

# Prescription Drug

You are covered under the Trust Prescription Drug Plan if you are a member of the Portland Association of Teachers (PAT) bargaining unit covered by the Trust and enrolled in the one of the following Trust-provided medical plans:

- **Full-Time/Part-Time Option 1** — Trust Preferred Provider Plan (Regence) or Providence Personal Option Plan.
- **Part-Time Option 2** — Trust Indemnity Medical Plan (Regence) or Providence Personal Option Plan.
- **Substitute Teachers** — Providence Personal Option Plan.

If you are enrolled in the Kaiser Permanente HMO, prescription drug benefits are provided through Kaiser. Contact the plan's customer service department for more information. See *Contacts* for details. (See *Participating in the Plans — Eligibility* for details on who is eligible for coverage.)

## Highlights of the Trust Prescription Drug Plan

The following chart provides highlights of the Trust Prescription Drug Plan.

Features	
<b>Who is eligible</b>	Members of the <b>PAT</b> bargaining unit covered by the Trust and enrolled in: <ul style="list-style-type: none"><li>• <b>Full-Time/Part-Time Option 1</b> — Trust Preferred Provider Plan (Regence) or Providence Personal Option Plan</li><li>• <b>Part-Time Option 2</b> — Trust Indemnity Medical Plan (Regence) or Providence Personal Option Plan</li><li>• <b>Substitute Teachers</b> — Providence Personal Option Plan</li></ul>
<b>What the plan covers</b>	<ul style="list-style-type: none"><li>• <b>Retail prescriptions</b> purchased at participating pharmacies or any other retail pharmacy</li><li>• <b>Mail order prescriptions</b> purchased through the designated mail order service</li></ul>
<b>What the plan pays</b>	<ul style="list-style-type: none"><li>• <b>Participating retail pharmacies</b> — 100% after you pay a copayment for each monthly supply (See “Copayments at Participating Retail Pharmacies” on page 27 for details)</li><li>• <b>Nonparticipating retail pharmacies</b> — 80% after you pay an annual deductible of \$50 per covered person. You must pay the entire cost at the time of purchase and file a claim for reimbursement</li><li>• <b>Mail order service</b> — 100% after you pay a copayment for each 90-day supply (See “CVS Caremark Mail Order Service Copayments” on page 29 for details)</li></ul>

## How the Trust Prescription Drug Plan Works

The Trust Prescription Drug Plan is designed to provide a convenient and economical way for you to buy prescription drugs. The plan pays benefits for outpatient drugs or medicines prescribed by a professional provider. Benefits for inpatient (hospital) prescription drugs are covered by your medical plan. No benefits are payable for services for which the patient is not liable.

Under the Trust Prescription Drug Plan, you may fill prescriptions through a CVS Caremark retail pharmacy network or the mail order service.

### *Retail Prescription Drugs*

Retail prescription drug benefits under the Trust Prescription Drug Plan are administered by CVS Caremark networks. When you need a prescription filled for immediate treatment of an illness or injury, you may use a participating pharmacy or any other pharmacy.

## IF YOU USE PARTICIPATING RETAIL PHARMACIES

When you go to a participating or CVS Caremark network pharmacy, simply show your prescription drug ID card, which identifies you as a CVS Caremark member. You will pay the following copayments:

### COPAYMENTS AT PARTICIPATING RETAIL PHARMACIES

If you are enrolled in this medical plan:	Your retail pharmacy prescription drug copayments are:
<p><b>Full-Time/Part-Time Option 1:</b></p> <ul style="list-style-type: none"> <li>Trust Preferred Provider Plan (Regence)</li> <li>Providence Personal Option Plan</li> </ul>	<p><b>Providence Personal Option Plan, Trust Preferred Provider Plan (Regence)</b></p> <ul style="list-style-type: none"> <li><b>Participating CVS Caremark network pharmacies</b> — For each 30-day supply, you will pay the following copayments: <ul style="list-style-type: none"> <li>\$10 for generic drugs</li> <li>\$20 for brand-name drugs</li> </ul>                     You may purchase up to 90-day supply                 </li> <li><b>Nonparticipating pharmacies</b> — Plan pays 80% after you pay a \$50 per person annual deductible</li> </ul>
<p><b>Part-Time Option 2:</b></p> <ul style="list-style-type: none"> <li>Trust Indemnity Medical Plan (Regence)</li> <li>Providence Personal Option Plan</li> </ul>	<p><b>Providence Personal Option Plan, Trust Indemnity Plan (Regence)</b></p> <ul style="list-style-type: none"> <li><b>Participating CVS Caremark network pharmacies</b> — For each 34-day supply, you will pay the following copayments: <ul style="list-style-type: none"> <li>\$5 for generic drugs</li> <li>\$10 for brand-name drugs</li> </ul>                     You may purchase up to 90-day supply                 </li> <li><b>Nonparticipating pharmacies</b> — Plan pays 80% after you pay a \$50 per person annual deductible</li> </ul>
<p><b>Substitute Teachers:</b></p> <ul style="list-style-type: none"> <li>Providence Personal Option Plan</li> </ul>	<p><b>Providence Personal Option Plan</b></p> <ul style="list-style-type: none"> <li><b>Participating CVS Caremark network pharmacies</b> — For each 34-day supply, you will pay the following copayments: <ul style="list-style-type: none"> <li>\$5 for generic drugs</li> <li>\$10 for brand-name drugs</li> </ul>                     You may purchase a 90-day supply                 </li> <li><b>Nonparticipating pharmacies</b> — Plan pays 80% after you pay a \$50 per person annual deductible</li> </ul>

