The PrudentRx solution
Frequently Asked Questions

We all know that the cost of prescription medications is rising. This is especially true of specialty medications. The PrudentRx solution is designed to address this concern. This innovative plan design includes all specialty medications on your plan's specialty drug list, as noted on your plan's PrudentRx program drug list.

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive multi-channel engagement process to facilitate enrollment and help you obtain non-need based manufacturer copay* card assistance** where applicable. They will also assist with managing re-enrollment and renewals with available non-need based manufacturer copay card assistance programs on your behalf.

Once enrolled in the PrudentRx program and, if available, the manufacturer's copay assistance program, participating members will have a $0 out-of-pocket (OOP) cost. Participating members enrolled in high-deductible health plans (HDHPs) with health savings accounts (HSAs) must fully satisfy their deductible before they are eligible for a $0 OOP, unless the member has been prescribed medication that qualifies as "preventive care" under the Internal Revenue Code (IRC) which is administered and enforced by the Internal Revenue Service (IRS). Members will also have a $0 OOP cost if they are enrolled in the PrudentRx program, but not enrolled in a manufacturer copay assistance program when there is no manufacturer copay assistance program available.

Please note: some manufacturers require members to sign up to utilize the copay assistance that they provide for their medications – in that case, members must speak to someone at PrudentRx to provide any additional information needed to enroll in the copay program. 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 program 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(s). All eligible members' enrollment will begin automatically in the PrudentRx solution, but you can choose to opt out of the program by calling **1-800-578-4403**. If you choose to opt out of the program, or do not affirmatively enroll in available copay assistance as required by a manufacturer, you will be responsible for the full 30 percent coinsurance on specialty medications under your plan design after satisfying any applicable plan deductible.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx solution, you can reach out to PrudentRx or they will proactively contact you to assist with program enrollment.

Please note: your plan's specialty drug list may be updated periodically. Amounts paid for your benefit for an eligible medication, including amounts paid by a manufacturer copayment assistance program, shall not be counted toward any member deductible or any member OOP maximum (MOOP)† obligation, unless otherwise required by law.

PrudentRx

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The plan design utilizes the Affordable Care Act (ACA)†† standards for essential health benefits (EHB) and maximum OOP limits. A designation of EHB or non-EHB is made for purposes of meeting the minimum requirements for the ACA benchmark requirements; it is not a determination of coverage for formulary status. Products in a covered class exceeding those required by the benchmark shall be deemed non-EHB. If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the MOOP unless otherwise required by law.

If you choose to opt out of the PrudentRx solution: members who elect to opt out of the program will be responsible for the full 30 percent coinsurance even after the deductible has been satisfied (if the member is enrolled in an HDHP with HSA). If a drug is listed as a non-EHB, member payments toward the 30 percent coinsurance will not count toward the MOOP. The member will be responsible for the 30 percent coinsurance for non-EHB drugs even after the MOOP is met, unless otherwise required by law. 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§.

PrudentRx can be reached at 1-800-578-4403 to answer any questions about the PrudentRx solution.

Frequently Asked Questions

Q1: What is the PrudentRx solution?
A1: The PrudentRx solution combines an innovative specialty plan design strategy and best-in-class member experience to help lower spend and with members enjoying reduced costs. The program applies to all specialty medications in a Covered Class on the plan's PrudentRx program drug list and allows members who are participating in the program to pay $0 OOP for specialty medications, regardless if a copay card is available. Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a $0 OOP cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the IRC, which is administered and enforced by the IRS.

Q2: What is a third-party sponsored copay card or manufacturer copay card assistance program?
A2: A third-party sponsored copay card, or manufacturer copay card assistance program, 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 card assistance programs?
A3: Yes. There are two types of copay card programs offered:

1. **Non-Need Based:** This type is offered to commercially insured populations. 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. **Need-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 solution, 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. Copay assistance programs may not be used with any Federal health care program, such as Medicare, Medicaid, or Employer Group Waiver Plans (EGWP).

Q5: What happens if I am already enrolled in a manufacturer copay card assistance program?
A5: You will continue to fill prescriptions as usual. The integration between the pharmacy and PrudentRx will ensure the copay assistance is applied toward the member cost share by the pharmacy and that the pharmacy has visibility into your PrudentRx program enrollment status.

Q6: Why will amounts paid toward my member cost share on my behalf (i. e., from available manufacturer copay card assistance) no longer contribute toward my deductible and/or MOOP?
A6: Given that deductibles and MOOPs are intended to capture true member costs only and not third-party assistance, unless otherwise required by law, the update to accumulators are made to reflect only the amount a member actually pays.

Q7: How do I know if I'm eligible for the program?
A7: While many employers will implement the PrudentRx solution across all plans, some may only do so for individual plans offered. To see if the plan in which you are currently enrolled includes 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.

Q8: What is the process for obtaining specialty copay assistance and ensuring that it is used when a prescription is submitted?
A8: If you or a covered family member take one or more specialty medications included in the PrudentRx program drug list, you will receive a welcome letter from PrudentRx on behalf of the plan that provides information about the PrudentRx solution as it pertains to your medication(s). All eligible members' enrollment will begin automatically in the PrudentRx program, but there may be additional steps required.

