



NALC Health Benefit Plan ***CDHP and Value Option*** ***2014 Prescription Benefits***



This booklet is a summary of some of the features of the NALC Health Benefit Plan CDHP and Value Option. Detailed information on the benefits for the 2014 NALC Health Benefit Plan CDHP and Value Option can be found in the official brochure. Before making a final decision, please read the Plan's officially approved brochure (RI 71-009). All benefits are subject to the definitions, limitations, and exclusions set forth in the official brochure.

Dear Plan Member,

Welcome to the NALC CDHP and Value Option Plan. Enclosed is your ID card and information on your prescription drug benefits. Be sure to take your ID card to your local NALC Preferred or NALC CareSelect pharmacy when you get a prescription filled for the first time. Use the ID number on your Health Insurance/Prescription Drug ID card to register at www.caremark.com, where you can order refills, check drug costs and coverage, print claim forms and more.

Your Plan sponsor chose CVS Caremark to manage your prescription care and associated costs. Here are some tips to help you save money on your prescriptions:

1. Ask for generics first. Generic drugs can cost up to 80% less than brand name drugs.
2. Remember the NALC Health Benefit Plan Formulary Drug List. If a generic isn't available, ask your doctor to prescribe a drug on your plan's formulary drug list, if appropriate.
3. Order 90-day supplies of long-term medications to save money. Sign up for CVS Caremark Mail Service to enjoy the convenience of having your medication shipped directly to you at no additional cost.
4. Fill short-term prescriptions at a network pharmacy. You will pay more for short-term (30 days or less) prescriptions that are not filled at an NALC CareSelect Network pharmacy.

This booklet provides a summary of your prescription benefits and information that will help you get the most from your prescription drug benefits. If you have questions about your prescription drug coverage, please call Caremark Customer Care at 1-800-933-NALC (6252), 7 days-a-week, 24 hours-a-day.

Sincerely,



Brian Hellman
Director

Your 2014 Drug Cost-Share for the NALC CDHP and Value Option Plans

Generic Drug:

Network Retail	up to 30-day supply	You Pay:	\$10*
Mail Order	90-day supply		\$20*

Formulary Brand Drug:

Network Retail	up to 30-day supply	You Pay:	\$40*
Mail Order	90-day supply		\$80*

Non-Formulary Brand Drug:

Network Retail	up to 30-day supply	You Pay:	\$60*
Mail Order	90-day supply		\$120*

Specialty Drugs:**

Caremark Specialty Pharmacy Mail Order	30-day supply	You Pay:	\$200*
Caremark Specialty Pharmacy Mail Order	90-day supply		\$400*

Non-network retail:

You pay 50% of the Plan allowance and the difference, if any, between our allowance and the billed amount after satisfaction of the calendar year deductible. Your PCA must be used first and then you must meet the remainder of your deductible before your Traditional Health Coverage begins.

**Prescription drugs are subject to the calendar year deductible. Your PCA must be used first and then you must meet the remainder of your deductible before your Traditional Health Coverage begins.*

***All specialty drugs require prior authorization. Specialty drugs, including biotech, biological, biopharmaceutical and oral chemotherapy drugs, are generally defined as high-cost prescription drugs that treat complex conditions and require special handling and administration and can cost thousands of dollars for a single dose. Call CVS Caremark Specialty Pharmacy Services at 1-800-237-2767 to obtain prior approval.*

NALC CDHP and Value Option 2014 Prescription Drug Benefits

This is a summary of some of the features of the NALC CDHP and Value Option prescription benefits. Details on the benefits for the 2014 NALC CDHP and Value Option Plans can be found in the official brochure (RI 71-009). All benefits are subject to the definitions, limitations and exclusions set forth in the official brochure.

Retail copayment amounts are applicable for one fill / one refill of (up to) a 30-day fill of your maintenance medication purchased at a participating pharmacy in the CareSelect network.

