The World Bank Group Advantage

U.S. Prescription Benefits
General Information for the MIP and RMIP
Welcome to your new prescription benefits. The World Bank Group has chosen CVS/caremark to manage your prescription care and associated costs. Starting January 1, 2015, CVS/caremark is your new provider.

CVS/caremark was chosen as a best-in-class pharmacy plan administrator. They offer a network of over 68,000 network pharmacies nationwide, including independent pharmacies (such as Walgreens, Giant, and Rite Aid) and 7,400 CVS pharmacy locations.

This brochure provides an overview of the plan benefits, prescription cards, and contact information for both the Active and Retiree plans.
Benefits overview

The WBG remains committed to providing a high-quality pharmacy benefit. As with your previous plan, there are cost share/coinsurance percentages when you purchase your medications. Under the new plan, you will no longer have to meet a deductible, and there are now maximums on co-payment amounts. These out-of-pocket costs contribute to your Maximum Out-of-Pocket of $1,000 per individual and $2,000 per family for active staff, and $1,200 per individual and $2,400 per family for retirees.

<table>
<thead>
<tr>
<th>Deductible</th>
<th>There is no deductible on the Pharmacy plan.</th>
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<tbody>
<tr>
<td>Maximum Out-of-Pocket (Active)</td>
<td>$1,000 per individual/$2,000 per family</td>
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<tr>
<td>Maximum Out-of-Pocket (Retiree)</td>
<td>$1,200 per individual/$2,400 per family</td>
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Coinsurance amounts depend on whether you are purchasing specialty or non-specialty medications, if they are generic, preferred brand-name, or non-preferred brand-name medications through retail or mail service prescriptions. Read on to view tables for non-specialty and specialty drug rates.

Preferred and non-preferred depend on the formulary. The Bank is currently using the broadest formulary CVS/caremark offers, though the formulary is subject to vendor updates. For additional details on the drug coverage, you can call CVS/caremark Customer Care toll-free at 1 (844) 641-0412 or search online using the CVS/caremark app or www.caremark.com. From the website, after logging in, click on “Understand My Plan & Benefits”. You will see Drug List (Formulary Option).
Benefits Overview: Non-specialty drugs

<table>
<thead>
<tr>
<th>Non-specialty Drugs</th>
<th>CVS/caremark Retail Pharmacy network (Up to a 30-day supply per fill)</th>
<th>Maintenance Choice CVS/caremark Mail Service Pharmacy or CVS pharmacy (Up to a 90-day supply per fill)</th>
</tr>
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<tbody>
<tr>
<td>Generic medications</td>
<td>10% ($25 max)</td>
<td>10% ($60 max)</td>
</tr>
<tr>
<td>Preferred Brand-Name Medications</td>
<td>25% ($70 max)</td>
<td>25% ($175 max)</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medications</td>
<td>40% ($120 max)</td>
<td>40% ($300 max)</td>
</tr>
<tr>
<td>Refill Limit</td>
<td>One initial fill plus one refill for long-term medications</td>
<td>No refill limit</td>
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Benefits Overview: Specialty drugs

If you are using a specialty drug, CVS/caremark will build a relationship with you through the CVS Specialty Pharmacy Program. CVS has a Specialty Drug department uses Maintenance choice and mail order to get drugs to members, with an additional hands-on approach.

<table>
<thead>
<tr>
<th></th>
<th>CVS Specialty Pharmacy Program For short-term medications (Up to a 30-day supply)</th>
<th>CVS Specialty Pharmacy Program For long-term medications (Up to a 90-day supply)</th>
</tr>
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<tr>
<td>Generic medications</td>
<td>5% ($50 max)</td>
<td>5% ($75 max)</td>
</tr>
<tr>
<td>Preferred Brand-Name Medications</td>
<td>25% ($100 max)</td>
<td>25% ($150 max)</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medications</td>
<td>40% ($150 max)</td>
<td>40% ($225 max)</td>
</tr>
<tr>
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Choosing where to fill your prescription depends on whether you are ordering short-term medications or maintenance medications.

