



————— 2024 —————

PRESCRIPTION MEDICATION PLAN DESCRIPTION

**For Enrollees Without Medicare or
With Unconfirmed Medicare Status**

Administered by CVS Caremark

Jan. 1, 2024–Dec. 31, 2024

Look inside for important information about your prescription coverage.

REVISED

Dear STRS Ohio Health Care Program Enrollee:

This is the prescription medication plan description for your STRS Ohio health care plan effective Jan. 1, 2024. It contains important information about the 2024 CVS Caremark prescription medication coverage for Enrollees without Medicare or with unconfirmed Medicare status.

Please read this booklet carefully and keep it for future reference. If you have questions about your prescription medication plan coverage, call CVS Caremark toll-free at 800-756-6841 or visit www.caremark.com.

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INTRODUCTION

The coverage described in this booklet is effective Jan. 1, 2024, for qualifying individuals in the STRS Ohio Prescription Medication Program administered by CVS Caremark. Prescription medication coverage is included in all health care plans offered under the STRS Ohio Health Care Program. The information in this booklet applies to Enrollees without Medicare or with unconfirmed Medicare status in an Aetna plan.

The STRS Ohio Health Care Program is authorized by Chapter 3307 of the Ohio Revised Code, which may be amended at any time by the Ohio General Assembly. Furthermore, coverage under the program may be modified or eliminated at any time by the State Teachers Retirement Board. Prescription medication coverage, like all other coverage under the STRS Ohio Health Care Program, is not guaranteed. STRS Ohio may change or discontinue all or part of the program for all or a class of eligible benefit recipients and covered dependents at any time. Premiums copayments/coinsurance, deductibles and all other charges or fees paid by an Enrollee may change from year to year.

This booklet states the terms and conditions under which prescription medication coverage is available to STRS Ohio health care plan Enrollees without Medicare or unconfirmed Medicare status. The terms and conditions stated in this booklet shall control in the case of any question or dispute concerning such coverage.

The coverage provided by the program is not insured by CVS Caremark; it is paid from STRS Ohio funds. CVS Caremark provides certain administrative services under the program. The program is not an ERISA-covered plan.

The STRS Ohio Prescription Medication Program is separate and distinct from any other health care plan available while the Enrollees in this program were actively employed by any employer. This program does not constitute a continuation of any health plan through active employment.

Proceeds received by STRS Ohio as a result of offering prescription medication coverage are used to offset the cost of prescription medication claims, and the administration and operation of the program to the benefit of Enrollees.

Notice: If you or your Eligible Dependents are covered by more than one health care plan, you may not be eligible for coverage under both plans. Each plan may require you to follow its rules, and it may be impossible to comply with both plans at the same time. Read all of the rules very carefully, including the Coordination of Benefits section in this document, and compare them with the rules of any other plan that covers you or your family.

Issue Date: January 2024

Revised: October 2024

Authorization to Release Information

By accepting coverage under an STRS Ohio health care plan, all Enrollees, including any enrolled dependents, agree that they shall: (1) furnish STRS Ohio or its designees any and all information and proof STRS Ohio may reasonably require pertaining to health care coverage and the operations of its health care plan; and (2) authorize and direct any person or organization that has provided services to the Enrollee to furnish STRS Ohio or its designees any and all information and records (or copies of records) relating to care or services provided directly or indirectly to the Enrollee or relating to the administration of the health care program. Such information and records may be requested by STRS Ohio or its designees at or within any reasonable time.

STRS Ohio will protect, use and disclose information pertaining to your “protected health information” in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 to the extent that HIPAA applies to the program. HIPAA permits the program to use and disclose your protected health information (1) in connection with medical treatment you receive; (2) for payment purposes, which include uses and/or disclosures related to payment for services you receive, payments of premiums to the program, determining eligibility for benefits, claims management and/or utilization review; and (3) to conduct health care operations. Health care operations of the plan include quality assessment and health improvement activities including case management and care coordination.

