### Getting to know Caremark.com

October 2020





#### **Purpose**

The information contained within is intended to provide information and usage tips for Caremark.com. It is not a definitive or comprehensive guide.

The pages and functionality shown are applicable to commercial plan members and Medicare Part D beneficiaries and are current as of October 2020. However, we make updates to the website on a monthly basis, so the live site experience could be different than what is shown.

Any questions should be directed to CVS Caremark Customer Care.

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted. Please see the disclaimer page at the end of this presentation for more information.



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### **Carmark.com landing page**



- 1. Quick links allow registered members to access key tools without logging in. These vary based on member behavior.
- 2. The easy refill banner allows members to request a mail service refill without registering or logging in.





### Alternative landing page for returning members

- Quick links allow registered members to access key tools without logging in. These vary based on member behavior.
- 2. The easy refill banner allows members to request a mail service refill without registering or logging in.

		Print Plan Forms   He	Ip   Español   Change	Text Size A A A
CVS caremark		1	Check Drug Cost & Coverage	<b>Ocate Nearby</b> Pharmacy
Welcome to CV Get started now to unlock acces Caremark.com • Manage prescriptions • Order status • Costs & coverage • Savings opportunities				
Already have an accour Username Username Password Passwords are cAsE sEnSITIVE Remember my username Sign In Trouble signing in?	2	Need refills? Quick, easy, secure. Date of birth MMDDYYYY Refill	prescription.	rom a CVSCaremark mail service Rx#?
				_

### Easy refill: review order page

	Prescription	Rx#	Qty/Supply	Estimated Cost
•	Li******** 50mg Tab	Rx# *****6789	Qty 5/5 days supply	\$15.00
dd	itional prescription	ons due for refill ⑦	)	
1	Pr******** 40mg Tab	Rx# *****8912	Qty 5/5 days supply	\$25.00
Ĵ	Zo******* 60mg Tab	Rx# *****7518	Qty 5/5 days supply	\$15.00
	Ri******** 20mg Tab	Rx# *****3245	Qty 5/5 days supply	\$20.00
		zero-refill prescri	ptions for renewal ⑦ your new dactor.	\$15.00
5	Ho******** 20mg Tab	Rx# *****4757	Dr. Ol**** will determine	\$15.00
	Select All			Drug Cost \$70.00

Throughout the Easy Refill process, all protected health information (PHI) is redacted (except what the member just entered) for privacy and security.



### How to register on Caremark.com

### Members can register in any of the following ways:

- 1. With a current prescription number
- 2. With a member ID
- 3. Without a member ID or prescription number





#### **Registration with a prescription number**



- 1. Enter the prescription number from a prescription filled by CVS Caremark mail service pharmacy.
- 2. For help finding the number, click the arrow by 'How to locate the mail service Rx number.'
- 3. Enter the member's date of birth.
- 4. Click 'Continue.'





#### **Registration with a member ID**



- 1. Enter the member number from the CVS Caremark or combined medical/prescription ID card.
- For help finding the number, click the arrow by 'How to locate member ID.'
- 3. Enter the member's first name and last name as it appears on the ID card.
- 4. Enter the member's date of birth.
- 5. Click 'Continue.'





### Registration without a prescription number or member ID

The member can choose 'Don't have either of these?' if they need to register without a prescription number or member ID





### Registration without a prescription number or member ID

#### **CVS** caremark<sup>®</sup>

3 2 Registration - Step 1 of 3: Enter information All fields are required, except for those marked optional. Choose an option Have no ID  $\sim$ First name Last name First name Last name Enter your full first name, Enter your full last name. not a nickname Date of birth MM/DD/YYYY MM/DD/YYYY

Street address
(Avoid using &, <, or >. )
Street address 2 (optional)
Street address
(Avoid using &, <, or >. )
ZIP code
ZIP code
Gender:
Male
$\bigcirc$
Continue

Without a prescription or member number, the member will need to enter some basic demographic information.

This information must match our member eligibility records.

## Registration without a prescription number or member ID

After entering their demographic information, the member is asked three questions that were designed by a third-party company to confirm the member's identity. Sample questions include:

- In what state was your Social Security number issued?
- Which of the following was a previous phone number?

Correctly answering these questions, together with the personal information previously entered, confirms the member's identity.