Short-term medications are generally taken for a limited amount of time and have a limited number of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS/caremark retail network.

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. Examples of such conditions include hypertension, diabetes, multiple sclerosis, HIV infection and others. These conditions usually require ongoing regular, often daily, use of medicines. Read on for more information on both categories.
Short-term medications

Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies (such as Walgreens, Giant, and Rite Aid) and 7,400 CVS pharmacy locations.

Find a participating pharmacy at www.caremark.com.

TIP: To avoid filling out claims paperwork, bring your prescription card with you when you pick up your prescription and use a pharmacy in the CVS/caremark retail network.
Maintenance medications: Non-specialty

Under the Pharmacy Plan, members must purchase the 90-day supply of their maintenance medications only from CVS/caremark - either by mail order, or from a CVS pharmacy through the CVS Maintenance Choice® program. The mandatory 90-day mail order from one source is a feature of the new Pharmacy Plan, designed to save money for both you and The Plan. It is common practice among many other plan administrators.

Patients who are newly diagnosed with a chronic medical condition, and are in the initial phase of treatment when their doctor determines the right medication(s) and/or dosage, will be able to fill shorter term (usually 30-day) prescriptions at a CVS network pharmacy two times.
Non-specialty: Mail order

Here’s what you need to do to get started with mail order for 90-day prescriptions:

1. Ask your doctor for a 90-day prescription. If you need a prescription filled right away, ask your doctor for 2 prescriptions - one for a 30-day fill at retail, and one for a 90-day fill.

2. Complete the mail order service form. Print the form from [www.caremark.com](http://www.caremark.com) by clicking on 'New Prescriptions.' Fill out the form completely to ensure your order is processed promptly.

3. Mail your order form along with prescription(s) and payment.

4. Allow up to 10-12 days from the day you submit your order for delivery of your medicine.
Non-specialty: Maintenance choice

If you wish to pick up your 90-day prescriptions at a CVS/caremark pharmacy, choose one of four easy ways to start using the Maintenance Choice program:

1. Bring your prescription to a CVS pharmacy location.
2. Fill out and send in a mail service order form – you can print one at [www.caremark.com](http://www.caremark.com).
3. Use the FastStart® tool found at [www.caremark.com](http://www.caremark.com).
4. Call FastStart toll-free at 1 (800) 875-0867.
Maintenance medications: Specialty

Patients who require specialty medications will be supported by the CVS Specialty Pharmacy Program. This Program will be an interface that will help you get the specialty drugs you need when you need them.

If you are prescribed a new specialty medication, your prescribing physician is likely to provide a shorter term prescription - typically for 30 days or less. This is done to ensure that the medication has the desired effect and that you do not experience serious side-effects. Once stabilized on the medication your physician may transfer your medication to a longer term prescription – typically for 90 days.

Please note that patients who are newly diagnosed with a chronic medical condition can fill a 30-day prescription of maintenance specialty drugs from a pharmacy in the CVS/caremark network (including Walgreens, Giant, and Rite Aid), but must use the CVS Specialty Pharmacy Program for any 30- or 90-day refill thereafter.
Refills

There are 3 ways to refill an order:

1. **Online:** Visit [www.caremark.com](http://www.caremark.com) or CVS/caremark’s mobile app;

2. **By phone:** Call the toll-free CVS/caremark Customer Care number at **1 (844) 641-0412**. Please have your UPI number available;

3. **By mail:** Visit [www.caremark.com](http://www.caremark.com) to access the relevant forms.
Your prescription cards

These personalized cards are your starting point for accessing your prescription benefits. Your UPI number is necessary when filling a prescription at a pharmacy for the first time. Use it to register at [www.caremark.com](http://www.caremark.com) to order refills, check drug costs and coverage, view health tips, print a claim form, and more.
Prescription card alternatives

There are two alternatives for identification at the Pharmacy:

1. Use the CVS/caremark Mobile App.
2. Print a Temporary Member ID Card.
CVS/caremark mobile app

The CVS/caremark mobile app is helpful for managing your medicine.