## Important!

If a CVS Caremark network pharmacy charges you the full retail cost of a prescription (for example, if you don't have your ID card with you at the time of purchase), or if you agree to be billed instead of paying a copayment, you'll need to file a claim form to receive a benefit. Your benefit will be the in-network charge minus the copayment.

### ***AUTOMATIC GENERIC SUBSTITUTION***

Unless your doctor specifies your prescription must be “dispensed as written,” a CVS Caremark network pharmacist will automatically substitute an approved generic drug for a brand-name drug when available and legally permissible. If you request the brand-name drug in this event, you'll pay the brand name copayment *plus* the difference in cost between the brand-name drug and its generic equivalent. Compounded prescriptions are covered as a brand-name drug.

*For example* — For members whose retail prescription drug copayments are \$5 for generic drugs and \$10 for brand-name drugs:

If the generic drug costs \$15 and the brand-name drug costs \$60, you would pay the \$10 copayment for the brand-name drug plus \$45 (the difference in cost between the \$60 brand name and the \$15 generic drug). In this case, you would pay a total of \$55 for the brand-name drug (instead of a \$5 copayment for the generic drug).

*For example* — For members whose retail prescription drug copayments are \$10 for generic drugs and \$20 for brand-name drugs:

If the generic drug costs \$40 and the brand-name drug costs \$100, you would pay the \$20 copayment for the brand-name drug, plus \$60 (the difference in cost between the \$100 brand-name drug and the \$40 generic drug). In this case, you would pay a total of \$80 for the brand-name drug (instead of the \$10 copayment for the generic drug).

If the cost of a prescription is less than the copayment, you pay the lesser amount.

*For example* — If the in-network charge for a generic drug is \$20, you'll be reimbursed as follows:

- If your generic drug copayment is \$5, you'll be reimbursed \$15 (\$20 minus the \$5 copayment).
- If your generic drug copayment is \$10, you'll be reimbursed \$10 (\$20 minus the \$10 copayment).

If the pharmacy bills you for a retail charge that's higher than the CVS Caremark discounted in-network charge, you will *not* be reimbursed for the portion of the charge that is above the in-network amount.

### **CVS Caremark Pharmacies**

Many regional and national pharmacy chains, including Costco, Safeway, Rite Aid, Fred Meyer, Target, Walmart and Walgreens, as well as many independent pharmacies, participate in the CVS Caremark network.

For information on participating pharmacies in your area, call CVS Caremark at (800) 552-8159 or visit their web site at <https://www.caremark.com/wps/portal>.

## IF YOU USE A NONPARTICIPATING RETAIL PHARMACY

The Trust Prescription Drug Plan is designed to help you save money on your prescription drugs when you use participating retail pharmacies. However, there may be times when you need to use a pharmacy that is not part of the CVS Caremark retail network.

If you use a nonparticipating pharmacy, you must pay the full cost of the prescription at the time of purchase. You may then file a claim for reimbursement with CVS Caremark.

The plan will reimburse 80% of the cost of covered prescriptions *after* you pay an annual deductible of \$50 per person. Claim forms are available from the Trust Office or District HR/Benefits. Submit claim forms to:

CVS Caremark  
P.O. Box 52116  
Phoenix, AZ 85072

## Mail Order Prescription Drugs

You may use the CVS Caremark mail order service, whenever you or a covered dependent needs a maintenance prescription for an ongoing condition such as asthma, diabetes, high blood pressure or heart disease. You will pay the following copayments:

### CVS CAREMARK MAIL ORDER SERVICE COPAYMENTS

If you are enrolled in this medical plan:	Your CVS Caremark Mail Order Service copayments are:
<b>Full-Time/Part-Time Option 1:</b> <ul style="list-style-type: none"><li>Trust Preferred Provider Plan (Regence)</li><li>Providence Personal Option Plan</li></ul>	For each 90-day supply, you'll pay: <ul style="list-style-type: none"><li>\$20 for generic drugs</li><li>\$40 for brand-name drugs</li></ul>
<b>Part-Time Option 2:</b> <ul style="list-style-type: none"><li>Trust Indemnity Medical Plan (Regence)</li><li>Providence Personal Option Plan</li></ul>	For each 90-day supply, you'll pay: <ul style="list-style-type: none"><li>\$5 for generic drugs</li><li>\$10 for brand-name drugs</li></ul>
<b>Substitute Teachers:</b> <ul style="list-style-type: none"><li>Providence Personal Option Plan</li></ul>	For each 90-day supply, you'll pay: <ul style="list-style-type: none"><li>\$5 for generic drugs</li><li>\$10 for brand-name drugs</li></ul>

These copayments apply only to the mail order service. The Trust Prescription Drug Plan does not cover prescription drugs purchased through any other mail order service.

## GENERIC SUBSTITUTION

Unless your doctor specifies your prescription must be “dispensed as written,” CVS Caremark will automatically substitute an approved generic drug for a brand-name drug when available and legally permissible. If you request the brand-name drug in this event, you'll pay the brand name copayment *plus* the difference in cost between the brand-name drug and its generic equivalent.

*For example* — For members whose mail order service copayments are \$5 for generic and \$10 for brand-name drugs:

If the generic drug costs \$50 and the brand-name drug costs \$150, you would pay a \$10 copayment for the brand-name drug *plus* the \$100 difference in cost, or a total of \$110 (instead of a \$5 copayment for the generic drug).

*For example* — For members whose mail order service copayments are \$20 for generic and \$40 for brand-name drugs:

If the generic drug costs \$50 and the brand-name drug costs \$150, you would pay a \$40 copayment for the brand-name drug *plus* the \$100 difference in cost, or a total of \$140 (instead of a \$20 copayment for the generic drug).

If the cost of a prescription is less than the copayment, you pay the lesser amount.

## HOW TO ORDER INITIAL PRESCRIPTIONS

Follow these steps to start a maintenance prescription:

- 1. Ask your doctor for two written prescriptions**—one for a month's supply that you can fill right away at a retail pharmacy to get you started, and one for a 90-day supply with refills that you can order from CVS Caremark.
- 2. Complete a CVS Caremark order form.** You can request the order form by calling the Trust Office at **(844) 203-0239** or visit the CVS Caremark web site at <https://www.caremark.com/wps/portal>. From the CVS Caremark web site home page, select **Print Plan Forms**, then select **Mail Service Order Form**. Print and complete the form. Be sure to provide all requested information and attach the original prescription for each medication you are ordering.
- 3. Enclose your copayment for each prescription.** You may pay by check or money order or by providing your Visa, MasterCard, Discover or American Express card number and expiration date.

Your order will be delivered to your home via U.S. first-class mail, UPS or Federal Express.

**Call CVS Caremark at (800) 552-8159 for...**

- Answers to questions about the mail order service
- Refills for maintenance prescriptions (or order at <https://www.caremark.com/wps/portal>)

## HOW TO ORDER REFILLS

Follow these steps to order refills from CVS Caremark:

- Order refills at least *two* weeks (for telephone, fax or online orders) or *three* weeks (for orders by U.S. mail) before you expect to run out of a medication. This will allow ample time for your order to be processed and delivered to you.
- Order in any of the following ways:
  - Order online at <https://www.caremark.com/wps/portal>. From the CVS Caremark web site home page, select **Refill Prescriptions & Check Order Status**. Follow the instructions to refill a prescription.
  - Call CVS Caremark at (800) 552-8159.
  - Mail CVS Caremark a completed order form.

If you order by phone or the Internet, your copayment must be charged to a credit card.

## SpecialtyRx Program

If you or a family member takes specialty injection medications for a chronic illness, the CVS Caremark SpecialtyRx Program provides a convenient way to get your medications. The SpecialtyRx Program is designed for employees and their eligible, covered dependents who take medications with special handling requirements for such chronic conditions as multiple sclerosis, rheumatoid arthritis, hemophilia, Gaucher disease, cystic fibrosis, hepatitis C, growth hormone deficiency, Crohn's disease, respiratory syncytial virus, infertility, pulmonary hypertension or immunologic disorders.

Through this service, you can order your medication and have your order delivered to the location of your choice (your home, doctor's office, vacation spot, etc.) within 24–72 hours. In addition, the SpecialtyRx Program provides you and your dependents with expert care services such as counseling, disease-related educational materials and access to health experts 24 hours a day, seven days a week. For details about this program, please contact CVS Caremark at (800) 237-2767.