CVS caremark
1-2-3
Registration - Step 2: Validate We take your privacy seriously, so we ask a third party to help us confirm your identity before you register. Please answer the following questions.
You may try again with ID
In what STATE was your SOCIAL SECURITY NUMBER issued?
○ NH
⊖ TX
NONE OF THE ABOVE
Which of the following PROPERTIES have you PREVIOUSLY or CURRENTLY owned?
3134 GLENN RD
3191 HENSLOWE WALK
O 1951 KINGSTON LN W
9046 FOXCROFT CENTER CTR
NONE OF THE ABOVE
Which of the following is/was your PHONE NUMBER?
631-9895
290-1189
577-8233
331-5721
NONE OF THE ABOVE
Continue



### **Completing registration**



- 1. In Step 2, the member simply enters their email address, creates a password and sets a couple of security questions that will be used to verify their identity should they ever have to reset their password.
- 2. The member can also choose to opt in to receive text notifications instead of email and choose paperless options.
- Clicking the box to agree to the Terms & Conditions and clicking 'Register' completes the process.



#### More information about registration opt ins

#### **Opting in to text alerts**

Yes, I want to receive text notifications

#### Mobile Phone

(Optional) By checking this box, I agree to receive messages from or on behalf of CVS Caremark about my prescriptions, health and plan information, and marketing opportunities at this phone number. Your consent is not a condition of purchase and you may revoke your consent or change your alert settings at any time. Your carrier's message and data rates apply.

#### Opting in to the paperless option

What are paperless options?

Certain documents may be available to you digitally. You'll be notified via email when a new document has been posted, or a new kind of digital document is available to you.

Depending on your plan configuration and personal activity, paperless documents will include Medication Guides (FDA-approved information about safe and effective use of a drug), and may also include Explanation of Benefit (EOB) statements (summary of monthly prescription activity), plan information or other documents.

Here are a few benefits of digital documents:

- Secure, immediate, and always available in your passwordprotected Caremark.com account.
- · Organized and sortable, with up to 36 months of documents
- Reduced clutter and waste. View and download only what you need.

Once you complete your registration, you can visit the CVS Caremark member preference center to see which documents are available, and change back to paper documents at any time. Please note that it may take up to two months for changes between digital and mailed documents to be effective.



#### Logged in home page dashboard



The home page dashboard brings the most important information to the forefront and allows the member to take action directly from this page.

It is personalized to the member, with only relevant modules displaying:

- 1. Important messages
- Your Tasks' contains item that need the member's attention to avoid disruptions. Including:
  - Rx/order on hold awaiting response from doctor
  - Order on hold awaiting payment information
  - Pay outstanding balance
- 3. Prescriptions ready for refill, including our retail, mail and specialty prescriptions.
- 4. Variable calls to action or informational modules, based on what is most relevant to the member.



#### Additional homepage dashboard modules

#### Three levels of important messages



#### Order status for the past 30 days

	Prescriptions View all	
Prescription orders in the past	30 days	
John's prescriptions >		
On hold		
Mail order <u>#</u>	Releas	e hold >
GILENYA 0.5MG CAPS		
LANTUS 100 UNITS/ML VIAL		
SIMVASTATIN 20 MG TABLET		
Picked up		
Picked up at:	Boston MA 02474	
ELIDEL 1% CREAM		
Mary's prescriptions>		e hold >
In process		
Store pick up:	Lorem Ipsum Ave, 13th floor,	
Suite 1319 ABILIFY 1MG/ML SOLUTION		



#### Alternate homepage dashboard content

#### **Newly registered member**



#### Member whose benefits have termed





### **Order status page**

The order status page displays the status of our retail, mail and specialty pharmacy orders.

- 1. Orders for the past 18-36 months are available, depending on the member history.
- 2. The order can be cancelled, and shipping address and scheduled fill date can be changed for those prescriptions with a "Future Fill" status.
- 3. Order FAQs help answer general questions without a phone call.



### View/refill all prescriptions page

The 'All Prescriptions' page displays details of all active and renewable prescriptions.

- The member can see the information for minor family members automatically. Family members aged 18+ must give permission for their information to be displayed to other adult family members.
- 2. Our retail, mail service and specialty pharmacy orders for the past 18-36 months are available, depending on the member history.
- 3. The member can choose how to sort and filter the prescriptions displayed.

