# Med D - RxSavingsPlus Program for Medicare

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**Description:**  Provides information related to the RxSavingsPlus program for Medicare. This program helps beneficiaries save money on prescriptions that are not covered by their plan such as lifestyle medications.

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| Plan Coverage |

**CVS Caremark® created RxSavingsPlus for Medicare to help beneficiaries save money on select non-covered drugs. RxSavingsPlus for Medicare is a no-cost, add-on program for CVS Caremark Medicare clients, available to their members with active Medicare Part D coverage.** The program allows beneficiaries to purchase at a discount certain medication not covered by their Medicare benefit plan. The program complements and maintains the client’s chosen formulary strategy. The program does not conflict or undermine the formulary. Medications covered under this program do not apply to Medicare plan accumulators (Deductible, TrOOP, etc.).

Certain medications are excluded from coverage by Medicare Part D plans. If beneficiaries choose to fill a prescription for a non-covered drug, they must pay the full retail price or shop around for the best available drug discount card price.

RxSavingsPlus for Medicare is an add-on program for CVS Caremark members with existing prescription coverage. It provides savings of up to 80% on generics and up to 40% on brand-name medications for which beneficiaries would normally pay full price.

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| Benefits |

* Up to **80%** savings on generics and up to **40%** on brand-name medications.
* Average savings of **55%** for generics and **24%** for brands.
* No additional card or forms are needed – members simply present their current CVS Caremark pharmacy benefit card to a participating pharmacy.

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| Frequently Asked Questions and Answers |

Refer to as needed:

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| **#** | **Question/Statement** | **Answer/Response** |
|  | **What is RxSavingsPlus for Medicare?** | RxSavingsPlus for Medicare is a no-cost program that allows beneficiaries to purchase select drugs at a discount (through the CVS Caremark discount program network) that are excluded by their Medicare prescription benefit plan. Beneficiaries pay 100% of the total drug cost for these program fills. |
|  | **Where would I find out if the member has this plan?** | Review the CIF (Client Information Form). |
|  | **Does this plan display anywhere in the system?** | No, it only refers to it on the CIF. |
|  | **What non-covered prescription medications are included?** | Discounts are available on select drug classes that are not covered under Medicare Part D.  Compound (MIC) claims are excluded from the discount program. |
|  | **What if there is an opportunity for coverage based on plan requirements, such as prior**  **authorization or diagnosis code?** | Our adjudication system will check for a prior authorization record or diagnosis code. If the appropriate record or code is present, then the claim will pay under the members’ Medicare plan. |
|  | **What if the member has supplemental coverage?** | RxClaim will confirm whether the drug is covered by the member’s Medicare benefit plan and will process the claim accordingly. If covered by the plan, the claim will not reject, and the discount program messaging will not be provided.  Because the discount is not applied automatically during adjudication but instead requires pharmacist action, the member has an opportunity to provide additional coverage information following the initial reject and before the discount is applied. |
|  | **Do the discount claims apply to the members Medicare drug spend?** | No, discount program claims process outside of the Medicare members benefit and do not apply to out of pocket or drug spend accumulations |
|  | **Will the member still be able to appeal a rejection?** | Yes. This program offers an opportunity, following a claim reject, for the pharmacist to redirect the claim to a drug discount program. Standard reject messaging regarding the right to appeal will still appear on the initial claim reject. |
|  | **Which members qualify?** | Once a plan sponsor has opted into the program, it is available to all Medicare Part D members. This program does not apply to any dependents or spouses. |
|  | **Does this program apply to mail order and paper claims?** | No. Only retail pharmacy, point-of-sale claims are included in the program. |
|  | **Does the pharmacy have to be in-network for the discount to apply?** | Yes, the pharmacy must be in both the client’s network and the discount card network. |
|  | **Are member communications available?** | CVS does not send member communications to members under this program. |
|  | **What claim reject message will display to indicate the medication is eligible for the program?** | Reject 70 at a pharmacy will have this additional messaging: “SBM DISC PRG: B:004336 P:DCADV G:RSPMD**<Carrier ID>**”  Advise the pharmacy to resubmit the claim under the discount program. |

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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