

State of Connecticut Partnership Plan 2.0

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Senior Account Manager**

March 2016





Copays

GENERIC

30-day supplies - \$5
90-day supplies - \$5

PREFERRED BRANDS

30-day supplies - \$20
90-day supplies - \$10

NON-PREFERRED BRANDS

30-day supplies - \$35
90-day supplies - \$25



Health Enhancement Program (HEP) Copays*

GENERIC	\$0
PREFERRED BRANDS	\$5
NON-PREFERRED BRANDS	\$12.50

*Asthma, chronic obstructive pulmonary disease, heart failure/heart disease, hyperlipidemia and hypertension medications only. Please note: All tiers of diabetes medications have a \$0 copay.

Pharmacy Network

MAINTENANCE MEDICATIONS

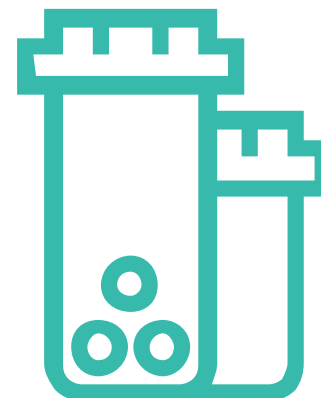
After the first 30-day fill, a 90-day supply is required through CVS/caremark Mail Service Pharmacy™ or a participating State of Connecticut Maintenance Drug Network pharmacy

Locations included in the network are: CVS Pharmacy®, Target, Suburban Pharmacy, Brookfield Pharmacy, other local independents, Walmart, Stop & Shop, Big Y, ShopRite and others. Mail copays apply.

A complete network listing can be found at:
<http://www.osc.ct.gov/benefits/pharmacy.htm>

ACUTE MEDICATIONS

Fill at more than 67,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies and CVS Pharmacy locations.



Programs

MANDATORY GENERIC

When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic, plus the copayment

If the brand-name medication is medically necessary, doctors can obtain the Coverage Exception Form from Customer Care. The form is also posted on <http://www.osc.ct.gov>

COMPOUNDS

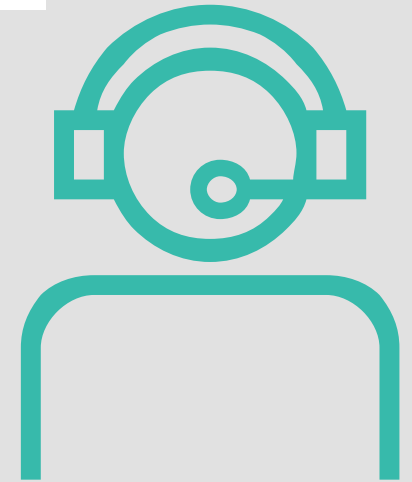
Prior authorization required.
MD to call: 1-800-294-5979





How to Contact Us

- 1. Call Customer Care toll-free at 1-800-318-2572**
- 2. Register at www.caremark.com**
- 3. Download our free CVS Caremark mobile app**



Questions?