II Presci	riptions					
	Donald Te	st 🕋 Coy	vne 👝 Shari			
	<b>•</b>				3	)
Search drug nam	ie or RX # or pati	ent or prescriber	Q			/
5 prescript	tions for ALL pa	tients in the	past 6 months	~	🔅 List Opti	ons Refill All
No con't chow all	of your properin	tione right now	Please to again later			
			Please try again later.	Move t	o Archive   Details   Hist	orv Select
	FOR	PRESCRIBED BY	FULFILLED BY	LAST FILLED	REFILLS Auto Refill	
	Donald		CVS/caremark <sup>™</sup>	02/01/2019	3 ELIGIBLE	
LEVOCETIR		ROCHLOR	5MG	Move t	o Archive   Details   Hist	ory Select
TABLET	Ready for Refill					
image not available	FOR Donald	PRESCRIBED BY	FULFILLED BY CVS/caremark <sup>™</sup>	LAST FILLED 02/01/2019	REFILLS	
						In Process -
> METRONID	AZOL 500MG	TAB		Move t	o Archive   Details   Hist	To be filled on 04/10/2020
14144	FOR Donald	PRESCRIBED BY	FULFILLED BY CVS/caremark <sup>™</sup>	LAST FILLED 04/11/2019	REFILLS O	
	5MG TABLE	:T		Move t	o Archive   Details   Hist	ory Select
	FOR	PRESCRIBED BY	FULFILLED BY	LAST FILLED	REFILLS	Requires Renewal
	Donald		CVS/caremark <sup>™</sup>	02/01/2019	0	
> HYDROXYZ	INE HCL 25M	IG TABLET		Move t	o Archive   Details   Hist	ory Shipped on 02/04/2019



### Manage automatic refills page



For those members who have automatic refill/renewal as a part of their benefit plan, they can manage the prescriptions in that program on this page.

- 1. Easily modify the shipping address for automatic refills.
- 2. Modify the payment method for prescriptions with a status of "Future Fill."
- 3. Turn automatic refill/renew on or off for eligible prescriptions.



### **Financial summary page**

The financial summary page displays all prescription claims information.

- 1. Prescription claims for the past 18-36 months are available, depending on the member history.
- 2. 'List Options' allows the member to filter the information on multiple parameters.
- 3. The 'Your total Rx spend' to date is listed for applicable family members.
- 4. Clicking the arrow expands the selection to display additional claim details.

	Prescriptions > Finan	cial Summary					
ina	incial Su	ummary					
See to	otal prescription	costs for yourself and you	ur family for budgeting	and tax purposes.	Use List Options to	o customize yo	our view.
Nov.	20, 2018 - M	lay. 20, 2019 🗸	(	2 🗢	List Options	Print or	download 🗸
		\$0.00			F	Your total Rx s \$0.00 For year to dat November 20 - 1	3
							¢0.00
	-	DOB					TOTAL \$0.00
	ESCITALOPRAI 20MG TABLET Last Filled Apr.	M OXALATE RX#	4 atry 30	supply 30 - day	LAST FILLED 04/	30/2019	YOUR COST \$0.00
	- ESCITALOPRAI 20MG TABLET	M OXALATE RX#	4 aty 30 YOUR PLAN(S) PAID	supply 30 - day \$2.75	LAST FILLED 04/	30/2019 \$0.00	
	ESCITALOPRAI 20MG TABLET Last Filled Apr.	M OXALATE RX # 30, 2019					
	ESCITALOPRAN 20MG TABLET Last Filled Apr.	M OXALATE RX # 30, 2019 \$2.75 CVS/caremark™	YOUR PLAN(S) PAID	\$2.75	YOU PAID	\$0.00	
	ESCITALOPRAI 20MG TABLET Last Filled Apr. TOTAL RX COST	M OXALATE RX # 30, 2019 \$2.75 CVS/caremark™	YOUR PLAN(S) PAID	\$2.75	YOU PAID	\$0.00	
	ESCITALOPRAI 20MG TABLET Last Filled Apr. TOTAL RX COST PULFILED BY	M OXALATE RX # 30, 2019 \$2.75 CVS/caremark™ 07, 2019	YOUR PLAN(5) PAID PRIMARY PLAN PAID	\$2.75 \$2.75	YOU PAID AMOUNT APPLIED TO DEDUCTIBLE	\$0.00 \$0.00	
	ESCITALOPRAI 20MG TABLET Last Filled Apr. TOTAL RX COST	M OXALATE Rx # 30, 2019 \$2.75 CVS/caremark™ 07, 2019 \$2.75 CVS/caremark™	YOUR PLAN(S) PAID PRIMARY PLAN PAID YOUR PLAN(S) PAID	\$2.75 \$2.75 \$2.75 \$2.75 \$2.75	YOU PAID AMOUNT APPLIED TO DEDUCTIBLE YOU PAID AMOUNT APPLIED TO DEDUCTIBLE	\$0.00 \$0.00 \$0.00 \$0.00	



#### **Request a new prescription page**

To initiate a new mail service prescription, the member enters the first three letters of the drug name, chooses the drug, form and strength from the search suggestions, and clicks 'Search.'