**Pre Sign-in Features:**

- **Easy Refill – Scan Your Rx:**
  
  Refill by simply scanning the barcode of your mail Rx label – anywhere, anytime.

- **Pill Identifier:**
  
  Quickly identify your pills by entering the imprint, color, or shape.

- **Drug Interactions:**
  
  Quickly identify unwanted interactions with a simple scan.

**Sign-in Features:**

- **Find a Pharmacy**

- **Review Orders & History**

- **Check Drug Costs**

- **View Prescription ID Card**

Visit the iTunes App Store or Google Play or go to www.caremark.com/mymobile Please note that you need to select the CVS ‘caremark’ option. The CVS ‘pharmacy’ option has a different functionality.
Temporary member ID card

Detailed instructions to print a temporary member ID card can be found at the following links below:

- [Active staff](#)
- [Retired staff](#)
Specialty programs: Managing diabetes

The benefit design is geared towards supporting patients diagnosed and living with diabetes. When filling your prescription for diabetes medications, you will pay a co-payment for your medication, but you will not have any co-payment for the supplies that are needed for you to regularly test your glucose levels.

It is important that your prescription includes both the diabetes medications and glucose testing supplies needed. Please be sure to discuss your medications, as well as your glucose-testing needs, with your doctor. If, during the course of your treatment, you need additional diabetes medications and/or supplies, you should discuss this with your doctor as this might require adjustment to your treatment and/or testing regime. Your doctor will need to provide a prescription reflecting the change in your testing/treatment regime.

Both your diabetes medications and glucose testing supplies need to be reflected on a prescription from your doctor.
Diabetic meter program

Regular blood glucose testing is essential for people with diabetes. The CVS/caremark Diabetic Meter Program can provide you with tools to monitor your blood glucose levels and better manage your health. You may qualify to receive a free annual meter.

Members may call the CVS/caremark Diabetic Meter Team toll-free at 1 (800) 588-4456 weekdays 8:00 a.m. to 6:00 p.m. (EST). Customer Care Representatives can help you receive one from the list of eligible meters. For added convenience, a representative can contact members’ physicians to request and process prescriptions.

Meter kits will be shipped directly from the manufacturer to members within 7 to 10 days of the order. Test strips and lancets can be shipped from CVS/caremark within 10 to 14 days. Members may receive no more than one meter as part of their pharmacy benefits every year.

Please note: Insulin pumps and insulin pump supplies for certain Type 1 Diabetic patients are covered as Durable Medical Equipment (DME) under the medical plan – thus, not under the Pharmacy Plan with CVS. Members need to work closely with their prescribing physician and contact Aetna for assistance in obtaining the insulin pump and ongoing supplies.
Frequently asked questions

What is a Formulary?

A formulary is a Pharmacy Benefit Manager’s (PBM’s) list of drugs compiled, in the case of CVS/caremark, by an independent Pharmacy & Therapeutics Committee to provide clinically comprehensive coverage. The formulary includes medications that are often excluded by other plans and follows a dedicated process to ensure that members have access to appropriate medications. The main criteria used to establish the formulary are clinical efficacy, safety, and price. Formulary management remains a dynamic process as information regarding new drugs, long-term effectiveness and side effects of medications and other criteria are constantly updated. In order to avoid patient disruption, changes to the formulary are typically made annually (but can be made more frequently if deemed appropriate). Changes are required to be communicated to members by the plan sponsors or the PBM. For additional details on the drug coverage, you can call CVS/caremark Customer Care toll-free at 1-844-641-0412 or search online through the CVS/caremark app or www.caremark.com. From the website, after logging in, click “Understand My Plan & Benefits”. You will see Drug List (Formulary Option).

How do generics compare to brand-name drugs?