The program may also disclose protected health information for other purposes permitted under HIPAA, which are more fully described in the document, *STRS Ohio Notice of Privacy Practices*. Your rights regarding your protected health information are also addressed in the *STRS Ohio Notice of Privacy Practices*, which may be obtained by contacting the STRS Ohio Member Services Center toll-free at 888-227-7877 or by visiting the STRS Ohio website at www.strsoh.org.

Fraud

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against the provider of coverage, submits an application or files a claim containing a false or deceptive statement, is guilty of a crime or fraud against the legal entity providing coverage under this program and such conduct may result in the termination of any or all coverage under this program. Any person who commits fraud will be responsible for repaying costs of coverage provided and could be liable for civil and/or criminal penalties.

Recovery of Costs

STRS Ohio shall be entitled to recover the costs of any claims paid on behalf of an Enrollee if it is determined that the individual was not eligible for coverage at the time the claims were incurred, regardless of the amount of time that has passed.

STRS OHIO PRESCRIPTION MEDICATION PROGRAM

As a non-Medicare or unconfirmed Medicare Enrollee in an STRS Ohio health care plan, you are eligible for the prescription medication coverage described on the following pages, provided you are in compliance with plan requirements. This coverage is provided by STRS Ohio and administered by CVS Caremark. With your prescription medication coverage, you may purchase Prescription Medications through Network Retail/Nursing Home Pharmacies, CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy.

Definitions

Brand-Name Medication: A Prescription Medication, including a medication designated as a Specialty Medication, that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

Coinsurance: The percentage of charges an Enrollee is required to pay for Covered Medications and Supplies.

Copayment: The specified charge an Enrollee is required to pay for Covered Medications and Supplies.

Covered Brand-Name Medication: Food and Drug Administration (FDA)-approved Brand-Name Medications that are available for a Copayment or Coinsurance.

Covered Medications and Supplies: Generic Medications, Preferred Brand Medications, Non-Preferred Medications, Specialty Medications and certain supplies that are covered under the STRS Ohio Prescription Medication Program.

CVS Specialty Pharmacy: A CVS Caremark Specialty Pharmacy that dispenses Specialty Medications and provides care management services to assist with therapy.

Deductible: The dollar amount an Enrollee is required to pay annually for covered Brand-Name Medications, including Specialty Medications, before the plan pays a portion of the Enrollee's cost for these Covered Medications. Generic Medication costs are not subject to the Deductible.

Eligible Beneficiary: An individual who is receiving a monthly pension benefit payment from STRS Ohio and is properly enrolled in the plan as determined by STRS Ohio. The term "you" or "your" means an Eligible Beneficiary.

Eligible Dependent: The Eligible Beneficiary's spouse, child(ren) or disabled adult child(ren), as described in the STRS Ohio Health Care Program eligibility guidelines, who meets the terms and conditions for coverage under the plan and who is properly enrolled in the plan as determined by STRS Ohio.

Enrollee: An Eligible Beneficiary or Eligible Dependent, as determined by STRS Ohio, who has met all conditions of eligibility and has successfully enrolled under this program.

Enrollee's Maximum Out-of-Pocket Limit: The maximum amount an Enrollee pays for Covered Medications and Supplies per calendar year. Once the maximum expense limit is met, the Enrollee pays nothing for Covered Medications and Supplies for the remainder of the year.

Formulary: A list of medications preferred by your plan because they are safe and effective and help to control costs. These savings may affect you either directly (for example, through lower Copayments) or indirectly (for example, the plan pays less for the medication, which helps keep your coverage more affordable).

Generic Medication: A Prescription Medication not protected by a patent that is therapeutically equivalent and interchangeable with Brand-Name Medications having an identical amount of the same active ingredient(s) and is approved by the FDA. These medications are typically associated with the lowest cost.

Low-Cost Generic Medication Program Medication: Generic Medications available for a reduced Copayment through a Mail Service Pharmacy.

Mail Service Pharmacy: A CVS Caremark Mail Service Pharmacy that is under contract with STRS Ohio to fill prescriptions by mail for covered persons under this plan.

