



State of TN ABC Presentation

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Health plan comparison for State and Higher Education (no change from 2021)

Healthcare option	Member costs					
	Premier PPO		Standard PPO		CDHP / HSA	
Covered services	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹
30-Day supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	Copay plus amount exceeding MAC	20%	40% plus amount exceeding MAC
90-Day supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A - no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A - no network	20%	N/A - no network
90-Day supply (certain maintenance medications from 90-day network pharmacy or mail order) [3]	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A - no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A - no network	10% without first having to meet deductible	N/A - no network
Specialty Medications (30- day supply from a specialty network pharmacy)	10%; min \$50; max \$150	N/A - no network	10%; min \$50; max \$150	N/A - no network	20%	N/A - no network

PPO services in this table ARE NOT subject to a deductible. CDHP/HAS services in this table ARE subject to a deductible with the exception of in-network preventative care and 90-day supply maintenance medications. In the table, \$=your copayment amount, %=your coinsurance; and 100%covered or no charge = you pay \$0 in-network. 1. Subject to maximum allowable charge (MAC). The MAC is the most a plan will pay for a covered service. For non-emergent care from an out-of-network provider who charges more than the MAC, you will pay the copay or coinsurance PLUS the difference between MAC and actual charge. 3. Applies to certain antihypertensives for coronary artery disease (CAD) and congestive heart failure (CHF); oral diabetic medications, insulin and diabetic supplies; statins; medications for asthma, COPD (emphysema and chronic bronchitis), depression and osteoporosis medications.

Local Education and Local Government (no change from 2021)

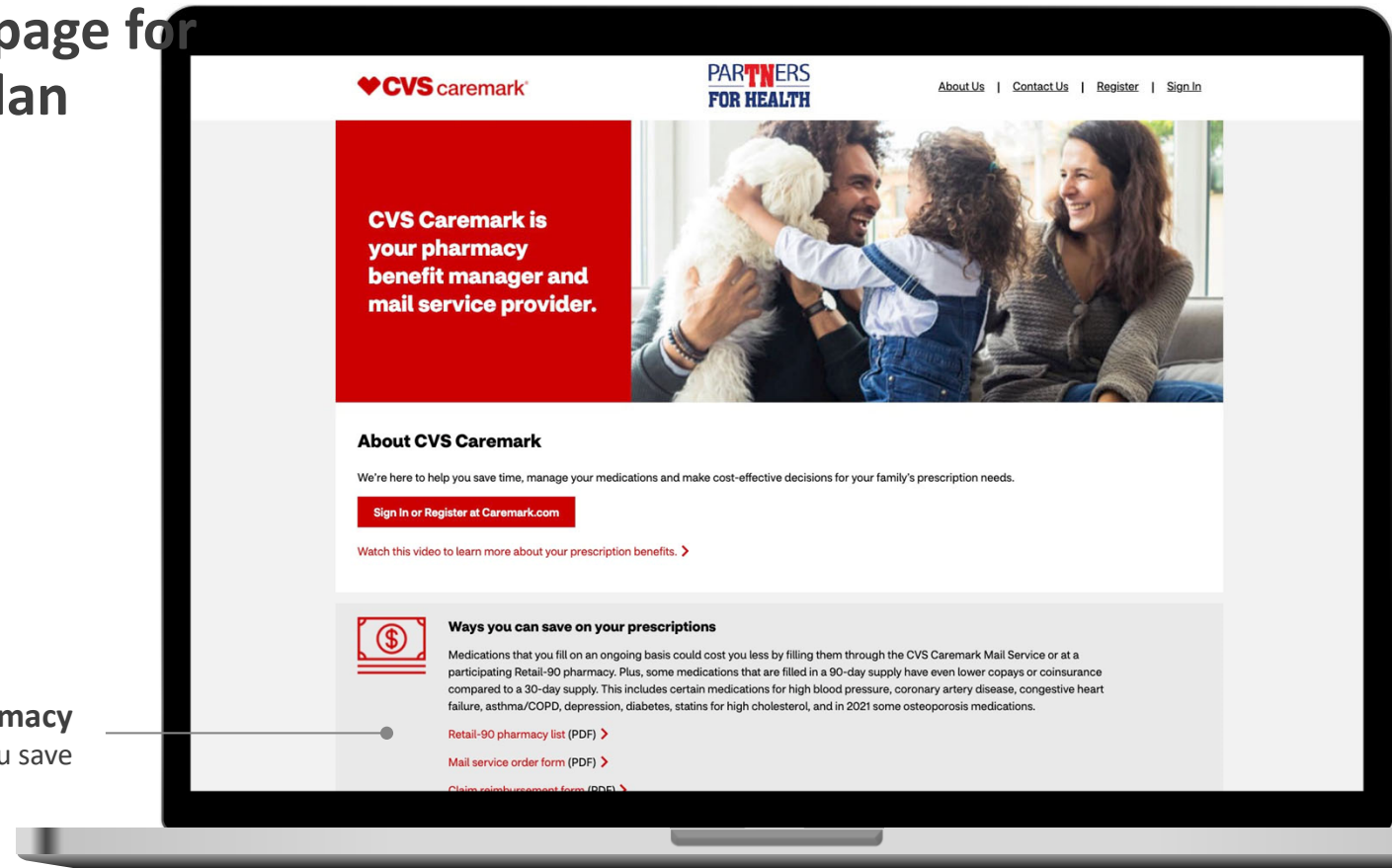
Healthcare option	Member costs							
	Premier PPO		Standard PP		Limited PPO		Local CDHP / HSA	
Covered services	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹	In-network ¹	Out-of-network ¹
30-Day supply	\$7 generic; \$40 preferred brand; \$90 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$50 preferred brand; \$100 non-preferred	Copay plus amount exceeding MAC	\$14 generic; \$60 preferred brand; \$110 non-preferred	Copay plus amount exceeding MAC	30%	50% plus amount exceeding MAC
90-Day supply (90-day network pharmacy or mail order)	\$14 generic; \$80 preferred brand; \$180 non-preferred	N/A – no network	\$28 generic; \$100 preferred brand; \$200 non-preferred	N/A – no network	\$28 generic; \$120 preferred brand; \$220 non-preferred	N/A – no network	30%	N/A – no network
90-Day supply (certain maintenance medications from 90-day network pharmacy or mail order) ³	\$7 generic; \$40 preferred brand; \$160 non-preferred	N/A – no network	\$14 generic; \$50 preferred brand; \$180 non-preferred	N/A – no network	\$14 generic; \$60 preferred brand; \$200 non-preferred	N/A – no network	20% without first having to meet deductible	N/A – no network
Specialty Medications (30-day supply from a specialty network pharmacy)	10%; min \$50; max \$150	N/A – no network	10%; min \$50; max \$150	N/A – no network	10%; min \$50; max \$150	N/A – no network	30%	N/A – no network