Generic medications must meet the same standards established by the U.S. Food and Drug Administration (FDA) for brand medications. Generic drugs are required to have the same active ingredient, strength, dosage form, and route of administration as the brand name product. Generic drugs do not need to contain the same inactive ingredients as the brand name product and the coating or surface of the pill may differ in color or texture. More than 50 percent of generic medications are manufactured by companies owned by brand name manufacturers. Generics are sometimes produced on the same assembly line as the brand name product.

How does “Dispensed as Written” work?

The purpose of Dispensed as Written (DAW) rules is to require plan members to use lower-cost generic drugs when brand drugs lose their patent and a generic equivalent is available. Therefore, if a physician writes “DAW” on a prescription for a brand drug that has a generic equivalent, or if you ask a pharmacist to dispense a brand drug that has a generic equivalent, the member pays the brand coinsurance plus the difference between the contracted amount of the generic and the contracted amount of the brand, up to 100% of the contracted amount of the brand. This additional amount will not count against your Out-of-Pocket Maximum. If you have already hit your Out-of-Pocket Maximum, you will only have to pay the difference between the two contracted amounts.
Frequently asked questions

How can I switch to a 90-day fill for Maintenance medications?

You can make the transfer after your first or second fill. You will need to determine if you would like to receive your medications at a CVS pharmacy (Maintenance Choice) or through the mail. If you need assistance obtaining a new mail prescription or moving existing prescriptions between CVS retail and mail, you have the following options:

1. Contact CVS/caremark Customer Care at 1 (844) 641-0412 – a representative will contact the prescriber on the member’s behalf to request a 90-day prescription.

2. Contact your prescriber to call in your prescriptions directly to the mail service.

3. Visit your local CVS pharmacy and get assistance from a CVS pharmacist, who will contact the prescriber on your behalf.

4. Log on to www.caremark.com or the CVS mobile app (for transferring existing prescriptions only).

Important:
After two refills at the pharmacy, your third fill will be rejected and you will need to contact Customer Care for assistance.

Can I get vaccinations from this plan?

Yes. The Plan covers vaccination services at 100% at participating pharmacies. Pediatric vaccines are for those age 0 to 18. Adult Vaccines are for those 19 years of age and older. Vaccines do have a shortened shelf life and some are seasonal, so they may not be routinely stocked at your local pharmacy. For this reason, we ask that you call the pharmacy in advance to ensure the vaccine is in stock. In case you need to confirm the date vaccine was administered, you may view the ‘RxHistory’ section at www.caremark.com. For questions on available vaccines, please call Customer Care at 1 (844) 641-0412.

When can I get my refills?

The Bank Group Pharmacy plan allows for medications to be refilled at 75 percent of the expected time of your previous prescription running out. This means that for a 90-day supply, you should be able to get a refill after about 68 days. When refilling too soon, the pharmacist should be able to tell you when the next refill is available.
Frequently asked questions

What about medications when travelling?

If you need to get medications before traveling, you may call Customer Care toll-free at 1(844) 641-0412 for a vacation or travel override. This will allow members to get additional supplies of their medication. A current prescription for the medication is needed, along with information on the duration of travel.

If you require short term medications when traveling outside of the country, you will need to pay the full price up front, then submit the claim to Aetna for reimbursement upon your return.

What is Step Therapy?

Step Therapy (ST) is a program where, for certain drug classes, a Pharmacy Plan requires members to try a lower-cost drug in the same therapeutic class before utilizing a higher-cost drug (e.g., lower-cost generic drug vs. a higher-cost single-source brand drug).

Exceptions:

- If a member has tried a lower-cost drug within the past six months and it was not effective, then step therapy would be waived and the higher-cost drug may be prescribed.
- If specific criteria are met, even though the lower-cost drug has not been tried, step therapy may be waived.

Each Party’s Responsibility:

- Patient’s Responsibility—Contact prescribing physician to discuss whether lower-cost drug is appropriate before trying higher-cost brand drug that was prescribed.
- Physician’s Responsibility—Evaluate whether lower-cost drug is medically appropriate as first-line treatment; if not, submit documentation to PBM for waiving use of lower-cost drug.
- Vendor’s Responsibility—Communicate to member and physician reason for requiring lower-cost first-line medication; if physician submits documentation to PBM requesting waiver of lower-cost drug requirement, communicate to member and physician reasons for denial or agreement.
Frequently asked questions

Why is Maintenance Choice/mail order mandatory for some prescriptions?