Maintenance Medication: A medication that is used for chronic health conditions on an ongoing or long-term basis (e.g., antihypertensive medication taken daily to control high blood pressure).

Network Nursing Home Pharmacy: A nursing home pharmacy under contract with CVS Caremark where you can purchase Prescription Medications for a Copayment/Coinsurance.

Network Retail Pharmacy: A retail pharmacy under contract with CVS Caremark where you can purchase Prescription Medications for a Copayment/Coinsurance.

Non-Preferred Medication: A medication that typically costs more than Generic or Preferred Brand Medications.

Out-of-Network Nursing Home Pharmacy: A nursing home pharmacy that is not under contract with CVS Caremark.

Out-of-Network Retail Pharmacy: A retail pharmacy that is not under contract with CVS Caremark.

Over-the-Counter Medication: Any medical substance that can be purchased without a prescription.

Preferred Brand Medication: A brand medication included on your plan's formulary.

Prescription Medication: Any medication, which by federal or state law, may not be dispensed without a prescription from a licensed health care professional authorized to prescribe medications.

Specialty Medication: Higher-cost medications that typically include infused, injectable and oral medications that are used to treat chronic and life-threatening diseases; are often difficult to administer; may cause adverse reactions; may require temperature control or other special handling; and/or may have restrictions as determined by the FDA.

Covered Medications and Supplies

The following Covered Medications and Supplies are available with a prescription at Network Retail/Nursing Home Pharmacies and through CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy:

- FDA-approved pharmaceuticals requiring a prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist.
- Insulin and diabetic supplies including:
 - Insulin
 - Blood test strips
 - Alcohol prep pads
 - Lancets
 - Insulin needles and syringes
 - Insulin injectors
 - Glucagon emergency kits
 - Blood glucose meter testing solutions

To obtain coverage for the items listed above, a written prescription from your doctor indicating that the medication or supply item is prescribed for the diagnosis or treatment of your diabetes is required.

- Vaccines
 - Routine vaccines (e.g., influenza, RSV, shingles, hepatitis C, COVID-19, childhood vaccines such as measles, polio, etc.)
 - Non-routine vaccines (e.g., hepatitis A, rabies, typhoid, yellow fever, etc.)

Coverage Features and Financial Responsibilities

Unless otherwise noted, the information in this section applies to all Enrollees.

Deductible

There is a \$275 annual Deductible per Enrollee for Covered Brand-Name Medications, including Specialty Medications. This means an Enrollee pays the full discounted cost of these medications until the Deductible is reached. After the Deductible is reached, the Enrollee begins paying the applicable Copayment/Coinsurance for these Covered Medications. Generic Medication costs are not subject to nor applied to the Deductible.

Note: The Deductible does not apply to Enrollees in the Aetna Health Care Assistance Plan.

Copayments/Coinsurance

Copayments/Coinsurance must be paid at the time the prescription order is submitted to the Mail Service Pharmacy or when you receive your order from a retail pharmacy.

Note: If the cost of the medication is less than the Copayment, you will pay the lower amount. Copayments and Coinsurance are based on the coverage level of your medication. Medication coverage levels are established and updated periodically by a nationally recognized medication pricing and classification source. Medication coverage levels may change without advance notice. When medication coverage levels change, you will be required to pay the applicable Copayment/Coinsurance for the Covered Medication. To confirm a Copayment/Coinsurance amount before you have a prescription filled, call CVS Caremark toll-free at 800-756-6841.

Retail Pharmacies

With the appropriate prescription, you can obtain up to a maximum 31-day supply of medication through a retail/nursing home pharmacy or up to a 90-day supply at CVS retail pharmacies. Contact CVS Caremark to check the network status of your pharmacy.