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CVS Caremark splash page for ParTNers for Health plan members

info.caremark.com/stateoftn

Find a Retail-90 pharmacy
to help you save



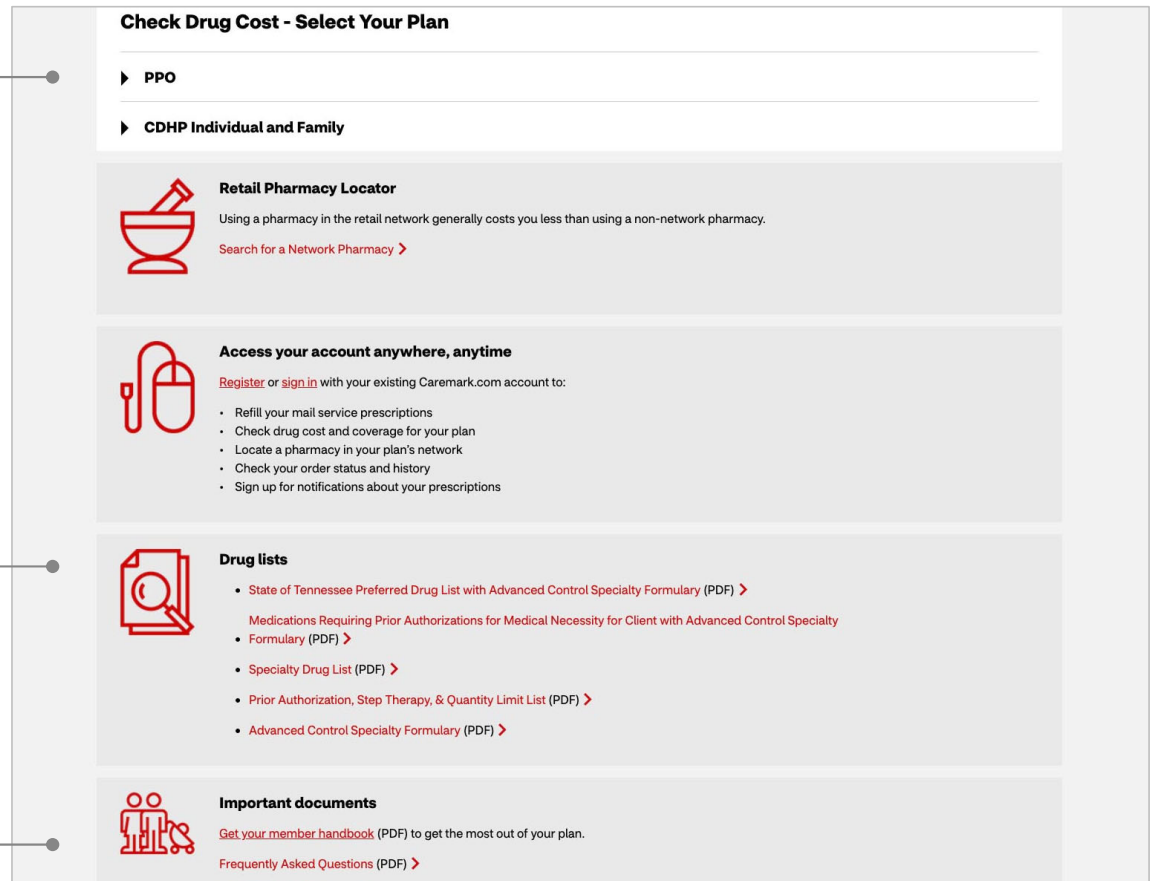
CVS Caremark splash page for ParTNers for Health plan members

