

Prescription Drug Coverage

CVS Caremark® administers your outpatient prescription drug benefit for all of the full-time Group Medical Plan Options (BCBSAL, UnitedHealthcare, and HDHP medical plan options) except:

- Kaiser Permanente of California;
- Kaiser Health Plan of Colorado;
- Kaiser Health Plan of Georgia;
- Kaiser Health Plan of Oregon; and
- Kaiser of the Mid-Atlantic.
- Kaiser Hawaii HMO
- Kaiser Hawaii POS

These Kaiser HMO plans currently administer their own prescription drug program. Employees enrolled in these Kaiser HMO plans should consult their HMO booklet or carrier for more information regarding the exclusions and limitations for their prescription drug coverage.

The CVS Caremark outpatient drug benefit plan provides you with prescription drugs:

- Conveniently, through local pharmacies and mail order;
- Cost effectively; and
- With your safety in mind.

If you're newly enrolled in the Group Medical Plan Options, CVS Caremark will mail a welcome packet to your home in time to receive prescription benefits on your first day of eligibility. It contains information describing how to use the program, a mail-order form, and ID cards. You can obtain additional information through the CVS Caremark web site, accessible via the employee portal at www.myloweslife.com (My Lowe's Life >My Benefits > Full-Time Employees>Benefits >Prescription Drugs).

You can also print an ID through the CVS Caremark web site, accessible via the employee portal at www.myloweslife.com (My Lowe's Life >My Benefits> Full-Time Employees>Benefits>Prescription Drugs).

Important Notice from Lowe's Companies, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lowe's Companies, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1-Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You

can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2-Lowe's Companies, Inc. has determined that the prescription drug coverage offered by the Lowe's Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lowe's Companies, Inc. coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits through your Lowe's enrollment (if applicable).

For further information on how your coverage will be affected, please review the Foundations for Success guide available on www.mylowesbenefits.com. The Foundations for Success guide offers an explanation of the prescription drug coverage plan provisions/options under the Group Medical Plan Options (except the Kaiser medical plan options) that Medicare-eligible individuals have available to them when they become eligible for Medicare Part D. Kaiser medical plan participants should refer to their Kaiser HMO Book and Certificate for information about their prescription drug benefits. You can also review the My Benefits website (www.mylowesbenefits.com) for a summary.

If you do decide to join a Medicare drug plan and drop your current Lowe's Companies, Inc. coverage, be aware that you and your dependents will be able to get this coverage back if you are still actively employed at Lowe's.

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lowe's Companies, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lowe's Companies, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember:

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 05, 2015

Name of Entity/Sender: Lowe’s Companies, Inc.

Contact–Position/Office: Lowe’s HR Shared Services

Address: Mail Code PRN6

1605 Curtis Bridge Road

Wilkesboro, NC 28697

Phone Number: 1-888-HRINFO5

Comparison of Medical Options (except Kaiser Plans)

The following comparison highlights the prescription drug benefits offered under the Option 1, Option 2, HDHP, and Group Medical Plan Options.

Lowe's currently utilizes a 4-tier design. Tier 1 is all generic products. Tiers 2 include products that are on the CVS Caremark Preferred Formulary. Tier 3 is not on the CVS Caremark preferred formulary and will result in the highest copay.

The tiers are defined as follows:

- Tier 1- Generic Products - This tier will afford you the lowest copay while allowing for the same clinical effects as its branded name counterpart
- Tier 2- Formulary Products
- Tier 3- Non-Formulary Products
- Tier 4- Non-Formulary Products for classes of drugs where there are significant generic or over-the-counter (OTC) alternatives (i.e., non-sedating antihistamines, proton pump inhibitors (PPIs), sedative hypnotics, and overactive bladder).

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 medication plus the generic cost share.

Option 1 and Option 2 Medical Plans

Retail Copays/Coinsurance: (up to a 30-day supply) per covered prescription at a participating pharmacy.

The Copay/Coinsurance amount is the amount you pay per covered prescription:

In-Network Out-of-Pocket Maximum (combined with medical):

Option 1: \$6,000 per individual / \$12,000 per family

Option 2: \$6,550 per individual / \$13,100 per family

- Tier 1—Generic Products: \$10
- Tier 2—Formulary Products: 35% coinsurance, with a \$35 minimum and \$70 maximum amount per prescription
- Tier 3—Non-Formulary Products: 35% coinsurance, with a \$90 minimum and \$170 maximum amount per prescription
- Tier 4— Non-Formulary Products (NSAs, PPIs, Sedative Hypnotics, Overactive Bladder). Member pays full price at retail pharmacy. These medications are restricted to home delivery only.
- Diabetic Test Strips—\$30
- Specialty Medications— \$75 (limited to 1-30 days only, Fertility medications 50% coinsurance)