Results are displayed within the same interface as the Check Drug Cost and Coverage results on the next page.

			Health Resources ~	
ne > <u>Plan &amp; B</u>	<u>Benefits</u> > Check Drug Cost & Cov	verage		
Reque	st a new preso	cription		
o request a nev	w prescription, please search for a	drug below.		
you want to re	new or refill an existing prescription	n, select "Request a previously filled	prescription."	
Search	for a drug   Past s	searches   Reques	t a previously filled pres	scription
Search	for a drug   Past s	searches   Reques	t a previously filled pre	scription
	for a drug   Past s name search	searches   Reques	t a previously filled pres	scription
Drug	<b>A</b>	searches   Reques	t a previously filled pres	scription Search
Drug	g name search	searches   Reques	t a previously filled pres	
Drug	g name search	searches   Reques	t a previously filled pres	
Drug	g name search nter drug name		t a previously filled pres	
Drug	g name search nter drug name	Primary CVS Ph	y Pharmacy armacy 07648	
Drug	g name search nter drug name	Primary CVS Ph 8559 Us Florenc	y Pharmacy armacy 07648 s Highway 42 e, KY 41042	
Drug	g name search nter drug name	Primary CVS Ph 8559 Us Florenc (859) 26	y Pharmacy armacy 07648 s Highway 42	
Drug	g name search nter drug name	Primary CVS Ph 8559 Us Florenc (859) 26	<b>y Pharmacy</b> <b>armacy 07648</b> s Highway 42 e, KY 41042 83-5362	
Drug Er Pati	g name search Inter drug name	Primary CVS Ph 8559 Us Florenc (859) 26	y Pharmacy armacy 07648 s Highway 42 e, KY 41042 83-5362 my.pharmacy	



## Check drug coverage and cost results page

The Check Drug Cost tool is the easiest way for members to determine the cost and coverage of a drug.

- 1. The search parameters can be changed easily. (Page 26)
- 2. Results include mail service and retail pharmacy costs.
- 3. The "Your best value" option is highlighted.
- 4. The cost shown considers whether or not the member is still in the deductible phase, if applicable.
- 5. Clicking "See cost details" displays the cost details modal. (Next page)
- 6. Clicking on "Request a New Prescription" adds the request to the shopping cart.
- 7. No price is displayed for drugs not covered by the member's plan.
- 8. Any restrictions or other coverage notes are prominently displayed.
- 9. Up to five therapeutic alternatives from the member's plan formulary are displayed. The lowest cost option is included in the search results.



Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.



#### Check drug coverage and cost results page: Cost Details modal



The Cost Details modal breaks out the total cost of the drug priced:

- 1. The name, day's supply, quantity, NDC# and type of pharmacy
- 2. Your Cost + Plan Cost = Total Cost
- 3. Additional breakout of 'Your Cost'
- 4. Clicking on the explains
  'Additional Charges.' Dispense as written (DAW) penalties, if applicable, are included here.



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## Check drug coverage and cost results page: edit search criteria

Home > Plan & Benefits > Check Drug Cost & Coverage

Lipitor 20mg Tablet		67	×	
Patient 🗸	Pharmacy CVS/Pharmacy 208 W Washington St Chicago, IL 60808 Change Pharmacy	Dosage Most Common Edit dosage	Update	wia y
		10mg 1	How often would you like to take this medication	××
		Pi	Datient Use the most common amount and frequency	
			Use the amount and frequency	
			I would take pill(s) every Select ~	
			How many days' supply? (optional) 90-da Mail s	
			Update Cancel	



#### Check drug coverage and cost results page: compare pharmacies

Choosing to check the price at another pharmacy, on the 'Store Pick-Up' tab, displays this view.

The retail pricing is based on the CVS Caremark negotiated price. Coupons, promotions and other discounts are not considered.





#### **Shopping cart: review order**



Our retail, mail and specialty pharmacy prescriptions can be refilled in one cart.

- 1. For retail prescriptions, the member can choose the CVS Pharmacy store, date and time to pick up retail refills.
- 2. If auto-refill/renew is a part of the benefit plan, the member can enroll an eligible prescription from the shopping cart.
- 3. Eligible CVS Pharmacy retail prescriptions can be transferred to CVS Caremark Mail Service Pharmacy.



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#### Shopping cart: review order (cont.)

- 1. When requesting a new prescription, the member must answer some basic medical questions.
- 2. Processing of mail prescriptions can take 1-5 days. Faster shipping times don't reduce processing times.
- 3. Member can enter a one-time payment method or choose from one entered in their profile.
- 4. Member can enter a one-time shipping address or choose the default address (as entered in their profile).
- 5. When requesting a new prescription, the member must provide the name of the prescriber to contact by choosing from previous prescribers, or searching for a new prescriber.