- **Network Retail/Nursing Home Pharmacies** — When you have your prescriptions filled at a Network Retail/Nursing Home Pharmacy, your Copayment/Coinsurance amounts are as follows:

Aetna Plan	Aetna Health Care Assistance Plan
<p>Generic: \$10</p> <p>Preferred Brand: \$30 (after Deductible)</p> <p>Non-Preferred Medication: \$75 (after Deductible for Brand-Name Medications)</p> <p>Specialty: Not available at retail; must use CVS Specialty Pharmacy. See Page 7 for Copayment/Coinsurance amounts.</p>	<p>Generic: \$5</p> <p>Preferred Brand: \$20</p> <p>Non-Preferred Medication: \$50</p> <p>Specialty: Not available at retail; must use CVS Specialty Pharmacy. See Page 7 for Copayment/Coinsurance amounts.</p>

- **Out-of-Network U.S. Retail Pharmacies** — If you obtain your prescriptions from an Out-of-Network U.S. Retail Pharmacy, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form to CVS Caremark, along with the prescription receipts, you will be reimbursed the amount STRS Ohio would have paid at a network pharmacy, less the applicable Deductible/Copayment/Coinsurance. Out-of-Network U.S. Retail Pharmacies have not agreed to discounted pricing, so your costs will usually be higher. You must submit claims to CVS Caremark within 365 days of the dispensing date to be eligible for reimbursement.

Other Pharmacies

- **Out-of-Network Nursing Home Pharmacies** — If you obtain your prescriptions at an Out-of-Network Nursing Home Pharmacy, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form to CVS Caremark, along with the prescription receipts, you will be reimbursed the amount STRS Ohio would have paid at a network pharmacy, less the applicable Deductible/Copayment/Coinsurance. Out-of-network pharmacies have not agreed to the discount pricing, so your cost will usually be higher. You must submit claims to CVS Caremark within 365 days of the dispensing date to be eligible for reimbursement.
- **Foreign Pharmacies** — If you obtain your valid FDA-approved prescriptions from a pharmacy outside of the United States or Puerto Rico, you will pay the full price of the medication at the time of purchase. After completing and submitting a claim form to CVS Caremark, along with the prescription receipts, you will be reimbursed the amount STRS Ohio would have paid at a network pharmacy, less the applicable Deductible/Copayment/Coinsurance. You must submit claims to CVS Caremark within 365 days of the dispensing date to be eligible for reimbursement.

Mail Service Pharmacy

With the appropriate prescription, you can obtain up to a maximum 90-day supply of medication through CVS Caremark Mail Service Pharmacy. Deductible/Copayments/Coinsurance must be paid at the time the order is submitted. CVS Caremark Mail Service Pharmacy will fill the order upon receipt of your mailed, faxed or electronically (e-prescribed) prescription from your physician. Once a prescription is received, it cannot be placed “on hold” for a future fill date. Medications will generally be delivered to your home within two weeks from the date CVS Caremark Mail Service Pharmacy processes your prescription order.

Note: Under the Low-Cost Generic Medication Program, certain Generic Medications are available for \$9 for up to a maximum 90-day supply. **This program is limited to mail service by CVS Caremark Mail Service Pharmacy.** The quantities allowed are based on the manufacturer-recommended 90-day supply. A complete listing of Low-Cost Generic Medication Program medications is available on the STRS Ohio website at www.strsoh.org. Call CVS Caremark toll-free at 800-756-6841 with questions.

- **CVS Specialty Pharmacy** — Certain injectable and Specialty Medications will be dispensed by CVS Specialty Pharmacy. This service offers medications and supplies for chronic conditions. Examples of medication classes filled at the specialty pharmacy includes blood modifiers, growth hormones and immunoglobulins, as well as medications to treat cancer, deep vein thrombosis, Gaucher’s disease, hemophilia, hepatitis C, multiple sclerosis, psoriasis, pulmonary disease and rheumatoid arthritis. CVS Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.
- **Specialty Medications must be dispensed by CVS Specialty Pharmacy.** With the appropriate prescription, you can obtain up to a maximum 90-day supply of medication; however, many Specialty Medications will be dispensed in 31-day increments. You will pay 8% up to \$450 for each 31-day supply; limited to a maximum 90-day supply. Medications will be shipped to your home within 24 to 72 hours of processing your order.

