

The PrudentRx Copay Program

Frequently Asked Questions

We all know that the cost of prescription medications is rising. This is especially true of specialty medications. As part of your prescription plan, The PrudentRx Copay Program allows you to get select specialty medications at no cost to you. That means \$0 out-of-pocket (OOP) for any medications on your plan's exclusive Specialty Drug List when you fill by CVS Specialty®, as well as select high-cost specialty limited distribution drugs (LDDs).

PrudentRx will work with manufacturers to get copay* card assistance**, and will manage enrollment and renewals on your behalf. Even if there is no copay card program for your medication, your cost will be \$0 for as long as you are enrolled in the program.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications, in particular specialty medications. The PrudentRx Copay Program will help plan members get copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby OOP expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If you currently take one or more medications included in your plan's PrudentRx Drug List, you will receive a welcome letter and phone call from PrudentRx that provides information about the program as it pertains to your medication. All eligible members' enrollment will begin automatically in The PrudentRx Copay Program, but you can choose to opt out of the program by calling **1-800-578-4403**.

Some manufacturers make you to sign up to take advantage of the copay assistance that they provide for their medications – in that case, you must speak to someone at PrudentRx at **1-800-578-4403** to provide any other information needed to enroll in the program. PrudentRx will also contact you if you need to enroll in the copay assistance for any medication that you take. If you choose to opt out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the 30% copay for eligible specialty medications**.

If you or a covered family member are not currently taking, but will start a new medication covered under The PrudentRx Copay Program, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the program.

Please note: your plan's exclusive Specialty Drug List may be updated periodically. Copayments for these medications, whether made by your plan or a manufacturer's copay assistance program, will not count toward your plan deductible or maximum OOP (MOOP)†.

Because certain specialty medications do not qualify as "essential health benefits" (EHB) under the Affordable Care Act (ACA)††, member cost share payments for these medications, whether made by you or a manufacturer copayment assistance program, do not count towards the Plan's MOOP. A list of specialty medications that are not considered to be EHB is available. An exception process is available for deciding whether a medication that is not an EHB is medically necessary for a particular individual§.

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PrudentRx can be reached at 1-800-578-4403 to answer any questions about The PrudentRx Copay Program.

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Q1: What is PrudentRx Copay Program?

A1: The PrudentRx Copay Program combines an innovative specialty copay plan design strategy and improved member experience to help optimize savings from non-needs based manufacturer copay cards and reduce member costs. The program allows members to pay \$0 OOP for all specialty medications on the plan's Exclusive Specialty Drug List dispensed by CVS Specialty, as well as select high-cost specialty LDDs, regardless if a copay card is available.

Q2: What is a manufacturer sponsored copay card?

A2: A third-party sponsored copay card is a direct-to-consumer incentive manufacturers offer to promote brand loyalty and the use of brand-name pharmaceutical products. The copay card can also be used to lower OOP costs for eligible patients.

Q3: Are there different types of copay cards?

A3: Yes. There are two types of copay card programs offered:

1. **Non-Needs Based:** This type is offered to commercially insured population. These copay cards may be used regardless of a patient's financial status and do not require any form of eligibility or qualification to get assistance.
2. **Needs-Based/Patient Assistance Program (PAP):** This type is offered by a manufacturer sponsor or independent non-profit to help patients who meet specific financial eligibility criteria. These patients may be uninsured, underinsured or may have been denied coverage by commercial plans. This type of assistance is *not* part of The PrudentRx Copay Program, but your specialty pharmacy may be able to help you if needed in connecting with these types of programs.

Q4: Can I use a copay card if I am a Medicare Part D or Medicaid Plan beneficiary?

A4: No. Federal law prohibits Medicare Part D, Medicaid beneficiaries and other federally funded plans from using these incentives.

Q5: What happens when I enroll in a copay card program?

A5: You will continue to fill prescriptions as usual. The pharmacy or PrudentRx enters the copay assistance details when submitting the claim, and the copay assistance is applied toward the member cost share by the pharmacy.

Q6: What prescription drugs are offered with copay cards?

A6: Most copay cards are designed for more expensive specialty prescription drugs. PrudentRx will be able to tell you if your medication has a copay card program.

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Q7: Why will copay card support no longer be contributed toward my accumulator totals (i.e., deductible and MOOP)?

A7: Deductibles are established as a means of cost sharing with your plan sponsor while a MOOP is the most you will pay during a policy period. The help you get from a copay card is provided by the copay card sponsor and does not reflect any actual OOP cost the member pays. Given that deductibles and MOOPs are intended to capture true member costs only and not third-party assistance through a copay card (not including monthly premium payments), the update to accumulators are made to reflect only the amount a member actually pays.

Q8: Do I need to use a copay card?

A8: No. Members do not need to participate in a copay card program. However, it is strongly encouraged to help reduce a member's final OOP cost. If you opt out of using assistance or enrolling in The PrudentRx Copay Program, you are responsible for the 30% copay.

Q9: How do I know if I'm eligible for the program?

A9: While most employers will implement the program across all plans, some may only do so for individual plans offered. To see if the plan you are currently enrolled in is participating in the program, please contact your Pharmacy Benefit Manager (PBM), CVS Caremark®, at the Customer Care number on the back of your member identification card or work with your human resource representative.

Q10: How do I get a specialty copay card and make sure it is used when I fill a prescription?

A10: If you or an existing member have filled specialty medications, PrudentRx will send out a letter on behalf of the client and follow up with the member with a phone call. When a new prescription is received and processed by CVS Specialty, there is an administrative process to capture the claim and reach out to the member. From there, CVS Specialty will offer to transfer the member to PrudentRx or will provide the member with the PrudentRx contact information to enroll.