	Send my Rx to:		<b>Deliver it by:</b> May 21 - May 25 Free Regular Delivery (\$0.00)	Payment meth Exp	od:
	Change address		See more options 2	Change Payme No payment is o	
FOR D	RMIN HCL 500MG TABLET FILLED BY CVS/caremark <sup>™</sup> roll in automatic refill and renewal	ESTIMATED \$0.00		Remove Cha	4 Address
		*At th	Total Es	Shipping C stimated Cost* (charged at ch	neckout) : \$0.0
Ē	Send my Rx to: Change address	Î	Deliver it by: May 25 - May 29 Free Regular Delivery (\$0.00) See more options	Payment meth Exp 12/2025 Change Payme No payment is o	nt
ATORV. FOR D		LAST PAID <b>\$0.00</b>	May 25 - May 29 Free Regular Delivery (\$0.00)	Exp 12/2025 Change Payme No payment is o	<u>nt</u>



### Plan summary page—commercial

This page is dynamically generated with the content based on the member and plan.

- 1. The deductible information includes medical claims, if they are shared with CVS Caremark.
- 2. The display also changes based on whether the information is for an individual or family.
- 3. If the plan has a maximum allowable benefit, e.g., infertility treatment, the details of that benefit and applied amount are shown here.





#### Plan summary page— Medicare Part D and EGWP

This page is different for Medicare Part D and EGWP members. It shows:

- 1. The initial coverage limit table and applied amount
- 2. The true out-of-pocket table and applied amount
- 3. Last year's true out-of-pocket balance (if applicable)

#### **Plan Summary**

Find out the details of your prescription coverage, how much of your benefits you have used, your share of costs, and any limitations. You can fill prescriptions through mail service and retail for drugs that are covered by your plan.

Your Prescription Benefit consists of a primary plan and a secondary coverage plan.

You are now able to receive a consolidated view of both plans via this account.

#### Your Current Usage Your Copay and Coinsurance Details

#### Your Initial Coverage Limit (ICL)

This phase starts once you have met your deductible and cost-sharing begins. Covered prescription drug costs paid by all parties (such as Part D carrier, member, Extra Help, etc.) are applied to your initial coverage limit.

You are responsible for copays and/or coinsurance up to the initial coverage limit. You then move to the next phase in the plan, known as the coverage gap.

Plan limit	Applied amount	Amount remaining
\$3,820.00	\$478.53	\$3,341.47

#### Your True-Out-of-Pocket (TrOOP)

TrOOP expenses include your yearly prescription drug deductible, copayments or co-insurance for covered prescription drugs, and the amount you pay during the coverage gap. Your Medicare prescription drug plan premium and prescription drugs costs that aren't covered by the plan do not count toward this limit.

Your true out-of-pocket costs must reach the plan limit before you enter the catastrophic coverage phase.

Plan type	Time period	Start month	TrOOP amount	Applied amount	Drugs	Applicable to	Total covered drug cost
Individual	Annual	January	\$5,100.00	\$71.75	All Drugs	Mail, Retail, Paper Claims	\$71.75
	Annual t year's TrOOP i		\$5,100.00	\$71.75			\$71.75



### **Prior authorization (PA) page**

Commercial members can view the status of active PA requests.

The page displays multiple statuses, as well as the date of the most recent action.

Medicare Part D beneficiaries see the coverage determination and appeal page.

#### Commercial

Select Member:		~	
	Print Sort by:	Newest to oldest	~
Prescriber: Approved from: 08/15/2018 thr	ough 08/15/2019		
Case# 16-034515966	ktroamphetami	Date Request	ed 08/15/2018
Pending			ved 08/15/2018
			nore
	etermination request. You will receiv	+ Learn i	
		e a letter with a full explanation	
Amphetamine-Dex Case# 18-034375952		e a letter with a full explanation Date Request	n shortly
Amphetamine-Dex Case# 18-034375952		e a letter with a full explanation Date Request	n shortly.
Amphetamine-Dez Caser 18-034375952 Pending		e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more
Amphetamine-Dex Case# 18-034375952 Pending Your request did not meet the criteria shorty.	<b>xtroamphetami</b> a for coverage under your plan. You	e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more
Amphetamine-Dez Case# 18-034375952	<b>xtroamphetami</b> a for coverage under your plan. You	e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more
Prescriber: Amphetamine-Dex Case# 18-034375952 Pending Your request did not meet the criteria shortly. few terms you s	<b>xtroamphetami</b> a for coverage under your plan. You	e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more
Prescriber: Amphetamine-Dex Case# 18-034375952 Pending Pour request did not meet the criteric shortly. few terms you s riser Authorization ter. Therapy ton-formulary.	<b>xtroamphetami</b> a for coverage under your plan. You	e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more
Prescriber: Amphetamine-Dex Case# 18-034375952 Pending Your request did not meet the criteric shortly. few terms you s vior Authorization teo Therapy.	<b>xtroamphetami</b> a for coverage under your plan. You	e a letter with a full explanation Date Request X Der -Lear	n shortly. Ind 08:06:2018 hied 08:07/2018 n more