Mail Order Copays/Coinsurance: (up to a 90-day supply) per covered prescription when using CVS Caremark

Mail Service Pharmacy or CVS Pharmacy®. The Copay/Coinsurance amount is the amount you pay per covered prescription:

- Tier 1—Generic Products: \$20
- Tier 2—Formulary products: 35% coinsurance, with a \$70 minimum and \$140 maximum amount per prescription
- Tier 3—Non-Formulary Products: 35% coinsurance, with a \$170 minimum and \$340 maximum amount per prescription
- Tier 4—Non-Formulary Products (NSAs, PPIs, Sedative Hypnotics, Overactive Bladder): 80% coinsurance.
- Diabetic Test Strips—\$60

Infertility Drugs (30-day supply)

- Up to \$5,000 lifetime maximum Retail or Mail Order (through CVS **Specialty™**) for a maximum 30-day supply, 50% coinsurance

HDHP Medical Plan Option

Retail Copays/Coinsurance: (up to a 30-day supply) per covered prescription at a participating pharmacy. The Copay/Coinsurance amount is the amount you pay per covered prescription:

In-Network Annual Deductible: \$1,750 per individual / \$3,500 per family

In-Network Out-of-Pocket Maximum (includes deductible): \$6,550 per individual / \$13,100 per family

- Tier 1—Generic Products: 50% after deductible
- Tier 2—Formulary Products: 50% after deductible
- Tier 3—Non-Formulary Products: 50% after deductible
- Tier 4— Non-Formulary Products (NSAs, PPIs, Sedative Hypnotics, Overactive Bladder). 50% after deductible
- Diabetic Test Strips—50% after deductible
- Specialty Medications—50% after deductible (limited to 1-30 days only)

Mail Order Copays/Coinsurance: (up to a 90-day supply) per covered prescription when using CVS Caremark Mail Service Pharmacy or CVS Pharmacy. The Copay/Coinsurance amount is the amount you pay per covered prescription:

- Tier 1—Generic Products: 50% after deductible
- Tier 2—Formulary products 50% after deductible
- Tier 3—Non-Formulary Products: 50% after deductible
- Tier4—Non-Formulary Products (NSAs, PPIs, Sedative Hypnotics, Overactive Bladder): 50% after deductible.
- Diabetic Test Strips—50% after deductible

Infertility Drugs (30-day supply)

Up to \$5,000 lifetime maximum Retail or Mail Order (through CVS Specialty) for a maximum 30-day supply.

Maintenance Medications

Maintenance medications are prescription drugs you take on a regular basis to treat chronic medical conditions like heart disease, high blood pressure, and high cholesterol.

Filling your maintenance medication prescriptions through home delivery saves you time and money. It also helps Lowe's control the drug costs of the Group Medical Plan.

For all medical plan options except Kaiser, all prescriptions written for maintenance medications should be filled through CVS Caremark Mail Service or at a CVS Pharmacy or you will pay the full price of the drug when purchased at a non-CVS retail pharmacy. You will be allowed three courtesy refills at a retail pharmacy before being charged the full price of the drug.

Participating Pharmacies

CVS Caremark offers Group Medical Plan Option participants one of the largest networks of participating pharmacies available with over 65,000 nationwide. It includes both national chains and independent retailers. To find a retail pharmacy participating in the CVS Caremark network:

- Go to www.Caremark.com, select My Prescriptions, then Find a Pharmacy; or
- Call the toll-free customer service number listed on your ID card.

CALL CVS Caremark AT:

Customer Care: 1-855-381-1661

CVS Caremark Specialty: 1-800-237-2767

Hearing Impaired: 1-800-863-5488

If your pharmacist needs to talk with CVS Caremark, he/she should call:

Pharmacy Help Desk: 1-800-364-6331

Medicines Covered by Your Plan

The list of preferred medicines covered by your Group Medical Plan Option is called the formulary. An expert panel of physicians and pharmacists has carefully reviewed all of the medicines on the formulary for safety, quality, effectiveness, and cost. The formulary also includes generic drugs, which the Federal Drug Administration approves as bioequivalent, meaning they perform in your body the same way as a brand-name drug. When appropriate, your doctor should use the formulary to prescribe drugs for you.

To find out whether a particular medicine is included on your formulary, visit the CVS Caremark web site, accessible via the employee portal at www.myloweslife.com (My Lowe's Life > My Benefits> Full-Time Employees>Benefits >Prescription Drugs>CVS Caremark (for all plans except Kaiser)).