info.caremark.com/stateoftn

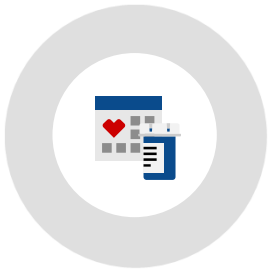
Click on your plan and coverage type, then enter your zip code, pharmacy name, and drug name for your plan-specific drug cost

Review your plan's preferred drug list, a list of covered specialty medications, and see which medications require prior authorization, have step therapy, or quantity limits and more

Review frequently asked questions and other flyers to help you find ways to stay adherent to your medications and save money.



Maintenance tier



Allows members to fill a 90-day supply of certain medications either at a participating Retail-90 pharmacy or through CVS Caremark Mail Service

for a lower copayment (if enrolled in one of the PPOs) or coinsurance (if enrolled in the CDHP or Local CDHP)

If enrolled in the CDHP or Local CDHP, the member's drug cost bypasses their deductible (saving the member money)

Existing drug classes include:

- High blood pressure
- Asthma/COPD
- Congestive heart failure
- Coronary artery disease
- Diabetes (oral meds, insulins, other injectables, and testing supplies)
- Depression
- Statins
- Some osteoporosis medications
- Does not include any specialty medications

Retail 90

Encourage members to use the Retail 90 Network for all long-term medications

(doesn't have to be classified as maintenance)

Utilizing the Retail 90 Network can save both the member and the plan financially

Not all pharmacies in the Retail 30 pharmacies are included in the Retail 90 Network


To find a participating pharmacy near you visit:
<https://info.caremark.com/stateoftn>

1

Check Drug Cost - Select Your Plan

► PPO


► CDHP Individual and Family



Retail Pharmacy Locator

Using a pharmacy in the retail network generally costs you less than using a non-network pharmacy.


[Search for a Network Pharmacy >](#)



Access your account anywhere, anytime


[Register](#) or [sign in](#) with your existing Caremark.com account to:

- Refill your mail service prescriptions
- Check drug cost and coverage for your plan
- Locate a pharmacy in your plan's network
- Check your order status and history
- Sign up for notifications about your prescriptions



Drug lists

- [State of Tennessee Preferred Drug List with Advanced Control Specialty Formulary \(PDF\) >](#)
[Medications Requiring Prior Authorizations for Medical Necessity for Client with Advanced Control Specialty Formulary \(PDF\) >](#)
- [Specialty Drug List \(PDF\) >](#)
- [Prior Authorization, Step Therapy, & Quantity Limit List \(PDF\) >](#)
- [Advanced Control Specialty Formulary \(PDF\) >](#)



Important documents

[Get your member handbook \(PDF\)](#) to get the most out of your plan.

[Frequently Asked Questions \(PDF\) >](#)

Retail 90

2

Enter ZIP, or City & State, or County & State

Ex.: 60015, or Chicago, IL or Cook County, IL

Distance (optional)

10 miles

Search

3

Filter Results By (Optional):

☐ 24-hour service

☐ Drive-thru service

4

Pharmacy Name

Ex: CVS pharmacy, Walmart

Advanced Options ^

Pharmacy Services

☐ On-site medical clinic

☐ Open 7 days a week

☐ Flu shots

☐ Prescription delivery

☐ Blood-pressure screenings

☐ Compound medications

☐ Durable medical equipment ?

Plan-specific programs

☐ Retail 90 ?

☐ Vaccine network ?

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Language Spoken

English

Pharmacy Type

Select

Search

Feedback

Welcome letters and ID cards

For January 1, 2022, everyone will receive a CVS Caremark ID Card and Welcome Kit. This is a one-time event.

Typically, not everyone receives a CVS Caremark ID card.

After January 1, 2022, we will resume the normal practice of issuing Welcome Kits/ID Cards to:

Those members who have new coverage regardless of the time of year.

Currently enrolled members who change from one health plan to another during (i.e. from Standard PPO to Premier PPO, from Premier PPO to CDHP, etc.). This typically happens only during open enrollment.



A photograph of a group of people in a meeting or collaborative work environment. In the foreground, a woman with short brown hair and glasses, wearing a dark blue floral patterned top, is smiling and gesturing with her right hand. Behind her, a man with short dark hair is looking down at a tablet or laptop. Further back, another man and a woman are visible, also engaged in the activity. The scene is brightly lit with warm, golden light, suggesting a sunny day or indoor lighting. The word "Questions?" is overlaid in white text on the left side of the image.

Questions?



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 and health outcome results, savings projections **and performance ratings** 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 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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