#### **Medicare Part D**

# Coverage determination & appeal The prescriptions that are prescribed for you by your doctor may need to get prior authorization to be covered by your insurance. You can check below to see if you have prior authorizations. A few terms you should know: Prior Authorization Step Therapy Non-formulary Tiering

Quantity Limit

The Simplified Version

#### Prior Authorization

The medicine your doctor prescribes needs to meet a certain set of criteria to be approved by your health insurance plan. These criteria help ensure that the prescribed medicine is safe and effective for you.

#### Step Therapy

Even though your doctor may prescribe one medicine, treatment guidelines may recommend trying alternative therapy first. If that alternative treatment isn't effective, you will be eligible for the medicine you were originally prescribed.

#### Non-formulary

A formulary is a list of medicines that your insurance will cover. That means non-formulary drugs aren't always covered.If you're prescribed a non-formulary medicine, we will compare it to similar medicines in the same class – drugs that work the same way, but with a different name – to determine if the non-formulary drug will be covered.

### **Drug Savings Opportunities Page**

- 1. Great News! You can save money with these prescriptions.
  - a) List of savings opportunities listed here
  - b) Displays up to 12, targeted prescriptions with savings per family member.
  - c) Opportunities are displayed in descending order by "Most Savings" for each family member (Cardholder, Spouse, Dependents oldest to youngest)
- 2. Need this information for your doctor? Print out a PDF of your savings options to share with your doctor.
- 3. You're getting the best prices on these prescriptions. We'll let you know if new savings options become available
- **4. Need Help?** List of five, frequently asked questions/answers specific to the Drug Savings Opportunities tool.

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lome Prescriptions ~	Plan & Benefits Health Reso	ources ~	
E > Plan & Benefits > Drug Savings Opportunitie	ŝ		
ug Savings Opportunities			
at news!			
can save money on these prescriptions. Yo	ou can review them one at a time		
Save up to \$1,256.16 / year on Prozac for Krishna, age 68			
Save up to \$126.30 / year in Zocor for Krishna, age 68	>		
Save up to \$684.52 / year in Zetia for Reshma	>		
Save up to \$514.09 / year n Lipitor for Reshma	>		
Save up to \$259.33 / year In Lisinopril-hydrochlorothiaz for Reshn	а >		
Save up to \$1,256.16 / year n Prozac for John	>		
Save up to \$752.16 / year n Lipitor for John	>		
			T
Need this information for you Print out a PDF of your savings options to			1
Need this information for you Print out a PDF of your savings options to at patient			l
Need this information for you Print out a PDF of your savings options to at patient	b share with your doctor. Create savings report	Metomin Hydrochloride 99.2% Forder for Kishna, age 63	l
Need this information for you Print out a PDF of your savings options is at patient eryone Tre getting the best prices on the let you know if new savings options becom Lipitor 10Mg Tablet	b share with your doctor. Create savings report <b>bese prescriptions</b> tor Krishna, age 63 Sprinte 0.25-0.055 Tablet for Reahma	Powder	
Need this information for you         Print out a PDF of your savings options to         expone       Image: Comparison of the savings options to         "re getting the best prices on to         let you know if new savings options become the for Krishna, age 68         "Depoid 20Mg Tablet	b share with your doctor.  Create savings report  Create savings re	Powder for Krishna, age 68	
Need this information for you Print out a PDF of your savings options to t patient aryone Pre getting the best prices on the let you know if new savings options becom Lipitor 10Mg Tablet, for Krahna, age 88 Pepcid 20Mg Tablet, for Reatma	a share with your doctor. Create sawings report these prescriptions ne available: Metformin Hct Stown for Krishna, age 68 Stow more Show more	Powder for Krishna, age 68	
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### **Drug Savings Opportunities Detail**