Four Ways to Fill Your Prescription

Mail Service Pharmacy: Ask your doctor to write a prescription for a 90-day supply, plus refills for up to one year. If you need to begin the medicine immediately, ask your doctor for a second prescription for a 30-day supply and take it to a participating pharmacy. A separate copay will apply for each prescription.

To begin mail service:

1. Fill out and send in a mail service order form – use the one included in this welcome kit or print one at www.caremark.com
2. Use the FastStart tool found on www.caremark.com
3. Call FastStart toll-free at 1-800-875-0867

Once your order is received, please allow 10 to 14 days for your order to be delivered to your home.

Online Pharmacy: To order your medication online:

- To order your medication online, visit the CVS Caremark web site, accessible via the employee portal at www.myloweslife.com (My Lowe's Life > My Benefits> Full-Time Employees> Benefits>Prescription Drugs>CVS Caremark (for all plans except Kaiser)), then
- Select Order Prescriptions; and choose the option that best suits your needs.

The CVS Caremark secure website protects both your personal and financial privacy. CVS Caremark does not disclose or sell any information about you to another party without your permission.

Unless additional information is needed, CVS Caremark will ship your medication within 48 hours of your submitting the request online. Your medication will be delivered free of shipping costs within two weeks. Overnight or second-day delivery may be available for your area for an additional charge. Along with your medication, you will receive a form to remind you when to order your refill.

Retail Pharmacy: Take your prescription and CVS Caremark ID card to the nearest participating pharmacy. To find one:

- Go to www.Caremark.com select Order Prescriptions, then Pharmacy Locator or
- Call the toll-free customer service number listed on your ID card

The participating pharmacist will verify your eligibility in the system. Then, the system will determine the Copay amount and the pharmacist will request payment.

You do not have to file a claim with the network manager, wait for further reimbursement, or check an explanation of benefits statement.

Specialty Pharmacy: CVS Caremark will handle your specialty medication needs and specialty prescriptions will be processed through the CVS Specialty pharmacy. CVS Caremark performs utilization management for specialty medications.

CVS Specialty will contact you to arrange for the delivery of your specialty medications. For added convenience, some specialty medications can be picked up at a local CVS Pharmacy retail store.

CVS Specialty provides not only your specialty medicines, but also personalized pharmacy care management services:

- Access to a team of clinical experts that are specially trained in your condition
- On-call pharmacist 24 hours a day, seven days a week
- Coordination of care with you and your doctor
- Convenient delivery to the address of your choice, including your doctor's office
- Medicine- and condition-specific education and counseling
- Insurance and financial coordination assistance

CVS Caremark offers online support through www.cvsspecialty.com including how to order your specific injectable medications.

Medications which can only be filled through the Specialty Pharmacy Program include the following specialty medication categories:

- Anemia
- Anticoagulant (i.e., Lovenox)
- Cancer
- Endocrine Disorder (i.e., DAP, Octreotide, etc.)
- Enzyme Deficiency (i.e., Cerezyme, Elaprase, etc.)
- Growth Hormone Deficiency
- Hemophilia
- Hepatitis
- Immune Deficiency
- Infertility
- Inflammatory Conditions (i.e., Enbrel, Remicade, etc.)
- Iron Toxicity
- Multiple Sclerosis
- Neutropenia
- Organ Transplant
- Osteoarthritis (i.e., Euflexxa)
- Pulmonary Hypertension
- Respiratory Conditions (i.e., Aralast, TOBI, Xolair, etc.)

This list is not all inclusive and is subject to change as new drugs are introduced.

To get started, call Specialty Customer Care toll-free at **1-800-237-2767** from 6:30 a.m. to 8 p.m. (CT) Monday through Friday. CVS Caremark will then work with your doctor to transfer your prescription.

Copay Card Benefit

Some specialty medications may qualify for third party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, the Member shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copayment or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Use of Nonparticipating Pharmacy

When you use a nonparticipating pharmacy, you must pay the full retail cost for your prescription and then submit a claim for reimbursement to CVS Caremark. CVS Caremark will reimburse you for the contracted price, minus the Copay amount for the HDHP, Option 1, and Option 2 plans.

NOTE: If you paid more for the drug at a nonparticipating pharmacy than CVS Caremark contracted price available through their network, the Group Medical Plan Options will NOT reimburse you for any of this extra expense.

You can request a claim form by calling the toll-free customer service number on your ID card or obtain the form online. Along with the prescription-drug claim form, you will need:

- A receipt for your prescription; and
- The National Drug Code (NDC) number for your prescription from the pharmacist.