NALC Preferred Retail Pharmacies

The NALC CDHP and Value Option Plan offers the Preferred NALC Retail Pharmacy Network. From our broad network of over 67,000 participating pharmacies, the following pharmacies are Preferred NALC Retail Pharmacies:

Baker's Pharmacy	Giant Pharmacy	QFC Pharmacy
Bi-Lo Pharmacy	Jay C Plus Pharmacy	Ralphs Pharmacy
Care Plus CVS Pharmacy	Kessel Pharmacy	Randalls Pharmacy
Carrs-Gottstein Pharmacy	King Soopers Pharmacy	Rite Aid Pharmacy
City Market Pharmacy	K Mart Pharmacy	Safeway Pharmacy
CVS Pharmacy	Kroger Drugstore	Scott's Pharmacy
Dillon Pharmacy	Kroger Food & Drug	Smith's Pharmacy
Dominicks Pharmacy	Kroger Sav-On	Stop & Shop Pharmacy
Eagle Pharmacy	Longs Drug Store	Super G Discount Drug
Food 4 Less Pharmacy	Martin's Pharmacy	Target Pharmacy
Fred Meyer Pharmacy	Owen's Pharmacy	Tom Thumb Pharmacy
Fry's Food & Drug	Pavilions Pharmacy	Vons Pharmacy
Genuardis Pharmacy	Payless Pharmacy	Wellness Works Pharmacy
Gerbes Pharmacy	Postal Prescription Services	

Pharmacies that participate in the NALC Preferred and NALC CareSelect networks are subject to change. Please call CVS Caremark at 1-800-933-NALC (6252) to verify a pharmacy's participation.

Lower Cost Generics

Reduce your out-of-pocket costs and ask your medical professional to prescribe generic drugs. Although the cost difference can be dramatic, generic drugs are pharmacologically identical to their brand name versions. The FDA requires that generic drugs be as safe and effective as brand name drugs. Call CVS Caremark Customer Care at 1-800-933-NALC (6252) to see if your brand name prescription is available as a generic.



CVS Maintenance Choice Program

If you prefer the convenience of purchasing maintenance medications locally, you can purchase a 90-day supply (84-day minimum) of covered drugs and supplies at a local CVS Caremark Pharmacy, including Longs Drugs, through our Maintenance Choice Program. You will pay the applicable mail order copayment for each prescription purchased.

Specialty Drugs

We cover specialty drugs, including biotech, biological, biopharmaceutical, and oral chemotherapy drugs only through CVS Caremark Specialty Pharmacy Mail Order. You must purchase specialty drugs through the CVS Caremark Specialty Pharmacy Services. All specialty drugs require prior approval to ensure appropriate treatment therapies for chronic complex conditions. Decisions about prior approval are based on guidelines developed by physicians at the FDA or independent expert panels and are administered by a CVS Caremark pharmacy expert. Call CVS Caremark Specialty Pharmacy Services at 1-800-237-2767 to obtain prior approval.

Getting Your Prescriptions Filled

Call CVS Caremark toll-free at 1-800-933-NALC (6252) to locate a participating pharmacy, check on the status of your mail order medication, or to refill your existing medication. You can also track your mail order prescription or order refills on line when you register at www.caremark.com.

Questions? Please call CVS Caremark for the NALC Health Benefit CDHP and Value Option Plans at 1-800-933-NALC (6252) 24 hours-a-day, 7 days-a-week.

Dispensing Limitations

There are dispensing limitations for prescriptions purchased locally at NALC Preferred Network and NALC CareSelect pharmacies. You may obtain up to a 30-day fill and one refill of medication. We will waive the one 30-day fill and one refill limitation at retail for patients confined to a nursing home, patients who are in the process of having their medication regulated, or when state law prohibits the medication from being dispensed in a quantity greater than 30-days. Call the Plan at 1-888-636-NALC (6252) to have additional refills at a network pharmacy authorized.

If you purchase more than two fills of a maintenance medication (limited to a 30-day supply) at a network pharmacy without prior Plan authorization, you will need to pay the full cost of the additional refills and file a paper claim to receive a 50% reimbursement after the calendar year deductible has been met.

You will pay the difference in cost between the brand name drug and generic if you receive a brand name drug when a federally approved generic drug is available, and your physician has not specified "Dispense as Written" for the brand name drug.

Maximum Out-of Pocket

Copayment amounts for prescription drugs (including Specialty Drugs) dispensed by an NALC Preferred Network pharmacy, NALC CareSelect Network pharmacy, Caremark mail order pharmacy or through the Caremark Maintenance Choice Program count toward a separate prescription out-of-pocket of \$6,000 for a Self Only enrollment or \$12,000 for a Self and Family enrollment.

The following cannot be counted toward out-of-pocket expenses:

- The 50% coinsurance for prescriptions purchased at a non-network pharmacy or for additional fills at an NALC CareSelect pharmacy
- Any associated costs when you purchase medications in excess of the Plan's dispensing limitations
- The difference in cost between a brand name and a generic drug when you elect to purchase the brand name, and a generic drug is available, and your physician has not specified "Dispense as Written"



