



**STATE OF HAWAII**  
**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**

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ACTING ADMINISTRATOR  
SANDRA L. YAHIRO

September 9, 2013

**MEMORANDUM**

TO: All State and County Employees

FROM: Sandi Yahiro, Acting Administrator *Sandi Yahiro*

SUBJECT: Changes to CVS Caremark Prescription Drug Plans Effective October 1, 2013

Aloha, Fellow State and County Employees!

The EUTF Board of Trustees, at their August 27, 2013 meeting, approved voluntarily implementing Act 226, SLH2013, for active employees, effective October 1, 2013. Act 226, SLH2013, among other things, requires that prescription drug plans may no longer require *mandatory* mail order for maintenance drugs. Below are the changes that will take place for EUTF CVS Caremark prescription drug plans on October 1, 2013:

1. *Mandatory* mail order for maintenance medications will no longer be required but *voluntary* mail order is still available for maintenance medications.
2. Plan enrollees may pick up their maintenance medications at any retail pharmacy. The attachments list the new copayments and coinsurance.
3. Employees who decide to fill their maintenance medications at a retail pharmacy must fill their medications in a 90-day supply (not 30-day supplies).

If you have questions, please contact CVS Caremark at 1-855-801-8263.

Attachments

## PPO and HMO Prescription Drug Plans – EUTF

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)		HMO Prescription Drug Plan (Kaiser)
	Participating Pharmacy	Non-participating Pharmacy	Copayment up to
<b>RETAIL PRESCRIPTION PROGRAM (30 day supply)</b>			
<b>Generic</b>	\$5 copayment	\$5 + 20% of eligible charges	\$15
<b>Preferred Brand Name</b>	\$15 copayment	\$15 + 20% of eligible charges	\$15
<b>Other Brand Name</b>	\$30 copayment	\$30 + 20% of eligible charges	\$15
<b>Injectables and Specialty Drug</b>	20% Up to \$250 copay maximum; \$2,000 out-of-pocket maximum per plan year	Not a benefit	\$15
<b>Insulin</b>			
Preferred Insulin	\$5 copayment	\$5 + 20% of eligible charges	\$15
Other Insulin	\$15 copayment	\$15 + 20% of eligible charges	\$15
<b>Diabetic Supplies</b>			
Preferred Diabetic Supplies	No copayment	No copayment	\$15
Other Diabetic Supplies	\$15 copayment	\$15 + 20% of eligible charges	\$15
<b>MAINTENANCE MEDICATION – RETAIL &amp; MAIL (90 day supply)</b>	<b>Mail order or CVS Caremark or Any Network Retail Pharmacy</b>		
<b>Generic</b>	\$10 copayment		\$30
<b>Preferred Brand Name</b>	\$30 copayment		\$30
<b>Other Brand Name</b>	\$60 copayment		\$30
<b>Specialty Drug</b>	Not available via Mail Order and only available in up to 30 day supply		\$30
<b>Insulin</b>			
Preferred Insulin	\$10 copayment		Not available through Mail Order
Other Insulin	\$30 copayment		Not available through Mail Order
<b>Diabetic Supplies</b>			
Preferred Diabetic Supplies	No copayment		\$30
Other Diabetic Supplies	\$30 copayment		\$30

## PPO and HMO Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan (administered by CVS Caremark)		HMO Prescription Drug Plan (Kaiser)
<b>RETAIL PRESCRIPTION PROGRAM (30 day supply)</b>	<b>Participating Pharmacy</b>	<b>Non-participating Pharmacy</b>	<b>Copayment up to</b>
<b>Generic and Insulin</b>	\$5 copayment	\$5 + 30% of eligible charges	\$10
<b>All covered Brand Name</b>	\$15 copayment	\$15 + 30% of eligible charges	\$10
<b>Specialty Drug</b>	Specialty medications are subject to the applicable Brand/Generic copayment	Not a covered benefit	\$10
<b>MAINTENANCE MEDICATION – RETAIL &amp; MAIL (90 day supply)</b>	<b>Mail order or CVS Caremark or Any Network Retail Pharmacy</b>		
<b>Generic and Insulin</b>	\$9 copayment		\$20; Insulin not available through Mail Order
<b>All covered Brand Name</b>	\$27 copayment		\$20
<b>Specialty Drug</b>	Not available via Mail Order and only available in up to 30 day supply		\$20 for Mail Order; \$30 for Retail
<b>Lancets, Strips and Meters</b>	No copayment		50% coinsurance