Note: You can have your Specialty Medications delivered to the closest CVS retail pharmacy for receipt.

Important note: It is essential for you to verify your shipping address each time you place a medication order with CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy.

When you have your prescriptions filled through the CVS Caremark Mail Service Pharmacy or CVS Specialty Pharmacy, your Copayment/Coinsurance amounts are as follows:

Aetna Plan	Aetna Health Care Assistance Plan
<p>Low-Cost Generic Medication Program Medication: \$9</p> <p>Generic: \$25</p> <p>Preferred Brand: \$75 (after Deductible)</p> <p>Non-Preferred Medication: \$187.50 (after Deductible for Brand-Name Medications)</p> <p>Specialty: After Deductible, lesser of 8% of the cost or \$450 for supply of 1–31 days, \$900 for supply of 32–60 days and \$1,350 for supply of 61–90 days (must use CVS Specialty Pharmacy)</p>	<p>Generic: \$10</p> <p>Preferred Brand: \$40</p> <p>Non-Preferred Medication: \$100</p> <p>Specialty: \$10 for Generic; \$40 for Preferred Brand; \$100 for Non-Preferred Medications (must use CVS Specialty Pharmacy)</p>

Enrollee’s Maximum Out-of-Pocket Limit

- **Aetna Plan** — The maximum annual amount an Enrollee will pay for Covered Medications is \$4,000. Once an Enrollee has paid a total of \$4,000 out-of-pocket in Network Retail/Nursing Home Pharmacy, CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy Deductible/Copayments/Coinsurance for Covered Medications that were dispensed during the calendar year, that Enrollee will pay nothing for Covered Medications dispensed during the remainder of the calendar year.
- **Aetna Health Care Assistance Plan** — The maximum annual amount an Enrollee will pay for Covered Medications is \$500. Once an Enrollee has paid a total of \$500 out-of-pocket in Network Retail/Nursing Home Pharmacy, CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy Deductible/Copayments/Coinsurance for Covered Medications that were dispensed during calendar year, that Enrollee pays nothing for Covered Medications dispensed during the remainder of the calendar year.

Important note: CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy Deductible/Copayments/Coinsurance are based on the date the claim is approved for processing, not the date the prescription order is mailed or submitted. If you have reached the maximum out-of-pocket limit and you place an order in December, your claim must be approved for processing by Dec. 31 to ensure you pay nothing for your order.

Limitations

- Up to a maximum 31-day supply of medication per original prescription or refill, as prescribed by your doctor, may be obtained at one time from a Network Retail/Nursing Home Pharmacy.
- Up to a maximum 90-day supply of medication per original prescription or refill, as prescribed by your doctor, may be obtained at a CVS retail pharmacy at the mail service Copayments/Coinsurance costs.
- Up to a maximum 90-day supply of medication per original prescription or refill, as prescribed by your doctor, may be obtained through mail service by CVS Caremark Mail Service Pharmacy or CVS Specialty Pharmacy.
- Prescribed medications, especially certain controlled substances, may be subject by law to dispensing limitations and to the professional judgment of the pharmacist.
- Through CVS Caremark Mail Service Pharmacy and CVS Specialty Pharmacy, if your doctor prescribes a medication that is available as both a Generic Medication and a Brand-Name Medication, the Generic Medication will be dispensed if allowed by state law unless you or your doctor specifically indicate otherwise.
- Medication manufacturer coupons cannot be used toward prescription costs when using CVS Caremark Mail Service Pharmacy or a Network Nursing Home Pharmacy.
- Medication manufacturer coupons can be used toward prescription costs when using a Network Retail Pharmacy or CVS Specialty Pharmacy.

