

Snowflake

Your 2024 Prescription Benefits

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Hi, we're CVS Caremark.
We manage your prescription benefits.

CVS Caremark

makes sure you have access to affordable medication – when and where you need it

You've probably heard of:

CVS Pharmacy

MinuteClinic

CVS HealthHUB locations

We're all part of the CVS Health family, working together to help you on your path to better health

2024 PRESCRIPTION BENEFITS

The CVS Caremark focus



Manages your prescription benefits like your health insurance company manages your health benefits



Works with your employer to determine what medications are covered, what they will cost and where prescriptions can be filled



Provides tools and services to help you stay on track with your medications and take care of your health

Everything you need to manage your medications anytime, anywhere

Caremark.com and the CVS Caremark app



Review your plan details



Check medication costs and find ways to save



Find in-network pharmacies or start delivery by mail



Order mail service refills and track shipments



View history of your prescriptions



Track progress toward your deductible or out-of-pocket maximum



Set alerts and reminders to help you stay on track

Once you're registered, download the CVS Caremark app from your preferred app store to manage your medications on your smart phone

Registering at Caremark.com

When can I register?

If you already have prescription benefits with CVS Caremark

Register any time using your member ID number
(on your member ID card)

If you're new to CVS Caremark prescription benefits

You can register on or after 01/01/2024



Snowflake's 2024 Accumulators

| | HDHP Plan | OAP Plan |
|------------------------------|--|--|
| Deductible | Individual: \$1,600 Family: \$3,200 | N/A (No Rx deductible for this plan) |
| Maximum Out-of-Pocket | Individual: \$3,000 Family: \$6,000 | Individual: \$3,000 Family: \$6,000 |

Snowflake's 2024 Copays

| | HDHP Plan | | OAP Plan | |
|---------------------------|-----------------|---------------|-----------------|---------------|
| Types | Retail Pharmacy | Mail Pharmacy | Retail Pharmacy | Mail Pharmacy |
| Generics | \$10 | \$25 | \$10 | \$20 |
| Preferred Brands | \$25 | \$50 | \$25 | \$50 |
| Non-Preferred Brands | \$40 | \$80 | \$40 | \$80 |
| Specialty (30 Day Supply) | \$45 | NA | \$45 | NA |
| Specialty (90 Day) | \$90 | NA | \$90 | NA |



2024 PRESCRIPTION BENEFITS

Retail 90



Get the medications you take regularly (such as diabetes, asthma or high blood pressure medications) in 90-day supplies

90-day supplies are more convenient and may cost less

To find a pharmacy in your plan's Retail 90 network, sign in to Caremark.com

Managing your high deductible health plan (HDHP)

What you need to know



You'll pay 100% of the cost of your medications until you or your family meet the annual deductible

Some preventive medications may bypass the deductible or be covered at 100% – see your plan summary document for details



Once you meet the deductible, you'll pay the appropriate 30% coinsurance.

Your deductible may combine pharmacy and medical expenses – see your plan summary document for details



If you or your family meet your maximum out-of-pocket amount (MOOP), 100% of the cost of your medication is covered (you pay \$0)



The amounts you pay toward your deductible and MOOP DO NOT roll over from year to year



Deductible amounts for 2024:

Individual:
\$1,600

Family:
\$3,200

MOOP amounts for 2024:

Individual:
\$3,000

Family:
\$6,000



ACA Preventive Services Drug List

For some medications, **you pay \$0** even if you or your family haven't met your annual deductible

2024 PRESCRIPTION BENEFITS

The Affordable Care Act (ACA) Preventive Services Drug List includes:

Certain medications, supplements or products to:

- ✓ Prevent certain health conditions
- ✓ Help you quit smoking or using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at [Caremark.com](https://www.caremark.com)

HDHP Preventive Drug List

Even if you haven't met your deductible, these medications bypass your deductible and are covered from day one of the plan year:

Certain medications, supplements or products to:

- ✓ Manage certain health conditions, like high blood pressure, diabetes or high cholesterol
- ✓ Help you quit smoking or stop using tobacco
- ✓ Prepare for certain health screenings in adults

Vaccines and immunizations to prevent certain illnesses in infants, children and adults

Contraceptives for women

Find the full list at [Caremark.com](https://www.caremark.com)

Please note: your exact benefits may vary – see your benefits materials for details.



Convenient, no-cost vaccinations

The CDC* recommends a yearly flu vaccination for all adults and a pneumonia vaccination for those 65 and older

Your plan offers

- ✓ No-cost flu vaccinations
- ✓ No-cost pneumonia vaccinations for adults over age 65
- ✓ [A vaccination network of more than 68,000 pharmacies nationwide – no appointment or doctor's office visit required]



CDC (Centers for Disease Control and Prevention).

Thank you

Legal disclaimers

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage.

Flu shots and vaccines may not be available in all pharmacies at all times. Call for availability and to make an appointment, if needed. Most vaccines require a prescription (except for the flu shot). Contact your medical carrier directly to find what vaccine benefits are available at other medical facilities such as a doctor's office, urgent care, etc.

Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

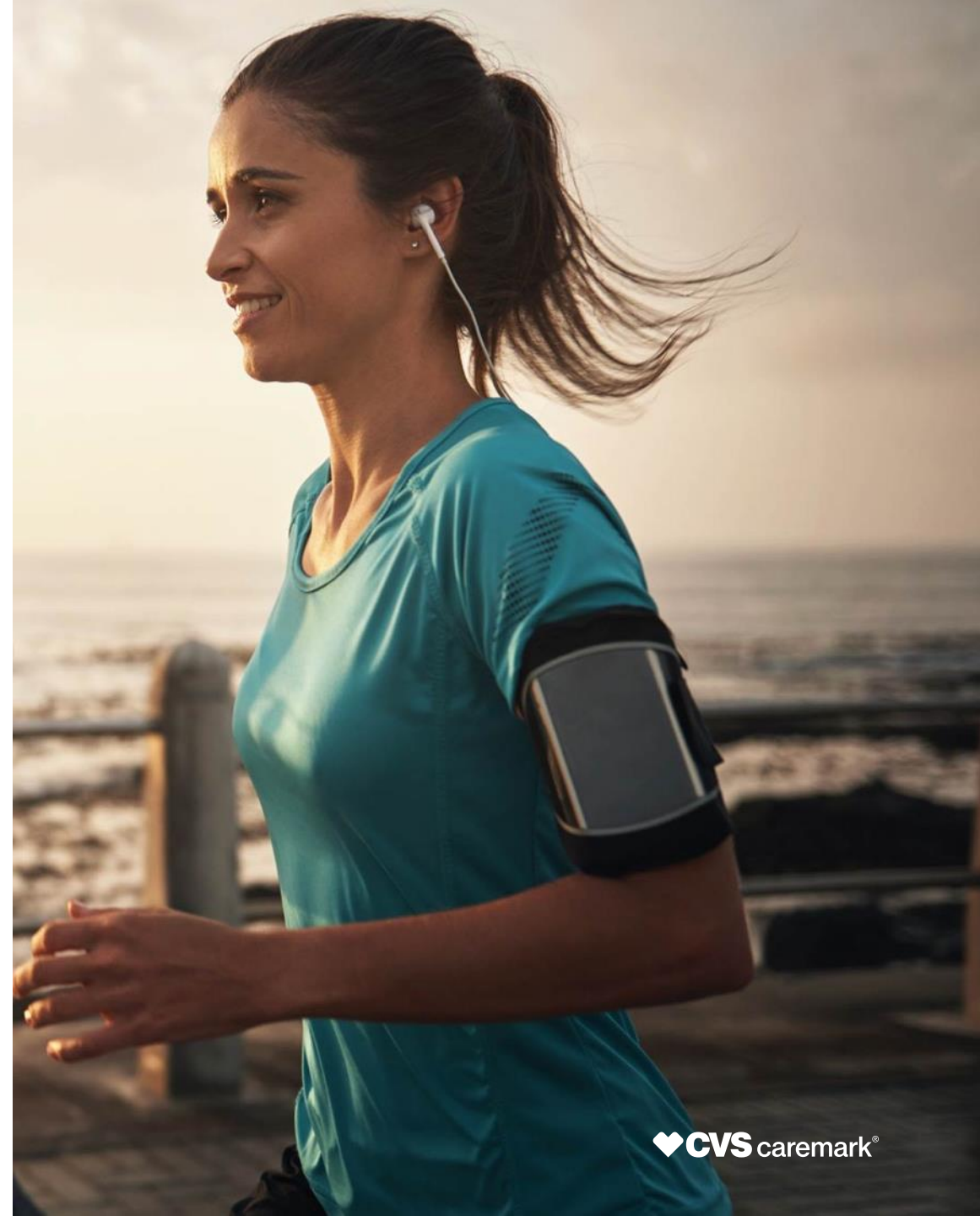
Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This document may contain references to brand-name prescription medications that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

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Snowflake's CVS Customer Care Line

Members can call: **866-242-0050**

Appendix/optional slides

Terms you should know

Deductible | An individual or family needs to spend this amount on medications each plan year before coverage starts; may be combined with medical benefits

Copay or coinsurance | The amount you pay for medications once you or your family reaches the deductible and coverage starts; a copay is a flat amount and coinsurance is a percentage of the cost of the medication

Maximum out-of-pocket (MOOP) | Once you or your family reach this amount, all medications are covered at 100%

Generic medication | Has the same active ingredients as the brand-name medication; usually your lowest-cost option

Preferred brand medication | Medication that will cost less under your benefit plan

Non-preferred brand medication | Highest-cost option under your benefit plan

Maintenance or long-term medication | Medication you take regularly, like high blood pressure, diabetes or high cholesterol medications

Acute or short-term medication | Medication you take for a short time, like an antibiotic

Preventive medication | Affordable Care Act (ACA) preferred medications are covered at 100%; high deductible health plan (HDHP) preventive medications bypass the deductible, which means they are covered even if you haven't met your yearly deductible yet

Terms and ways to manage your medication

Some medications require you to take additional steps, or receive additional approvals, before they are covered under your plan. These could include:

Quantity limit | A limit on the amount of medications your plan will cover. You can continue to fill prescriptions after you've reached the limit, but you'll be responsible for any additional costs.

Step therapy | For many conditions, more than one therapeutically equivalent medication option is available, and your plan may choose one medication as the preferred option. Step therapy means you need to try the preferred option first. If it works for you, you can continue to take it and may save money. If not, non-preferred medications will be covered.

Prior authorization | This means we need more information on why your doctor has prescribed a specific medication for you. The information is reviewed to determine whether your medication will be covered by your plan.

Dispense as written | If your doctor indicates "dispense as written" on your prescription, your pharmacy can't substitute a generic for a brand-name medication and you may have to pay more for the brand.

Appeals | If your or your doctor's request for coverage of a non-covered medication is denied, you have the right to appeal that decision.

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- ▶ Find more information on these topics in your summary plan description (SPD).
 - ▶ Use the Check Drug Costs & Coverage tool at [Caremark.com](https://www.caremark.com) to find out what medications are covered, if there are extra requirements for coverage and how much they will cost.
 - ▶ Remember: Medications are only covered when you fill your prescriptions at a network pharmacy. Find network pharmacies near you with the *Pharmacy Locator* at [Caremark.com](https://www.caremark.com)



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