PrudentRx will help the member enroll in the manufacturer copay card program and get the necessary manufacturer copay (where applicable). This process usually takes less than ten minutes but may take up to five to seven days depending on the manufacturer process. The member will be informed throughout the process. PrudentRx will provide CVS Specialty confirmation that the member has completed enrollment and will contact CVS Specialty to schedule delivery.

Q11: What happens if the specialty copay card is no longer offered?

A11: Specialty copay cards are monitored on a regular basis to quickly respond to any changes. If a specialty copay card is no longer being offered and you are enrolled in the program, your final OOP cost will remain \$0.

Q12: What happens if a drug does not have a specialty copay card or the annual manufacturer assistance has been exhausted?

A12: If you are enrolled in The PrudentRx Copay Program, your final OOP cost is \$0.

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Q13: What if I decide not to be enrolled in the program?

A13: If you do not want to be enrolled in the program, or if you do not confirm that you are enrolled in any copay assistance as required by a manufacturer, you will need to pay the full 30% copay for specialty medications that are eligible for The PrudentRx Copay Program. You may still use available copay cards or manufacturer assistance for these medications; however, those dollars will not be applied toward your annual deductible or MOOP.

Q14: How does The PrudentRx Copay Program handle drug classes like human immunodeficiency virus (HIV) and LDDs not available at CVS Specialty?

A14: Drug classes like HIV: these drugs will be included in the program if the Plan includes them as Exclusive Specialty. If they are open network or excluded as specialty products, they will be excluded from the PrudentRx program.

LDDs not available at CVS Specialty: select high-cost specialty LDDs have been incorporated into the program to expand program capabilities and meet client needs. These LDDs will continue to be dispensed via the established authorized pharmacies; however, we've coordinated with PrudentRx to confirm appropriate communication with those pharmacies to ensure members enrolled in the program receive these medications for a final \$0 OOP. These LDDs are included on the PrudentRx Drug List. LDDs not included on the PrudentRx Drug List will remain excluded from the PrudentRx program until further notice. They may still be covered under the Plan as they are today with the appropriate member cost share.

Q15: What is the difference between EHB and non-EHB drugs?

A15: Under the ACA, non-grandfathered, self-funded plans are not required to cover EHB; however, they are subject to annual MOOP limits. Covered benefits that fall outside the authorized definition are deemed non-EHB and need not be counted toward a member's MOOP limit. In The PrudentRx Copay Program, non-EHB medications may still be covered by the plan; however, the 30% copay will not apply toward the MOOP.

Please note: If you participate in The PrudentRx Copay Program, you will have a \$0 OOP for drugs that are deemed non-EHB.

Q16: What if my medication requires a prior authorization (PA)?

A16: You need to go through the usual PA and appeals process before the medication is processed by CVS Specialty. While your PA is being reviewed, you can still confirm enrollment or opting out of The PrudentRx Copay Program. If your medication is not approved, your doctor may be able to prescribe a different medication for you. If you're enrolled in the program, your OOP cost for an eligible specialty medication prescribed by your doctor and dispensed by CVS Specialty will be \$0.

Q17: Are there limitations around when I can enroll or opt out of the program?

A17: No. Even if you originally opted out of the program, you can contact PrudentRx to confirm you'd like to enroll in the program at any time. However, only those prescriptions filled after you have enrolled in The PrudentRx Copay Program will have a \$0 OOP cost.

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Q18: Can I enroll my dependent on their behalf?

A18: Yes. A member can enroll a minor dependent on their behalf.

Q19: Will I pay \$0 OOP for all my medications?

A19: No. Only specialty medications on your plan's PrudentRx Drug List are eligible for the program and will have a \$0 OOP cost.

Please note: PrudentRx does not decide what medications are covered (on the client's formulary) by the plan. Please call CVS Caremark Customer Care at the number on the back of your member ID card if you have questions about coverage.

Q20: What if I fill my eligible prescription outside of CVS Specialty?

A20: Your plan has chosen CVS Specialty as the exclusive provider to dispense most specialty medications. If you fill an exclusive specialty medication outside of CVS Specialty, it will not be covered. Please call CVS Caremark Customer Care at the number on the back of your member ID card for help.

Please note: should you be allowed an override to process the medication outside of CVS Specialty, you will be responsible for the 30% copay.

Q21: How many times should I expect to receive calls from PrudentRx?

A21: Once you are enrolled, PrudentRx will only call you to help enroll you in new copay card programs for your medications. You won't receive another call from PrudentRx until it is time to renew. If you have any questions, you can always call PrudentRx at 1-800-578-4403.

Q22: What if I start a different specialty medication?

A22: If you start a new specialty medication, PrudentRx will contact you to start any copay assistance available for the new medication or you can call PrudentRx at 1-800-578-4403.

Q23: What are the PrudentRx hours of operation? What language services do are offered?

A23: PrudentRx offers direct member support. Specially trained customer care advocates are available Monday through Friday from 8 AM to 8 PM ET. Spanish-speaking advocates and language services are available.

*Copay, copayment or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

**Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any government payor plan.

†Only amounts paid by the member apply to the deductible. Amounts paid by manufacturers or others are not applied to the deductible

††A self-funded Plan may define the items and services that qualify as EHB by referencing any definition authorized by the U.S. Department of Health and Human Services, including any available state benchmark plan. Your Plan utilizes the Utah Essential Health Benefit Benchmark Plan.

§There's an exception process to decide if a medication that's not an EHB is medically necessary for a particular member.