Exclusions

Coverage is not provided for:

- Over-the-Counter Medications outside of Affordable Care Act (ACA) coverage;
- Proton pump inhibitors;
- Charges you are not required to pay, or charges made only because health care coverage exists (subject to the right, if any, of the U.S. government to recover reasonable and customary charges for care provided in a military or veterans' hospital);
- Medication for which benefits are payable under workers' compensation or any occupational disease or similar law, whether such benefits are insured or self-insured;
- Impotency products, except as covered through prior authorization;
- Medications or supplies that are covered under the medical portion of your health care coverage;
- Durable medical equipment (DME) and other therapeutic devices or appliances;
- Medications that have an FDA-approved indication to promote or stimulate hair growth, regardless of the prescriber's intended use;
- Medications that have an FDA-approved indication for cosmetic purposes, regardless of the prescriber's intended use;
- Medications or medicines lawfully obtainable without a prescription order from a licensed authorized prescriber, except insulin;
- Biological sera, blood or blood plasma and allergy serum (including the administration of these items);
- Any charge for the administration or injection of any medication;
- Any medication that is consumed or administered at the place where it is dispensed, except for vaccines dispensed at retail pharmacies;
- Any diagnostic or testing supply (e.g., contrast dyes), unless otherwise notated as covered in another section;
- Any amount of medication that is more than a 31-day supply filled at a Network Retail/Nursing Home Pharmacy or more than a 90-day supply filled through CVS Caremark Mail Service Pharmacy, CVS Specialty Pharmacy or CVS retail pharmacies;
- Medications that may be received by an Eligible Beneficiary or an Eligible Dependent at no charge under local, state or federal programs;
- Medications to be taken by or given to an Eligible Beneficiary or an Eligible Dependent while he or she is confined in a hospital;
- Any prescription or refill in excess of the number specified by the licensed professional or applicable law or any refill dispensed after one year from the licensed professional's original order;
- Medications prescribed for sickness or injury resulting from war or acts of war;
- Injectable medications that are not self-administered, unless listed as covered (see Covered Medications and Supplies on Page 4);
- Non-sedating antihistamines medications;
- Non-FDA approved, experimental, investigational or unproven medications, or medications used for a treatment not approved by the FDA, even though a charge is made to the covered person; and
- Majority of compounded preparations.

Prior Authorization

Certain prescription medications need to be preapproved by CVS Caremark before they will be a Covered Medication under the STRS Ohio Prescription Medication Program. Medications subject to prior authorization may cause potentially serious side effects and/or have a high potential for inappropriate use.

Your doctor may initiate the prior authorization process by visiting the CVS Caremark online portal at www.caremark.com/PA or by calling the CVS Caremark prior authorization line at 800-294-5979. If you plan to have your prescription for a prior authorization medication filled at a Network Retail Pharmacy, you should strongly consider completing the prior authorization process before you go to the Network Retail Pharmacy. A registered pharmacist working at the Network Retail Pharmacy may also initiate or assist in the process.

If approved, your prescription will be filled within any stated plan limits. If the medication is not approved for coverage, you will be responsible for paying the full cost of the medication. However, rejection of coverage may be appealed. To appeal, you or your doctor must follow the procedure outlined in the Appeals section on Page 10.

Call CVS Caremark toll-free at 800-756-6841 to determine if a medication is subject to prior authorization.

Length of approval for prior authorizations may vary; however, most are valid for one year. Please ensure to review your prior authorization end date on the CVS Caremark website at www.caremark.com.

Quantity Limitations for Covered Medications

Certain Prescription Medications are covered up to preset limits. If you request a prescription be filled for a medication that is subject to quantity limitations, such as a narcotic, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, prior authorization is required. In such cases your doctor should initiate prior authorization by visiting the CVS Caremark online portal at www.caremark.com/PA or by calling the CVS Caremark prior authorization line at 800-294-5979. If you have questions about quantity limitations, call CVS Caremark toll-free at 800-756-6841.

Step Therapy

Certain Prescription Medications are subject to step therapy review. Step therapy entails trying one or more first-line medications that are less costly but may be as clinically effective, before a second more costly medication will be covered. This practice encourages appropriate sequencing of medication therapy while conserving costs.

