

TUFTS UNIVERSITY

PHARMACY PROGRAM

tuftshealthplan.com/tuftsuniversity

Member Services: 844.516.5790

CVS Caremark: 888.424.6618

All four health plan options—the [Quality Tiered Plan](#), the [Traditional Plan](#), the [Value Plan](#), and the [Saver Plan](#)—include a pharmacy benefit, meaning prescriptions that are listed in the plan’s formulary (list of covered drugs) are covered. There is a copayment or coinsurance associated with many prescriptions, and it is determined by the drug prescribed.

Covered drugs (and their associated copayment or coinsurance) are organized into the following categories:

PREVENTIVE DRUGS	Due to National Health Care Reform (PPACA), there are certain defined drugs that are considered “Preventive” medications. “Preventive” drugs are covered at 100% with no deductibles or copayments. Refer to the back of this sheet for more information.
PHARMACY TIER 1	Includes most generic drugs; these drugs have a \$10 copayment for a 30-day supply for the Quality Tiered, the Traditional and the Value Plans. Deductible then covered 100% for the Saver Plan.
PHARMACY TIER 2	Includes many generic and brand-name drugs; these drugs have a \$25 copayment for a 30-day supply for the Quality Tiered, the Traditional and the Value Plans. Deductible then 20% coinsurance for the Saver Plan.
PHARMACY TIER 3	Includes the most expensive generic and brand-name drugs; these drugs have a \$50 copayment for a 30-day supply for the Quality Tiered, Traditional and Value Plans. Deductible then 20% coinsurance for the Saver Plan.
SPECIALTY INJECTABLES	Tufts Health Plan has engaged CVS Specialty™, a nationally recognized health care partner, to help ensure that these specialty medications are provided to you in the most clinically appropriate way. Members using specialty injectables will be offered care and assistance and will also have these medications delivered to them directly.

Added Benefits for Employees Enrolling in the [Quality Tiered Plan](#) or the [Value Plan](#)

The [Quality Tiered Plan](#) or the [Value Plan](#) also include the [Value-Based Pharmacy Program](#). With the [Value-Based Pharmacy Program](#), there is a \$0 COPAYMENT for certain medications related to the treatment of common chronic diseases.

VALUE-BASED PHARMACY PROGRAM: \$0 COPAYMENT	
CHRONIC DISEASE CONDITION MEDICATIONS	
Diabetes	Examples include: Insulin, metformin, glyburide
Asthma and Chronic Obstructive Pulmonary Disease (COPD)	Examples include: Proair HFA, Serevent, Advair
Coronary artery disease (high blood pressure and high cholesterol)	Examples include: metoprolol, lisinopril, hydrochlorothiazide
Depression	Examples include: citalopram, sertraline, duloxetine
Heart Failure	Examples include: amiodarone, digoxin, sotalol

PREVENTIVE MEDICATIONS

There is **NO COPAYMENT** for the following preventive medications on all 4 plans:

ALL PLANS: \$0 COPAYMENT	
PREVENTIVE MEDICATIONS	
Aspirin ≤ 325 mg	Covered in full for members age 45 years and older
Fluoride drops and tablets	Covered in full for preschool children age 6 months through age 6
Folic acid 0.4 mg, 0.8 mg, 1 mg	Covered in full for women of childbearing age (12-52 years)
Iron liquid supplements	Covered in full for children up to 12 months of age
Preventive medications for the risk reduction of primary breast cancer in women: Evista, raloxifene, Soltamox, tamoxifen	Covered in full for women
Prescription smoking cessation products	Covered in full
Vitamin D 400 unit capsules, drops and tablets	Covered in full for members age 65 years and older
Over-the-Counter (OTC) contraceptives	Covered in full for women with prescription
Prescription contraceptives	Covered in full for women

It's important to note that many medications are subject to applicable prior authorization, dispensing limitations, and other pharmacy management programs. This means that review and approval by Tufts Health Plan may be required before you can fill a prescription for your medications.

- ▶ Learn more at tuftshealthplan.com/tuftsuniversity, or call a dedicated Member Service Representative at 844.516.5790.
- ▶ Member Service Representatives are available Monday through Thursday from 8:00 a.m. to 7:00 p.m. and Friday from 8:00 a.m. to 5:00 p.m.

LOWER COSTS FOR MAINTENANCE MEDICATIONS

You can save money on your long-term prescriptions or “maintenance medications” when you purchase a 90-day supply at either a CVS Pharmacy or through the CVS Caremark Mail Order program. You'll pay the same copayment either way—and save.

Here's how to start saving on your long-term prescriptions:

- ▶ If you order a 90-day supply by mail, you'll get the savings of 90-day refills and the convenience of doorstep delivery. To choose this option, just call CVS Caremark toll-free at 888.424.6618.
- ▶ If you want to pick-up your 90-day supply at a CVS pharmacy, you'll still get the 90-day supply savings. For this option, just bring your prescription to a CVS pharmacy or ask your doctor's office to call it in.
- ▶ Thirty-day supplies of maintenance medication will be covered at any pharmacy for the initial fill and one refill. After two refills, you must use a CVS Pharmacy or the mail order program; otherwise you will pay the full cost of the prescription.

Note: Maintenance Choice applies to all four plans.