Some Prescriptions Require Prior Authorization

Before your Group Medical Plan Option will cover some medications, prior authorization may be required. If the pharmacist tells you that your prescription requires this, ask the pharmacist or your doctor to call the toll-free number on your ID card for instructions. See "Prior Authorization Review" in the section "[Additional Prescription Drug Benefits](#)" for more details.

Additional Prescription Drug Benefits

Lowe's prescription drug benefits through CVS Caremark also include the following company provided programs:

- Addictive Substances Program: It monitors the number and dosage of narcotic drugs for safe and effective use.
- Drug Quantity Management Program: It checks the quantity of a drug dispensed for appropriate dosage levels. This program also includes the OxyContin Quantity Level Limit.

- Glucose Meter Program: It provides a free glucose meter to diabetic participants to encourage more frequent testing of blood sugar levels.
- Step Therapy Program: It is geared to ensure that you receive the best medication recommended for your condition. When many different drugs are available for treating a medical condition, it is sometimes useful to follow a stepwise process for finding the best treatment for you. The following is a list of therapeutic classes and drugs that fall under the Step Therapy Program. This list is not all inclusive and is subject to change as new drugs are introduced:

- ACE Inhibitors
- Angiotensin Receptor Blockers (ARB)
- Antiviral
- Beta Blockers
- Brand NSAIDs and COX-2
- Calcium Channel Blockers (CCB)
- DPP-4 Inhibitors
- Elidel/Protopic
- Glucophage XR
- HMG CoA Reductase Inhibitors (i.e., Lipitor)
- Leukotrienes (i.e., Singulair)
- Lyrica
- Metformin
- Mirapex/Requip
- Nasal Steroids
- Overactive Bladder
- Proton Pump Inhibitor
- SSRI and Other Antidepressants
- Strattera
- Thiazolidinediones (TZD)
- Xopenex
- Zetia

Prior Authorization Review

This program is designed to assist covered participants in obtaining the best critical recommendations for certain groups of medications. Following is a list of therapeutic classes and drugs that fall under the prior authorization requirement. This list is not all-inclusive and is subject to change as new drugs are introduced.

- Acne Products (i.e., Avita, Retin-A, Tazorac, Ziana)
- Adcirca
- Advair
- Amevive, Raptiva
- Aralast, Prolastin, Zemaira
- Aranesp, Epogen, Procrit
- Avonex

- Betaseron
- IV Bisphosphonates (Aredia, Zometa)
- Botox, Myobloc (Botox Cosmetic is not covered under your plan)
- Byetta
- Cerezyme
- Cimzia
- Copaxone
- Diflucan (excluding 150 mg strength)
- Dysport
- Enbrel
- Exubera
- Fabrazyme
- Fuzion
- Forteo
- Growth Hormones
- Humira
- Hyaluronic Acid Derivatives (Synvisc, Hyalgan, Supartz)
- Immune Globulin
- Kineret
- Lamisil
- Lupron
- Letairis
- Lidoderm
- Neulasta
- Neupogen
- Novantrone
- Nuvigil
- Orencia
- Peg Intron
- Pegasys
- Penlac
- Provigil
- Rebif
- Regranex
- Remicade
- Revatio
- Rituxan
- Symbicort
- Somavert
- Sporanox
- Symlin
- Synagis
- Topamax
- Tracleer
- Tysabri
- Tyvaso
- Ventavis
- Vivaglobin

- Weight Management Products
- Xolair
- Zonegran

Under this program, before a prescription requiring prior authorization may be filled, the conditions under which the medication is being prescribed must be reviewed with CVS Caremark. Once a prescription is approved for coverage under the prior authorization requirement, it is valid for one year from the date of approval. If the requirements for the prescription continue beyond one year, it is the patient's responsibility to have his/her physician contact CVS Caremark to outline the clinical necessity on an annual basis to continue program coverage.

Prescription Coverage and Exclusions

While administration of the outpatient prescription drug program is done exclusively by CVS Caremark, the prescription drug coverage is still part of the Group Medical Plan Option and is included in the medical plan's payroll deduction

Excluded prescription drugs by category are:

- Allergens
- Cosmetic Agents (Acne products can be obtained when prescribed for medical purposes)
- Durable Medical Equipment
- Hair Growth Agents (i.e., Propecia, Vaniqa, etc.)
- Homeopathic Agents
- Investigational and Experimental Drugs
- Over-the-Counter (OTC) Medications (except for smoking cessation benefits, subject to limitations. See Group Medical Plan Option section for more information.)
- Prescription products with OTC Equivalents (i.e., Zantac 150mg, etc.)
- Serums, Toxoids & Vaccines