If step therapy criteria are not met, prior authorization will be required. Your doctor can initiate the prior authorization process by visiting the CVS Caremark online portal at www.caremark.com/PA or by calling the CVS Caremark prior authorization line at 800-294-5979. Call CVS Caremark toll-free at 800-756-6841 to determine if a medication is subject to step therapy.

Coordination of Benefits

There may be coordination of benefits (COB) between the STRS Ohio Prescription Medication Program and any other prescription medication coverage you may have. You must follow STRS Ohio's plan requirements including, but not limited to, those relating to prior authorization. The STRS Ohio Prescription Medication Program Deductible must be met before COB provisions apply to Covered Brand-Name Medications and Specialty Medications.

For more information about COB under this program, call CVS Caremark toll-free at 800-756-6841. **Note:** The COB provisions of this program shall take precedence over COB provisions of any other plan or prescription medication program in which you participate.

Submitting Paper Claims

Enrollees may submit paper claims directly to CVS Caremark for prescription reimbursement. To be eligible for reimbursement, paper claims must be submitted within 365 days of the dispensing date. To request a direct claim form, call CVS Caremark toll-free at 800-756-6841 or print a copy from the website at www.caremark.com. Be sure to make a copy of all receipts and forms for your records. Mail completed direct claim forms with receipts to:

CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Appeals

Internal Review

If a claim for a Covered Medication is rejected or a non-covered medication is in question, you may request that CVS Caremark reconsider the rejection or non-covered status by requesting an appeal within 45 days after the date you first request coverage. Appeals for coverage of medications that are not covered under the program (see Exclusions on Page 8) will not be considered. In addition, certain Covered Medications that are subject to quantity limitations (see Quantity Limitations for Covered Medications on Page 9) cannot be appealed.

To request an appeal, call CVS Caremark toll-free at 800-756-6841. Upon receipt of your request for appeal, CVS Caremark will send you a Prescription Claim Appeals Form. You and/or your physician should complete the form and mail or fax it to CVS Caremark. CVS Caremark's mailing address and fax number are noted below.

CVS Caremark
Attn: CVS/Caremark Appeals Department MC109
P.O. Box 52084
Phoenix, AZ 85072-2084
Fax: 866-443-1172

Upon receipt of your completed Prescription Claim Appeals Form, CVS Caremark will conduct an internal review of your appeal request. You will receive written notification of the outcome of CVS Caremark's internal review within 30 days of the date CVS Caremark received your completed Prescription Claim Appeals Form. If the original rejection is overturned on appeal and coverage is granted, coverage will be authorized by CVS Caremark that is good through the stated expiration date. If the appeal is rejected for coverage, coverage will not be provided under the STRS Ohio Prescription Medication Program; however, you may obtain the medication on your own at your own expense. A second request for internal review will be honored only if your condition changes and you supply new clinical information that was not available at the time of the original request.

External Review

If your appeal under the internal review process is rejected for coverage based on medical necessity grounds and you do not agree with that decision, you or your doctor (on your behalf) may submit a second request for medical necessity review within 45 days of the internal review denial. Medical necessity reviews are conducted by an external review organization not affiliated with CVS Caremark. All available clinical information must be submitted when a request for an external review for medical necessity is made.

You should receive written notification of the outcome of the external review within 30 days of the date CVS Caremark receives your request for medical necessity review. If the external review organization overturns the original rejection and coverage is granted, coverage will be authorized by CVS Caremark that is good through the stated expiration date. If the appeal is rejected for coverage, coverage will not be provided under the STRS Ohio Prescription Medication Program; however, you may obtain the medication on your own at your own expense. A second request for external review will be honored only if your condition changes and you supply new clinical information that was not available to your doctor at the time of the original request.

Urgent Appeal Requests

If you or your doctor believe an appeal request is urgent, write "urgent" on the written appeal request. Urgent appeals will be reviewed and a determination should be made within 72 hours of CVS Caremark's receipt of the appeal request.



**For information about your STRS Ohio Prescription
Medication Program, call CVS Caremark toll-free
at 800-756-6841 or visit www.caremark.com.**



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