



focused health solutions



CVS Caremark

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Focused Health Solutions

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# Qualifying Programs

- Chronic condition management programs:
  - Asthma\*
  - Back and Neck
  - Diabetes\*
  - Heart Conditions
    - Congestive Heart Failure
    - Coronary Artery Disease
    - Hypertension
  - Behavioral Health
    - Anxiety
    - Clinical Depression
    - Obsessive Compulsive Disorder
  
- *Asthma and Diabetes programs are open to children under the age of 18.*

**Program enrollment is totally confidential and FREE!**



# Who's Eligible?

- Eligibility Rules
  - Active Employees
    - PPO plans, Keystone East HMO, or Traditional Indemnity Plan
      - Medicare may be secondary\*
  - Dependents of Active Employees
    - PPO plans, Keystone East HMO, or Traditional Indemnity Plan
      - Medicare may be secondary\*
  - Pre-65 Retirees
    - PPO plans, Keystone East HMO, or Traditional Indemnity Plan

\* Once Medicare is primary insurance, employees/retirees and their dependents are no longer eligible.



## Enrollment is simple

- Call FHS to begin the enrollment process
  - ***Call 1-888-352-9355 anytime***
- FHS Call Center staff will return your call to
  - Verify your eligibility
  - Confirm your physician-diagnosed condition(s)
  - Enroll you in one (or more) programs
- You will be assigned to an individual Nurse Coach
  - Your Nurse Coach will reach out to you for your first call within 2-4 weeks
- You will receive a condition-specific Welcome Packet and Care Kit
- Depending on your individual health status, your condition management coaching plan will be set-up between you and your Nurse Coach



## Free \$\$\$ Money

- Active program participants will have the opportunity to earn incentive points
  - Participants will set realistic goals with their Nurse Coach aimed to improve their health status
  - By achieving goals, participants can earn up to \$110 per year from FHS
- Condition-related doctor's office co-pays
  - Participants receive up to \$15 per co-pay reimbursed from FHS for condition-related doctor's office visits
  - Maximum of 20 co-pay reimbursements per year
    - 2 co-pay reimbursement maximum for Maintenance Level participants

## Discounted Rx's

- Caremark has partnered with Exelon and Focused Health Solutions to offer another *outstanding* benefit
- Active participants in a condition management programs are eligible to receive reduced co-pays for their prescription drugs related to their medical condition
  - For a list of approved drugs visit [www.exelonbenefits.com](http://www.exelonbenefits.com), go to the “reference” section, then click on “other benefits”
- Participants are considered “active” once they have completed the enrollment call with FHS

# Plan Design

	<b>Generic</b>	<b>Preferred Brand*</b>	<b>Non-Preferred Brand</b>	<b>Lifestyle Drugs**</b>
<b>Network Retail Pharmacy (30 day supply)</b>	10% \$5 minimum / \$15 maximum	20% \$15 minimum / \$30 maximum	30% \$30 minimum / \$50 maximum	50%
<b>Caremark Mail Pharmacy (90 day supply)</b>	10% \$10 minimum / \$25 maximum	20% \$25 minimum / \$50 maximum	30% \$50 minimum / \$85 maximum	50%
<b>Retail 90 Pharmacy (90 day supply)</b>	10% \$15 minimum / \$45 maximum	20% \$45 minimum / \$90 maximum	30% \$90 minimum / \$150 maximum	50%

\* Preferred Brand Drugs are drugs that are listed on CVS Caremark's Preferred Drug List

\*\*Lifestyle Drugs are those that treat the symptoms of chronic, non-life threatening conditions, which are sometimes the by-products of natural aging. Lifestyle Drugs Include: non-sedating antihistamines, acne medication, anabolic steroids, depigmenting agents, erectile dysfunction medication and weight management medications.

# Focused Health Incentives

- Members with chronic conditions such as diabetes, asthma, coronary artery disease, congestive heart failure, anxiety, depression, obsessive-compulsive behavior and back or neck pain may participate in Disease Management programs through Focused Health
- If a member actively participates in a Focused Health Disease Management program, they will receive reduced copays for common drugs used to treat the chronic condition.

	<b>Generic</b>	<b>Preferred Brand*</b>
<b>Network Retail Pharmacy (30 day supply)</b>	\$0 copay	10% \$5 minimum / \$15 maximum
<b>Caremark Mail Pharmacy (90 day supply)</b>	\$0 copay	10% \$10 minimum / \$25 maximum
<b>Retail 90 Pharmacy (90 day supply)</b>	\$0 copay	10% \$15 minimum / \$45 maximum

\* Preferred Brand Drugs are drugs that are listed on Caremark's Preferred Drug List



# Check Drug Cost

www.caremark.com

Caremark - Microsoft Internet Explorer

Address: https://www.caremark.com/wps/myportal/ut/p/k/cxml/04\_sjSPYkssy0xPLMnMz0vMOY'QzKLN4j39QTJgFhmi76k.ahCxqbol05waV\_P\_NxUqHClOZDV5BvVHGtp0-tH6BfkBsaGFurA4AestgnAll/delta/base64xml/L0\_

**Logout**

### Medication Pricing and Coverage Results

1 Enter   2 Clarify   3 Select   4 Results

For the benefit plan of ID UNIVERSAL, born 01-01-1901, you selected "OMEPRAZOLE-40MG-CAPSULE DR" **Print**

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**Your Results**

= Mail Service  
 = Retail Pharmacy

Medication	Buy At	Qty	Days Supply	Your Cost	Employer Cost
				Total	Total
Omeprazole-40mg <a href="#">Generic</a>		90	90	\$25.00	\$227.94
Omeprazole-40mg <a href="#">Generic</a>		90	90	\$22.56	\$203.02

**Start Over**   **Recalculate Quantity and Days Supply**

\* The coverage information on this page is based on information provided to Caremark from your benefits administrator as of July 17, 2009. This information is subject to change from time to time. Additionally, Caremark's drug prices are subject to change from time to time. For complete details, refer to your Plan brochure or policy. Caremark must fill your prescriptions for the exact amount prescribed by your physician, or the day supply limit specified by your benefit plan, whichever is less. Pricing may vary by retail pharmacy.

\* Co-payment, or co-pay, means the amount which a plan participant is required to pay when obtaining a prescription in accordance with the plan participant's applicable benefit plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by the benefit plan.

\* Your total payment means the amount which a plan participant is required to pay when obtaining a prescription in accordance with the plan participant's applicable benefit plan, which may include a co-payment, deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by the plan sponsor.

[-] FEEDBACK

Done

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# Thank You!