

# Midwest Operating Engineers Prescription Drug Program

Active Members and Non-Medicare Retirees

The Prescription Drug Program provides prescription benefits through the Midwest Operating Engineers Welfare Fund for all eligible active and retired members of Local 150 and their eligible dependents, who are **not** eligible for Medicare. If you are eligible under the Retiree Welfare Plan (RWP) and Medicare-primary, your Prescription Drug Plan is SilverScript. For additional information, visit the Medicare-Eligible Prescription Drug Program page at <https://local150.org/moe/>. We are proudly partnered with CVS Caremark to provide, you and your family, all your pharmaceutical needs.

## Filling Prescriptions

- **Short-Term Medication** can be filled at any in-network pharmacy (CVS, Target, Walgreens etc.). To locate an in-network pharmacy closest to you, create an account/login on [www.caremark.com](http://www.caremark.com).
  - You may receive up to two 30-day supplies of a short-term medication. If you seek a third refill of that medication it is considered a long-term medication (maintenance medication), and you must transition to a CVS retail pharmacy or the CVS Caremark Mail Service pharmacy and fill a 90-day supply. If you choose to stay at your current pharmacy, you will be responsible for paying 100% of the cost of the medication for that refill and future refills of that medication and ***no reimbursement will be allowed.***
- **Long-Term Medication (Maintenance Medication)** must be filled at a CVS retail pharmacy or through CVS Caremark Mail Service pharmacy for a 90-day supply. Please note that all prescriptions **must** be written for a 90-day supply when using the CVS Caremark Mail Service pharmacy. If the prescription is written for anything less than 90-days, you will still be responsible for paying a 90-day copay.
  - Contact Caremark Customer Service at (833) 252-6642 for assistance with their Mail Service Pharmacy.

## CVS Caremark Performance Drug List – Basic Control

The CVS Caremark Performance Drug list is a guide of medications based on their therapeutic categories that are covered by the plan. Utilization Management is applicable to certain medications to determine coverage. You can find the CVS Caremark Performance Drug list by visiting the Prescription Drug Program page at <https://local150.org/moe/>, and click on the Active Members and Non-Medicare Retirees tile. Sharing this list with your provider may be beneficial when prescribing medications.

## Utilization Management

Certain medications have requirements or limitations such as Prior Authorization, Step Therapy, and Quantity Limits. In this instance, your provider may submit a Prior Authorization review to CVS Caremark to determine coverage of the prescribed medication. Prior Authorization's may be submitted the following ways:

- Electronic (ePA) – preferred via CoverMyMeds or SureScripts
- By Phone – (800) 294-5979

## Limitations/Exceptions- Dispense as Written (DAW) Penalty

When available, generic medications will be substituted for all brand name medications. If you request a brand name medication, or if the prescribing physician indicates "no substitutions", when a generic equivalent is available, you will be required to pay the brand name copay plus the difference in cost between the brand name medication and its generic equivalent unless determined medically necessary through the appeals process.

## Billing Information

Please be sure to present your MOE vendor card to your pharmacy when filling prescriptions so they are billed correctly. The MOE vendor card will list the information below, along with your ID number that the pharmacy will require.

**Rx Bin: 004336 Rx Group: RX24EB PCN: ADV**

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## 4-Tier Copay Program

A copay is the amount you pay for your medication at the pharmacy. The chart below outlines the copay structure by plan name. If the cost of a medication is less than your copay, you are only responsible for paying the lower amount.

PBM's Network Retail Pharmacy (up to a 30-day supply)		PBM's Network Retail Pharmacy or Mail Order (up to a 90-day supply)
<b>Copay Schedule for all non-Marketplace Plans, Operator's Health Center Plan, Marketplace Plan A, Platinum PPO, Gold PPO, Silver PPO, EPO, Retiree Welfare Plan</b>		
Generic (Tier 1)	\$5 copay	\$15 copay
Preferred Brand (Tier 2)	\$10 copay	\$30 copay
Non-Preferred Brand (Tier 3)	\$25 copay	\$45 copay
Specialty (Tier 4) <sup>1</sup>	\$100 copay	\$300 <sup>2</sup> copay
PBM's Network Retail Pharmacy (up to a 30-day supply)		PBM's Network Retail Pharmacy or Mail Order (up to a 90-day supply)
<b>Copay Schedule for Bronze PPO</b>		
Generic (Tier 1)	\$20 copay	\$50 copay
Preferred Brand (Tier 2)	\$40 copay	\$100 copay
Non-Preferred Brand (Tier 3)	\$55 copay	\$115 copay
Specialty (Tier 4) <sup>1</sup>	\$100 copay	\$300 <sup>2</sup> copay

<sup>1</sup>The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% co-insurance. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution.

<sup>2</sup>Specialty medications are limited to a 30-day supply. Copay applies only for medications that must be dispensed in 90-day supplies due to packaging.

## Processing a Prescription Through the Prescription Drug Program

If your prescription does NOT go through the insurance, for any reason, after you have presented your MOE vendor card, call the Pharmacy Benefit Department at (708) 387-8331 promptly so our staff can assist. Medications can be re-processed at a pharmacy within seven days of their original processing, and a refund can be issued depending on the circumstances. Outside of seven days after a prescription is picked up, the Pharmacy Benefit Department cannot reimburse you for out-of-pocket expenses.

## Additional Resources

For additional information regarding the Prescription Drug Program, please visit the Active Members and Non-Medicare Retirees Prescription Drug Program Page at <https://local150.org/moe/> or you may contact Caremark Customer Service at (833) 252-6642.

If you have any questions regarding the Prescription Drug Program, please contact the Pharmacy Benefit Department at (708) 387-8331.

