CVS CAREMARK | CAREMARK

NH Troopers

Your Personal Prescription Benefit Program

A Convenient Pull-Out Guide

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate medicine needs or short-term medicine(s)*	For maintenance or long-term medicine(s)*
You Will Pay:	• $10 for each generic medicine • $20 for each preferred brand name medicine • $35 for each non-preferred brand name medicine	• $20 for each generic medicine • $40 for each preferred brand name medicine • $70 for each non-preferred brand name medicine
Maximum Out-Of-Pocket:	$1000 per individual $2000 per family	
Day Supply Limit:	31-day supply	90-day supply
Prior Authorization Required:	Apokyn, Erectile Dysfunction, Erythroid Stimulants, Growth Hormones, Fertility (except oral), Interferons, Multiple Sclerosis Therapy, Myeloid Stimulants, Platelet Proliferation Stimulants, Raptiva®, Rheumatoid Arthritis Therapy (except Arava), Tysabri®, Wellbutrin®, Xolair®	

***** Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medicines. Please log on to **www.caremark.com** for the most up-to-date plan information.

Have Questions?

Three Easy Ways To Contact Caremark

1. www.caremark.com
Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medicine information. Please see the inside front cover for more details.

2. 1-888-726-1630
Call toll-free for the Caremark fully automated refill phone service.

3. Caremark Customer Care
Call **1-888-726-1630** to speak to a Caremark Customer Care representative, 24 hours a day, seven (7) days a week. You may also e-mail Customer Care 24 hours a day, seven (7) days a week at **customerservice@caremark.com**.

When you call or log in, be ready to provide:
- Plan participant's ID number provided by your plan
- Plan participant's date of birth
- Your VISA®, Discover®, MasterCard® or American Express® number with expiration date, if your plan requires a payment. While checks and money orders are accepted and a "Bill me later" option is available, the preferred method of payment is by credit card.

Need Another Prescription ID Card? Additional ID cards can be obtained by calling Caremark Customer Care at **1-888-726-1630**. For a temporary ID card go to **www.caremark.com**.

To contact ***New Hampshire Local Government Center*** call **1-800-527-5001** between the hours of 8:30 am and 4:30 pm (eastern standard time) Monday through Friday or visit **www.nhlgc.org**. For further information or questions you may also e-mail Member Services at **sonh@nhlgc.org**.

18830-CCS68-0208
NHTRPS-R$10/20/35M$20/40/70

Getting Your Prescription Filled Through the Caremark Mail Service Program

Caremark operates seven mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, our mail service pharmacies are staffed by registered pharmacists. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it's filled correctly. In addition, your prescription history is reviewed to identify any possible problems with new medicines you may be prescribed.

Day Supply Limit
You can get up to a 90-day supply of medicine when you get a prescription filled through the Caremark Mail Service Pharmacies. Ask your doctor to write a prescription for up to a 90-day supply plus 3 refills for up to 1 year when clinically appropriate.

***Please Note:** By law, Caremark must fill your prescription for the exact quantity of medicine prescribed by your doctor, up to the 90-day supply limit.*

Payment Options
While checks and money orders are accepted and a "Bill me later" option is available, the preferred method of payment is by credit card. For credit card payments, simply include your VISA®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the enclosed mail service order form.

Convenient Home Delivery
You can expect new prescriptions to arrive 10 to 14 calendar days after Caremark receives your order. Refills are delivered within 7 days following Caremark's receipt of your refill request. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about your prescribed medicine that you would receive from a retail pharmacy.

Drug List
Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to **www.caremark.com** to access the most current drug list for your plan.

Prior Authorization
Some medicines may require approval before the prescription can be filled. Caremark's Mail Service Pharmacy will contact your doctor directly for approval.

Getting Your Prescription Filled at a Retail Pharmacy

Day Supply Limit
You can get up to a 31-day supply of medicine each time you have a prescription filled at a retail pharmacy. Ask your doctor to write a prescription for up to a 31-day supply, when clinically appropriate.

Caremark Participating Retail Pharmacies
The Caremark Retail Program includes more than 62,000 participating pharmacies nationwide, including over 20,000 independent community pharmacies. For a full listing, visit **www.caremark.com**.

Using a participating retail pharmacy is generally more convenient and less expensive. Participating pharmacies can easily access information about your prescription benefit program and the appropriate payment. You will not need to file any additional paperwork when you use a Caremark participating retail pharmacy.

Non-Participating Retail Pharmacies
In most cases, you will pay more for your prescription if you use a pharmacy outside the Caremark network. You will be asked to pay 100 percent of the prescription price at the pharmacy. Then, you will need to submit the paper claim form included in this booklet, along with the original prescription receipt(s) to Caremark for reimbursement of covered expenses.

Drug List
Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log on to **www.caremark.com** to access the most current drug list for your plan.

Prior Authorization
Some medicines may require approval before the prescription can be filled. Your pharmacist will give you or your doctor a toll-free number to call in order to obtain approval.