Maintenance medications are prescriptions commonly used to treat conditions that are considered chronic or long-term. Examples of such conditions include hypertension, diabetes, multiple sclerosis, HIV infection, and others. These conditions usually require ongoing regular, often daily, use of medicines. By using 90-day prescriptions for these necessary drugs, either by mail order or from a CVS pharmacy through the CVS Maintenance Choice program, there will be two benefits. You will save on co-pays and will have the flexibility to fill 90-day prescriptions through mail or at a CVS pharmacy.

Why was Prior Authorization introduced and how does it work?

Prior Authorization (PA) was introduced on March 1, 2014 and is a feature of the prescription benefit plan that helps to ensure the appropriate use of certain prescription drugs. PA is a clinical program with the well-being of patients at its core, and involves your prescribing doctor. It is designed to prevent improper use of certain drugs that may not be the best choice for a health condition or are not for an approved use of the medication according to the FDA. Drugs impacted by the prior authorization program include:

- Prescriptions for drugs used outside of the specific, approved medical conditions (also known as “off label” use);
- Prescriptions for drugs that could be used for non-medical purposes.

What are compound medications?

A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available. Compound medications might be subject to the Prior Authorization process.
Tips for saving

Here are some tips to help you save money on your prescriptions:

1. Ask for generics first: Generic drugs can cost up to 80 percent less than brand-name drugs.

2. Remember the preferred drug list: If a generic drug isn’t available, ask your doctor to prescribe a drug on your plan’s preferred drug list, if appropriate. You will pay more for a brand-name medication not on the preferred list.

3. Order 90-day supplies of long-term medications: Maintenance Choice lets you choose to receive your long-term prescriptions at a CVS pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay.

4. Fill short-term prescriptions at a network pharmacy: you will generally pay less for short-term (30 days or fewer) prescriptions that are filled using the CVS/caremark Retail Pharmacy Network.

Did you Know?

Generics are becoming the prescription of choice for most people. More than 65 percent of prescriptions filled today* are for generic drugs because they are effective and can cost up to 80 percent less** than brand-name drugs.

To save money on your prescriptions, always ask your doctor or pharmacist if there is a generic option available for you.

*Source: Generic Pharmaceutical Association Website: http://www.gphaonline.org.

**Savings are based on plan participant co-payments. The amount of savings will be based on your benefit plan.
Where to learn more

Visit [www.caremark.com](http://www.caremark.com) to learn more about mail service, order refills, check drug costs and coverage, print a claim form, and more.

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week.

**Phone:** Contact CVS/caremark Customer Care toll-free number at **1 (844) 641-0412**.

**Secure online contact:**

Follow the following instructions to contact CVS/caremark using a secure email.

Register or log into your account at [www.caremark.com](http://www.caremark.com). Use the secure message feature to send your email directly to CVS/caremark by clicking on the ‘My Account’ tab, then by clicking on the ‘Mailbox: Secure Message Center’ tab. This will allow you to send a secure email directly to CVS/caremark, which will help keep your personal health information secure. CVS/caremark will not be able to reply to you with any information that may be considered private without this secure system.

**Online learning:**

Follow the link ([https://www.brainshark.com/cvscaremark/mynew-url/3HTz15ke0Z3J2iB90](https://www.brainshark.com/cvscaremark/mynew-url/3HTz15ke0Z3J2iB90)) for a quick tutorial for [www.caremark.com](http://www.caremark.com).

Please feel free to send any non-medical comments, both positives or negative, to HR Operations at [hroperations@worldbankgroup.com](mailto:hroperations@worldbankgroup.com).

Any compliments or complaints will help improve service and can be relayed to CVS/caremark during their regular meetings with the WBG.