These prescription drugs are not covered under the Group Medical Plan Option or the CVS Caremark program. This list is subject to change. The following products and services are also excluded from coverage under the CVS Caremark program:

- Any medicine determined by CVS Caremark not to be medically necessary;
- Immunization agents (routine or travel related);
- Nutrition and diet supplements;
- Therapeutic devices or appliances;
- Any drug not approved by the FDA to be lawfully marketed for the proposed use or is not identified in the American Hospital Formulary Service or the United States Pharmacopoeia Dispensing Information as appropriate for the proposed use;
- The administration and injection of any medicine;
- Any refill of a medicine exceeding the number of refills specified by the prescriber;
- Any medicine provided while a person is an inpatient in any health care facility or any medicine provided on an outpatient basis in any such institution;
- Any refill of a medicine dispensed more than one year after the latest prescription or other than as permitted by the law of the jurisdiction of which the medicine is dispensed;

- Any medicine or drug considered illegal under the Federal Food Drug and Cosmetic Act including but not limited to prescription drugs purchased in foreign countries and imported into the United States; and
- Medication for which the cost is recoverable by Workers Compensation, occupational disease law, any state or government agency, or medication furnished by any other drug or medical service for which no change is made to the participant.

Employees enrolled in the following HMO options should consult their HMO book or carrier for more information regarding the exclusions and limitations for your coverage:

- Kaiser Permanente of California;
- Kaiser Health Plan of Colorado;
- Kaiser Health Plan of Georgia;
- Kaiser Health Plan of Oregon; and
- Kaiser of the Mid-Atlantic
- Kaiser Hawaii HMO
- Kaiser Kawaii POS

Generic Medications

- **Generic drug:** A medication produced after the original drug manufacturer's brand name patent has expired. Each generic drug maker must meet the same strict Food and Drug Administration (FDA) guidelines required of the original brand name manufacturer. Generic drugs cost less since the cost of research, development, and initial marketing have been paid by the original manufacturer. The main difference between a brand name and a generic drug is the price.
- **Generic Preferred:** When you or your physician request a brand name medication for which a generic medication is available, you pay the Tier 3 (Brand Non-Preferred) coinsurance amount and you will be charged 100% of the cost of the medication less the amount that would have been covered for the generic medication. Any subsequent refills of this medication must receive approval for medical necessity or you will be charged 100% of the cost of the medication less the amount that would have been covered for the generic medication.
- Continuing to use a brand name drug when a generic alternative is available can result in a substantial cost to you and Lowe's.
- By choosing to use the generic medication when appropriate, a savings is realized by you and Lowe's without sacrificing clinical effectiveness. If you have additional questions, please contact CVS Caremark.

CVS Caremark Specialty Drug Pre-authorization

CVS Caremark will perform the pre-authorizations necessary for certain specialty drugs paid for under the medical benefit. Your healthcare provider will need to contact CVS Caremark before administering specialty drugs for certain disease states which include, but are not limited to:

- Blood Cell Deficiency
- Cancer
- Enzyme Deficiencies

- Growth Deficiency
- Hepatitis C
- Immune Deficiency
- Inflammatory Conditions
- Multiple Sclerosis
- Pulmonary Hypertension
- Respiratory Conditions
- RSV Prevention

Specialty Drug Preauthorization Appeal

You have the right to initiate an appeal for specialty drug preauthorization by CVS Caremark. You may request a free copy of the guidelines used in making the decision by calling the toll-free Customer Care number on your benefit ID card. If you choose to submit an appeal for coverage, it must be received within 180 days of denial. Please mail or fax your appeal to:

Specialty Appeals Department
800 Biermann Court
Mount Prospect, IL 60056
Fax: 855-230-5548

Physicians may submit urgent appeal requests by calling the physician only toll-free number: 866-443-1183. Your appeal will be reviewed within 30 days from receipt of complete information. Urgent appeals are reviewed within 72 hours. You will receive a letter explaining the decision. Important information about your rights to appeal is located on the next page. Additionally, if you do not agree with the decision on appeal, you may have the right to request an external review of the decision as permitted under the Patient Protection and Affordable Care Act of 2010 or file a civil action under Section 502(a)(1)(B) of the Employee Retirement Income Security Act of 1974 (ERISA).

If you have questions, please call Customer Care toll-free at the number on your benefit ID card.

If You Have Questions

At any time of the day or night, and every day, including weekends and holidays, you can reach CVS Caremark through the:

- CVS Caremark web site, accessible via the employee portal at www.myloweslife.com (My Lowe's Life > My Benefits>Full-Time Employees>Benefits> Prescription Drugs>CVS Caremark (all plans except Kaiser)), or
- Phone: 1-855-381-1661.