits will be paid under this benefit. These expenses do not apply to toward any other deductible, if any, stated in this policy.

Drug list or preferred drug list - A list of prescription drugs, medicines, medications, and supplies specified by the plan. The drug list may identify drugs as preferred generic, generic, preferred brand, non-preferred brand, specialty preferred, and specialty non-preferred. The drug list also indicates applicable dispensing limits, step therapy, and any prior authorization requirements. Drugs, medicines, medications, and supplies not included in the drug list may not be covered. Visit our website at PremierHealthyLiving.org or call the phone number on your member ID card to obtain the drug list. The drug list is subject to change without notice.

Generic medication - A drug, medicine, or medication identified by the chemical name that is manufactured, distributed, and available from a pharmaceutical manufacturer, or any drug product that has been designated as generic by an industry source recognized by the plan.

Formulary - A definitive list of drugs, medicines, medications and supplies, determined by the plan, which may be covered (subject to dispensing limits, step therapy and prior authorization). Drugs, medicines, medications, and supplies not included in the formulary are deemed to have no coverage. The formulary is subject to change without notice.

Mandatory generic - Required use of a generic equivalent drug instead of a brand name drug. If the prescription written by the physician allows a generic equivalent and you choose to purchase the brand name drug, you will pay the brand drug copay plus the difference in cost between the brand name and generic drug.

Max Out of Pocket - the amount you have paid for copays/co-insurance for medical and pharmacy claims after which the plan pays 100% of medical and pharmacy costs.

Network pharmacy - A pharmacy that has signed a direct agreement with the plan or has been designated by the plan to provide:

- Covered pharmacy services
- Covered specialty pharmacy services
- Covered mail order pharmacy services

Services are as defined by the plan, to covered persons, including covered prescriptions or refills delivered through the mail.

Non-prescription drug - A brand or generic drug, medicine, medication, or drug product that is available for purchase without prescription.

Pharmacist - A person who is licensed to prepare, compound, and dispense medication, and who is practicing within the scope of his or her license.

Pharmacy - A licensed establishment where prescription medications are dispensed by a pharmacist.

Preferred - A drug, medicine, or medication that has may be afforded preferential coverage due to safety, efficacy, and/or cost. Preferred drugs, medicine, or medication cost less than their respective generic or non-preferred brand name drugs.

Prescription - A direct order for the preparation and use of a drug, medicine, or medication. The prescription must be provided by a health care practitioner, duly licensed to prescribe, to a pharmacist for your benefit and used for the treatment of a sickness or bodily injury that is covered under this plan. The drug, medicine, or medication must be obtainable only by prescription. The prescription may be given to the pharmacist verbally, electronically, or in writing by the health care practitioner. The exact elements legally required to constitute a prescription are mandated by State and Federal law, but typically include:

- Your name
- The type and quantity of the drug, medicine, or medication prescribed, and the directions for its use.
- Number of refills
- The date the prescription was prescribed
- The name and address of the prescribing health care practitioner

Prescription Drug - A brand or generic drug, medicine, medication, or drug product that is only available through a prescription from a licensed prescriber.

Prior Authorization (PA) - The required prior approval for the coverage of prescription drugs, medicines, and medications, including the dosage, quantity, and duration, as appropriate for your diagnosis, age, and gender. Certain prescription drugs, medicines, or medications may require prior authorization. Visit our website at PremierHealthyLiving.org or call the phone number on your member ID card to obtain a list of prescription drugs, medicines, and medications that require prior authorization.

Quantity duration limit (QD) - The maximum drug dosage over time afforded coverage. It must not exceed the quantity ordered by the prescribing physician(s) or allowed by law.

Quantity Level Limit (QLL) - The maximum monthly dosage limit afforded coverage. It must not exceed the quantity ordered by the prescribing physician(s) or allowed by law.

Refill Limit - The maximum number of refills afforded coverage. It must not exceed the number of refills ordered by the prescribing physician(s) or allowed by law.

Step therapy (ST)- The required sequence of use for one or more drugs, medicines, and medications, including the dosage, quantity, and duration, as appropriate for your diagnosis, age, and gender before coverage is afforded to designated drugs, as determined by the plan. In some circumstances, use of a non-covered, non-prescription drugs may be required as part of a step therapy protocol.

Specialty drug - A drug, medicine, or medication used as a specialized therapy developed for chronic, complex sicknesses or bodily injuries, or any drug product that has been designated as specialty drug by an industry source recognized by the plan. Specialty drugs may:

- Require nursing services or special programs to support patient compliance
- Require disease-specific treatment programs
- Have limited distribution requirements
- Have special handlings, storage or shipping requirements

Usual and customary charge - The usual fee a pharmacy charges individuals for a medication that will be reimbursed to the pharmacy by third parties. The usual and customary charge includes a dispensing fee and any applicable sales tax.