



EUTF Active Employees Your Prescription Drug Plan

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about your benefits



	Participating Pharmacy or CVS Caremark Mail Pharmacy*	Non-Participating Pharmacy
Calendar Year Maximum Out-of-Pocket (per individual/per family)	90/10 and HMO: \$4,350/\$8,700 80/20 and 75/25: \$3,150/\$6,300 Specialty: \$2,500 per person (accumulates toward the overall drug MOOP)	
Day Supply	30/60/90	30/60/90
Generic Medications Lowest cost option	\$5/\$10/\$15	\$5/\$10/\$15 + 20%
Preferred Brand-Name Medications Lowest cost option when a generic isn't available	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Non-Preferred Brand Name Medications Highest cost option	\$50/\$100/\$150	\$50/\$100/\$150 + 20%
Preferred Insulin	\$5/\$10/\$15	\$5/\$10/\$15 + 20%
Other Insulin	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Preferred Diabetic Supplies	\$0	20%
Other Diabetic Supplies	\$25/\$50/\$75	\$25/\$50/\$75 + 20%
Oral Contraceptives (up to a 12-month supply)	\$0 for most oral contraceptives	
Specialty Medications (up to a 30-day supply)	Generic: 10% up to \$200 per fill Preferred brand: 20% up to \$300 per fill Non-preferred brand: 30% up to \$400 per fill Oral oncology: \$30 Mail Pharmacy: Not all specialty drugs can be mailed	
New Maintenance Medications (less than a 90-day supply)	Limited to one initial fill plus two refills before a 90-day fill is required	
Website	Register at Caremark.com	
Customer Care	Call toll-free 1-855-801-8263, TDD 711	

* At Retail 90 pharmacies and CVS Caremark Mail Pharmacy, a member pays two times the 30-day copay for a 90-day supply. Retail 90 pharmacies include but are not limited to CVS, Costco, Safeway, Sam's Club, Times, Walgreens, and Walmart pharmacies.

Some medications require prior authorization, step therapy, and quantity duration management rules. Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be fixed amount, or a percentage of the prescription price, with the balance, if any, paid by a Plan. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

New Plan Changes

Effective January 1, 2026

1. Added prior authorization criteria for Eohilia, Journavx, Veozah, Voquezna, and Xdemvy. Existing members using these products will be grandfathered and will not need to obtain prior authorization.
2. Added a 30-day initial fill limit on antidiabetic and weight loss GLP-1 medications. Antidiabetic GLP-1s include Ozempic, Mounjaro, Rybelsus, Trulicity, and Victoza, and weight loss GLP-1s include Wegovy and Zepbound.

Effective July 1, 2026

3. Reduced the EUTF 80/20 PPO maximum out-of-pocket (MOOP) from \$4,350 /\$8,700 (single/family) to \$3,150/\$6,300. The MOOP will continue to accumulate by calendar year.
4. Added coverage of continuous glucose monitors and disposable insulin pumps at the existing diabetic supply cost share. Prior authorization required. There is no coordination of benefits with the EUTF HMSA plan.

Pharmacy Network

There are over 200 pharmacies statewide and over 68,000 pharmacies nationwide. Use the pharmacy locator feature on **Caremark.com** or the mobile app to locate a network pharmacy near you.

Participating Retail 90/Mail: To maximize your benefits, fill your maintenance prescriptions at a Retail 90 Pharmacy or CVS Caremark Mail Pharmacy to get a lower copayment where a 90-day fill is two times the 30-day copay. Retail 90 pharmacies include but are not limited to CVS, Costco, Safeway, Sam's Club, Times, Walgreens, and Walmart pharmacies. CVS Caremark Mail Pharmacy is located on Oahu and is a convenient way for you to order your maintenance prescriptions. There is no delivery cost from CVS Caremark Mail Pharmacy, whereas there may be delivery fees for home delivery from a retail pharmacy. There is also no coordination of benefits between multiple insurance plans at the Mail Pharmacy. For more information on Retail 90 and Mail Order, contact CVS Caremark at **1-855-801-8263**.

Non-Participating/Out-of-Network: If you fill your prescription at a pharmacy that does not participate in the network, you are responsible for paying the full cost of the drug at the time of purchase and reimbursement will be limited to the eligible charge less the out-of-network cost share. These out-of-pocket costs are not applicable to the calendar year MOOP. Mail is not a benefit through out-of-network vendors. A member request for claim reimbursement must be submitted to CVS Caremark within one year from the date of purchase. A claim can be submitted online through **Caremark.com** or the mobile app. To submit a paper claim, go to **Caremark.com/portal/asset/paperclaim_std_eng.pdf** to download the form or request one at **1-855-801-8263**.

Types of Medications

Acute medications (or short-term medications) are prescribed for urgent treatment of an injury or illness. Examples of acute prescriptions include antibiotics, cough medications, or medications for pain relief. Acute prescriptions can be filled at any retail pharmacy.

Maintenance medications (or long-term medications) are those prescriptions taken for an extended period of time to treat chronic conditions such as high blood pressure, diabetes, heart disease, or high cholesterol. Participants are allowed three 30-day initial fills at the retail pharmacy for each new medication or new dosage amount in order to determine if the medication or dosage is correct. Members are required to fill a 90-day supply thereafter.

Specialty medications are high-cost medications used to treat complex, chronic conditions like cancer, autoimmune diseases like rheumatoid arthritis or multiple sclerosis (MS), or rare diseases such as hemophilia. In general, specialty drugs taken at home and self-administered (either orally or by injection) that are filled by a pharmacy are covered under your prescription drug benefit. Specialty drugs administered by a healthcare provider and dispensed onsite (e.g., a doctor's office or outpatient treatment center) are generally covered under your medical benefit. Your doctor determines whether they have the specialty product to dispense and where the claim is submitted, so provide both your medical and pharmacy cards to your provider to ensure coverage. **Note:** There is no coordination of benefits between the EUTF medical and prescription drug plans. Specialty drugs covered under the prescription drug plan are limited to a 30-day supply.