



## HSTA VB Active Employees Your Prescription Drug Plan

Scan here to learn more  
about your benefits



	Participating Pharmacy or CVS Caremark Mail Pharmacy	Non-Participating Pharmacy
<b>Calendar Year Maximum Out-of-Pocket</b> (per individual/per family)	\$4,350/\$8,700	
<b>Day Supply</b>	30/60/90	30/60/90
<b>Generic Medications</b> Lowest cost option	\$5/\$9/\$9	\$5/\$9/\$9 + 30%
<b>Brand-Name Medications</b> Lowest cost option when a generic isn't available	\$15/\$27/\$27	\$15/\$27/\$27 + 30%
<b>Insulin</b>	\$5/\$9/\$9	\$5/\$9/\$9 + 30%
<b>Diabetic Supplies</b>	\$0	
<b>Oral Contraceptives</b> (up to a 12-month supply)	\$0 for most oral contraceptives	
<b>Specialty Medications</b> (up to a 30-day supply)	Generic/brand copayments apply Oral oncology: \$0 Mail Pharmacy: Not all specialty drugs can be mailed	Generic/brand copayments apply Oral oncology: 30% Mail Pharmacy: Not all specialty drugs can be mailed
<b>Website</b>	Register at <b>Caremark.com</b>	
<b>Customer Care</b>	Call toll-free <b>1-855-801-8263, TDD 711</b>	

### New Plan Changes

#### Effective July 1, 2026

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 HSTA VB HMSA plan.

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.

## 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.

**Mail:** 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 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 maximum out-of-pocket. 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. Fill your maintenance medications in a 90 day-supply to ensure that you have an ample supply of your medications on hand to manage your health condition as directed by your prescriber.

**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.