## When Preauthorization Is Required

Certain prescription drugs require preauthorization from CVS Caremark before a prescription can be filled. Your pharmacist will advise you when preauthorization is needed and will call the doctor. The doctor will call CVS Caremark on your behalf.

If preauthorization is needed for a specific drug or supply amount being filled by the mail order service, CVS Caremark will request preauthorization by fax from the prescribing physician. If preauthorization is needed for a vacation supply, contact CVS Caremark at (800) 552-8159.

### ***Special Coordination of Benefits***

If you are enrolled in the Trust Preferred Provider Plan (Regence) or Trust Indemnity Medical Plan (Regence), the copayments and deductibles you pay for covered prescription drugs under the Trust Prescription Drug Plan may be eligible for reimbursement under your medical plan. You may be reimbursed for a portion of eligible prescription drug expenses if the total amount of your eligible medical expenses and eligible prescription drug expenses (copayments and deductibles) exceed the annual deductible and/or out-of-pocket maximum for the Trust Indemnity Medical Plan (Regence) or Preferred Provider Plan (Regence).

To claim these expenses, you must submit proof of the expenses to the Trust Office as you incur them. You can do this by sending a copy of your prescription drug purchase receipts or your explanations of benefits (if you file prescription drug claims with CVS Caremark) to:

School District Trust Office  
700 NE Multnomah St, Suite 350  
Portland, OR 97232

The Trust Office will determine whether your total out-of-pocket expenses exceed the Trust Indemnity Medical Plan's annual out-of-pocket maximum. If they do, you'll be reimbursed for the eligible expenses.

### ***Medications Purchased Outside the United States***

Medications purchased outside the United States are generally not covered. However, if you are enrolled in the Trust Indemnity Medical Plan (Regence) or Trust Preferred Provider Plan (Regence) and you need to purchase a prescription due to an urgent medical need while traveling outside the country, you may be reimbursed at the out-of-network level if the medication has FDA approval in the United States. Contact the Trust Office for more information if this applies to you. (This benefit does not apply to Providence Personal Option Plan.)



## What's Not Covered

The Trust Prescription Drug Plan has a number of limitations and exclusions (See “Limitations” on page 33 and “Exclusions” on page 34 for details):

### *Limitations*

The Trust Prescription Drug Plan has a number of limitations:

- **Drugs for cosmetic use** — not covered unless authorized as medically necessary by a professional provider
- **Drugs for family planning** — oral contraceptives and contraceptive patch covered; Depo-Provera (injectable contraceptive) covered after a three-month copayment. Drugs for infertility treatment are not covered
- **Drugs for sexual dysfunction** — covered if due to illness, injury or other organic cause. Limited to six tablets/applications per month
- **Drugs requiring preauthorization** — certain drugs require preauthorization by the prescribing physician before a prescription can be filled. The pharmacist will advise you when preauthorization is necessary and will contact CVS Caremark on your behalf or ask you to contact CVS Caremark to obtain the required preauthorization. If preauthorization is not obtained, the drugs are not covered
- **Herbal and naturopathic medications** — covered only if FDA-approved, NDC code available and purchased at a licensed pharmacy
- **Medications purchased outside the United States** — generally not covered, but may be reimbursed if urgent medical need exists while outside the U.S.
- **New drugs on the market** — covered after review by CVS Caremark and if in a covered class on the Trust Prescription Drug Plan
- **Over-the-counter medications** — not covered even if prescribed, if the same strength is available without a prescription
- **Smoking cessation products** — prescription medication covered; over-the-counter patches not covered.

## ***Exclusions***

The following are also excluded from coverage:

- Benefits not specifically listed as provided
- Charges above usual and customary or reasonable (UCR) charges. Cash purchases at CVS Caremark pharmacies will be reimbursed at plan rates
- Drugs administered in a physician's office. However, services may be covered by your medical plan (See *Medical* for details.)
- Drugs for male or female baldness
- Drugs for obesity and weight control
- Experimental or investigational drugs, or drugs dispensed for studies or trials
- FDA-approved drugs dispensed or administered for non-FDA approved uses
- Fees for writing prescriptions or filling out claim forms
- Immunization agents, blood, blood plasma or biological sera
- Oxygen
- Professional provider charges for administering drugs
- Services or supplies for which no charge is made
- Services or supplies for which you could have received payment (in whole or part) under any government program or law if you had applied
- Services or supplies for which your employer is required to provide benefits under workers' compensation, liability or other law, even if you waive your right to those benefits
- Services or supplies you receive before your coverage begins or after it ends
- Take-home drugs dispensed when a member is a patient in a facility such as a hospital — not covered by the Prescription Drug Plan though often covered by a medical plan (See *Medical* for details.)
- Vitamins — not covered, even if prescribed.