- 1. Displays current prescription and alternative drug details for easy comparison
- 2. Savings options display in a three-tab view. (If there are no savings options for a specific channel, the tab will not display.)
- 3. Best Savings are shown by default and highlighted with the "Best Savings" indicator.
- 4. Savings options are grouped by generic equivalent, therapeutic alternatives, and days' supply.
- 5. Annual savings for each alternative option are displayed
- 6. The highest savings option displays by default; with additional alternatives available.
- 7. Member can initiate a new prescription request from this page.

vings d	options for Lisinopr	il-hydrochloroth	hiaz 10-12.5mg Tablet
iay <mark>suppl</mark> y /	30 tablet		
You woul	ld pay \$45.98 (1)		
Return to	savings finder		
			2
90-day mail	90-day store pickup 3	0-day store pickup	
Best Saving	• 3		
ive mone	y with a therapeutic alte	ernative	)
ney. Prices r	ernatives are medications in the reflect your enrollment status in a		overed by your plan. Talk to your doctor about options that could help you save ere you are within your deductible. Any prescription changes must be made by
ir doctor.			
our Best Sa			
Chang	ge to a lower-cost therapeutic	alternative	
	to \$264.84 / year	5)	You would pay
by changing t	to a therapeutic alternative		\$23.91 (\$7.97/month)
Moexipr/h	ictz 7.5-12.5 Tablet		P 90 tablets (3 month supply)
Moexipr/h	actz 7.5-12.5 Tablet		P 90 tablets (3 month supply) Request this alternative
Moexipr/h	ictz 7.5-12.5 Tablet	~	
	ional therapeutic alternatives	6	
Show addit		6	
Show addit	ional therapeutic alternatives	6	
Show addit	ional therapeutic alternatives ge to a 90-day supply	6	Request this alternative
Show addit	ional therapeutic alternatives ge to a 90-day supply to \$220.70 / year		Request this alternative
Show addit	ional therapeutic alternatives ge to a 90-day supply to \$220.70 / year to a 90-day supply		Request this alternative Tou would pay \$27.59 (S9.20/month)



#### **No Savings View**

Target drugs have that have been submitted successfully for a lower cost alternative will be removed from the Drug Savings Opportunities.

When no opportunities are available, members will see a page that says they are already getting the best price.

Home	Prescriptions ~	Plan & Benefits	Health Resources	~	덫 <sup>0</sup>
Home > Plan & B	Senefits > Drug Savings Opportuni	ties			
Drug Sav	ings Opportunitie	s			
	ing the best prices on ow if new savings options bec				
Lisinop for Alex	pril 2.5Mg Tablet	Prozac 10M for Alex	Ig Capsule	Sprintec 0.25-0.035 Tablet for Alex	
Zetia 10 for Alex	0Mg Tablet				
TOL VIEX					
⑦ Need	help?				
If the FA	AQs below don't answer your o	question, please see our <u>full</u>	ist of FAQs.		
Are gen	neric medicines as safe a	and <mark>effective</mark> as brand n	ame medicines?		
Why ca	n't <mark>l request one of the c</mark>	h <mark>ange</mark> s I'm being show	n?		
What do	o <mark>I need to do once l've</mark> r	equested a change to n	ny prescription?		
How do	I find out the status of r	ny mail service prescrip	otion order?		
How do	I know when my medica	ation(s) will arrive once	my doctor approves my r	equest?	
					_



### **Print member ID card page**

Home	Prescriptions $\checkmark$	Plan & Benefits	Health Resources $\checkmark$	<b>ൃ</b> 0
Home > Profile > Prin	t Member ID Card			
Update My Profile	Print N	/lember ID C	ard	
Secure Message Center	Print a persor	nalized ID card. Use it to a	ccess your prescription	
Print Member ID Ca	rd benefits imme	ediately.		
Pay Mail Account Balance	RxBIN 0043	36	Print an ID Card	
Print Plan Forms	RxPCN ADV RxGRP RX14 Issuer 9151			
My Account FAQs	ID Name 2016	STANDARD OPTION		

If CVS Caremark supplies the member ID card, members can print a temporary ID card.

Even if CVS Caremark does not supply the member ID card, members still can get the information relevant to processing a claim.

This image does not contain actual member information.



### **Profile page**

- The member profile can be accessed via the 'Profile' link in the menu on the top right corner of the site.
- 2. Members manage default portal and communication settings and other profile information from this page.
- 3. The 'Family Access' link is only available to family members aged 18+.







### **Profile page: family access**

To protect PHI, family members aged 18+ must give explicit permission for other adult family members to view their information or take action on their behalf.

The member can see the information for minor family members automatically.