PrudentRx will also contact members if they are required to enroll in the copay assistance for any medication that they take. PrudentRx continuously monitors copay card utilization and will conduct proactive member outreach as needed, including re-enrollment in available assistance programs.

When a new prescription is received and processed by the pharmacy, there is an administrative process to capture the claim and perform outreach to the member. From there, the pharmacy will offer to transfer the member to PrudentRx or will provide the member with the PrudentRx contact information to complete any necessary steps for enrollment. Prior authorization (PA) and formulary are

not affected by the PrudentRx program.

A trained PrudentRx member advocate will help the member enroll in the available manufacturer copay assistance program 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.

Q9: What happens if the manufacturer copay card is no longer offered?
A9: Copay assistance is monitored on a regular basis to quickly respond to any changes that may impact the member. If a copay card is no longer offered and you are enrolled in the PrudentRx program, your final OOP cost will remain $0. For participating members enrolled in an HDHP with HSA, your final OOP cost will remain $0 after satisfying any applicable plan deductible.

Q10: What happens if a drug does not have copay assistance or the annual manufacturer copay assistance has been exhausted?
A10: If you are enrolled in the PrudentRx solution, your final OOP cost is $0. For participating members enrolled in an HDHP with HSA, your final OOP cost will remain $0 after satisfying any applicable plan deductible.

Q11: What if I decide to opt out of the program?
A11: Members are strongly encouraged to remain enrolled in the PrudentRx program. Members who elect to opt out of the program will be responsible for the full 30 percent coinsurance even after any applicable plan deductible has been satisfied. You may still elect to use available manufacturer copay assistance to cover all or a portion of your cost share, but any amounts paid on your behalf by a third-party will not be applied to your deductible and/or MOOP limits, unless otherwise required by law. If a drug is listed as non-EHB, payments toward the 30 percent coinsurance will not count toward the MOOP unless otherwise required by law and the member will be responsible for the 30 percent coinsurance for non-EHB drugs even after the MOOP is met.

Q12: How does the program handle drug categories like human immunodeficiency virus (HIV)?
A12: For a class like HIV, the drugs will be included in the program if the Plan includes this as a covered class listed on the PrudentRx program drug list. If they are open network or excluded as specialty products, they will be excluded from the PrudentRx program.

Any medication or covered class not included on the program drug list may still be covered under the Plan and will continue to adjudicate at the plan applicable member cost share.

Q13: What is the difference between EHB and non-EHB drugs?
A13: 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. Members participating in the program will have a final OOP cost of $0. For participating members enrolled in an HDHP with HSA, your final OOP cost will remain $0 after satisfying any applicable plan deductible.

Q14: What if my medication requires a PA?
A14: You need to go through the usual PA and appeals process before the medication is processed by the pharmacy. While your PA is being reviewed, you can still confirm enrollment or opt out of the PrudentRx program. If your medication is not approved, your doctor may be able to prescribe a different medication for you.

Q15: Are there limitations around when I can enroll or opt out of the program?
A15: No. Even if you originally opted out of the program, you could contact PrudentRx to confirm you'd like to re-enroll in the program at any time. However, only those prescriptions filled after you have enrolled in the PrudentRx program will have a $0 OOP cost. For participating members enrolled in an HDHP with HSA, your final OOP cost will remain $0 after satisfying any applicable plan deductible.

Q16: Can I enroll my dependent on their behalf?
A16: Yes. A member can enroll a minor dependent on their behalf.

Q17: Will I pay $0 OOP for all my medications?
A17: No. Only specialty medications on your plan's PrudentRx program drug list are eligible. Any medication not included on the PrudentRx program drug list or that are otherwise excluded from the definition of specialty product will be adjudicated using the existing plan design for non-specialty products and would continue to take the appropriate plan applicable member cost share.

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

Q18: What if I fill my eligible prescription outside of CVS Specialty?
A18: A client-owned onsite pharmacy included in your plan's Exclusive Specialty network may be included in the program. Please call CVS Caremark Customer Care at the number on your member ID card for assistance or questions about your plan design.

Please note: should an override to process the medication outside of CVS Specialty be approved, you will be responsible for the 30 percent coinsurance.

Q19: How many times should I expect to receive calls from PrudentRx?
A19: Once you are enrolled, PrudentRx will only contact you to help enroll you in new copay assistance 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.

Q20: What if I start a different specialty medication?
A20: If you start a new specialty medication, PrudentRx will contact you to assist with enrollment in available manufacturer copay assistance for the new medication or you can call PrudentRx at 1-800-578-4403.

PrudentRx

Q21: What are the PrudentRx hours of operation? What language services do are offered?
A21: 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 Federal health care program.
†Only amounts paid by the member apply to the deductible or MOOP. Amounts paid by manufacturers or others are not applied to the deductible or MOOP unless otherwise required by law
††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.