1. Several levels of permission are available. The member can choose one, multiple or all. Different levels of access can be applied to each adult family member.

	Family Access			
My Billing Information				
My Shipping Information Family Access	Whether for convenience or caregiving, relatives and members of your household can help manage your prescriptions and account when you grant them Family Access.			
Communication	You give a loved one or caregiver complete or limited access to your account:			
preferences	Check the permissions you wish to assign to anyone listed below.			
Secure Message Center	When you're finished, make sure you authorize Family Access by saving your changes.			
Print Member ID Card	You can add, change, or revoke Family Access for any individual at any time.			
Pay Mail Account Balance	NOTE: Please be aware that if you allow a family member access to view your medications, all of your medications will be available to be viewed, including those medications that you may regard as sensitive or of a personal nature. If you do not want			
Print Plan Forms	medications that you regard as sensitive or of a personal nature to be seen by another family member, you must remove Family Access (if previously granted) for that family member.			
My Account FAQs	If you previously granted access to a family member, you are still required to provide the additional permission below.			
	Please hide ineligible family members.			
	JOANNE -			
	Select Let this family member			
	Select Let this family member			
1	Select Let this family member View my Orders			
1	Select     Let this family member       View my Orders       Order and Transfer my refils			



#### **Profile page: communication preferences**

Update My Profile		
My Billing Information	Communication Preferences	
My Shipping Information	Alert settings	
Family Access		
Communication	Current enrollments	🖉 Edit
preferences	Call: Not enrolled	
Secure Message Center	Text: Enrolled	
Secure message center	Email: Enrolled	
Print Member ID Card		
Pay Mail Account	Drug name display	🖉 Edit
Balance	Show full drug name	
Print Plan Forms		
My Account FAQs	Paperless settings	
	Current selections	🖉 Edit
	Medication guides	
	Store electronically	
	My contact information	
	Phone number	Ø Edit
	Primary (Mobile):	
	Email address	🖉 Edit

Program options may vary based on the client and the member's plan type.

Members can opt in to receive refill reminders and savings opportunity alerts. They can also choose one or more channels for receipt of these alerts.

They can also choose to go paperless. Options include paperless medication guides and, for Medicare Part D members, explanation of benefits (EOBs).



### **Electronic EOBs— Medicare Part D and EGWP only**

Medicare Part D beneficiaries who have chosen to go paperless can view up to 36 months of EOBs.

EOBs are sorted by date. Individual documents are displayed in PDF format and look just like the printed version.

	xplanation of Benefits (EOB) Statements
Plan Summary	×
Print Plan Forms	P Ready to go paperless? We'll send you an email alert as soon as your monthly statement is available online. You can view, download and print EOBs as needed, whenever you want.
Specialty Pharmacy Check Drug Cost & Coverage	Yes, I want to receive my EOB statements electronically.
Pharmacy Locator	Go paperless now
Coverage Determination & Appeal	Explanation of benefits (EOB)
Explanation of Benefits	An explanation of benefits (EOB) statement is a record of your prescription claims that have been processed for the month.
EOB) Statements	Learn more about your EOB statements
	Need help viewing PDFs?
	Show filter dates
	Documents: Showing of 0
	<ul> <li>We weren't able to find any documents in this date range.</li> <li>Your plan may not be enabled for paperless documents, or there may not be any documents</li> </ul>
	currently available. Please contact Customer Care using the number on your prescription card or the links below.



#### Legal disclaimers

The source for data in this presentation is CVS Health Enterprise Analytics unless otherwise noted.

All data sharing complies with applicable law, our information firewall and any applicable contractual limitations.

Adherence results and savings projections are based on CVS Caremark data. Actual results may vary depending on benefit plan design, member demographics, programs implemented by the plan and other factors. Client-specific modeling available upon request.

The Maintenance Choice program is available to self-funded employer clients that are subject to ERISA. Non-ERISA plans such as fully insured health plans, plans for city, state or government employees and church plans need CVS Caremark legal approval prior to adopting the Maintenance Choice program. Prices may vary between mail service and CVS Pharmacy due to dispensing factors, such as applicable local or use taxes.

Specialty Expedite is available exclusively for providers who use compatible electronic health record (EHR) systems, including Epic Systems and others that participate in the Carequality Interoperability Framework.

Specialty delivery options are available where allowed by law. In-store pick up is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty directly. Certain specialty medication may not qualify. Services are also available at Long's Drugs locations.

Patient stories and patient names are presented for illustrative purposes only. Any resemblance to an actual individual is coincidental. Unless otherwise specified, images contained within are licensed or the property of CVS Health or one of its affiliates.

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