

US-RX Care- PRESCRIPTION DRUG COVERAGE

Your Prescription Drug Coverage will be provided through US-Rx Care if you are enrolled in our medical plans. The cost of the prescription benefit is included in your medical plan premium.

How to Get the Most from Your Benefit, While Minimizing Your Out-Of-Pocket Cost

The pharmacy benefit plan is associated with a “formulary”. The formulary determines what level copay applies to each drug covered under the plan. The employee prescription benefit plan has various copay tiers. You can request a copy of the plan formulary to share with your doctor by calling the US-RX Care Advocate line at 1-800-241-8440.

An Advocate can also reach out to your doctor on your behalf to explore lower-cost formulary options that he/she is comfortable prescribing.

Prescription Co- Payments

Tier Level	At Retail Pharmacy	Through Mail Order
Tier 1 – lowest cost medications and most Generic drugs	\$10 up to 30-day supply; \$30 for a 90-day supply \$0 certain Preventive Generic drugs	\$20 up to 90-day supply \$0 certain Preventive Generic drugs
Tier 2 – some Generics and Preferred Brand-name drugs	\$35 up to 30-day supply; \$105 for a 90-day supply	\$70 up to 90-day supply
Tier 3-high cost Generics and Non-preferred Brand-name drugs	\$55 up to 30-day supply; \$165 for a 90-day supply	\$110 up to 90-day supply
Specialty Medications	\$75 for 30-day supply at US-Rx Care Specialty Pharmacy	\$75 each for up to 30-day supply at US-Rx Care Specialty Pharmacy

Lower Cost Glucose Testing Supplies

There are many options for glucose testing technology with the highest accuracy rating and ease of use, but costs do vary widely by manufacturer. The preferred, contracted glucose testing meter and strips is the TRUE METRIX meter and test strips. Simply present your benefit card to your pharmacist when purchasing your testing supplies, and they will provide you with a FREE TRUE METRIX meter.

The test strips are covered under the plan at the Tier 1 copay. Tier 2 or Tier 3 copay may apply to other brands of test strips. The TRUE METRIX meter and test strips will be the best value.

For free test strips, and a meter, enroll in the new Livongo Diabetes management program.

If The Pharmacy Has Trouble Processing Your Coverage for A Prescription Medication

If you do pay the full cash price for a prescription without using your benefit card, you can ask the pharmacy to reprocess your prescription using your benefit card within 7-14 calendar days and get full reimbursement directly from the pharmacy for any overpaid amount, as long as the medication is covered under the plan.

GENERIC PRESCRIPTIONS

Generic prescriptions are the equivalent of brand name drugs, with the same active ingredients and chemical purity; however, their development costs are less. Therefore, generics are priced substantially lower than their brand name counterparts. When receiving a prescription, make sure to alert your doctor or pharmacist that you are interested in receiving the generic medication.

MAIL ORDER

Your prescription benefit plan includes access to a mail-order pharmacy. The mail-order pharmacy provider is Prescription Mart, based in Beaumont, Texas. Mail order pharmacy will be a lower-cost option for your maintenance medications that you take on a regular, long-term basis when you order 90-day supplies. To enroll and place orders, call Prescription Mart at 877- 451-4994. Then contact your doctor to have new 90- day prescription with refills sent to Prescription Mart. Your doctor can phone in your prescriptions, fax (877-212-7258) them to the pharmacy, or send them to the pharmacy electronically. You can also mail in hard copies of your prescriptions to P.O. Box 12607, Beaumont, TX 77726-2607. Faxed prescriptions can only come from a doctor's office by law.

SPECIALTY PHARMACY

Specialty medications include injectables, infused drugs or high dollar oral medications. These are provided in a 30-day supply through the appropriate Specialty provider. When prescribing a Specialty Medication, your doctor will contact US-Rx Care to obtain a Prior Authorization. To assist your physician, you can download a form for your doctor from www.USRxCare.com/providers.

Once your Specialty medication is authorized, your script will be sent to a Specialty pharmacy. The Specialty pharmacy will contact you to register with the pharmacy and provide your delivery and billing information. The co-payment for this level of coverage will be \$75.

If you have questions about your Specialty medication, you may contact US-Rx Care at (877) 200-5533 and ask to speak with a clinical team member.

US-RX CARE- FAQ'S

What to do if you are told that your prescription was rejected:

Ask the pharmacist why it rejected and if they can resolve the rejection. Ask the pharmacist to call the US- RX Care helpline at 877-200-5533 for help to resolve the rejection.

What to do if you are told that the medication is not covered and/or a Prior Authorization is needed.

Ask the pharmacist to call the number provided in their computer system to initiate a coverage review. If this is a refill, US-Rx Care will review the prescription and authorize an interim supply until a Prior Authorization review is completed. If this is a new (first time fill) prescription, the Prior Authorization review must be completed before your prescription can be filled.

Request a Medication Review

You can also proactively contact an Advocate directly at 1-800-241-8440 for a complete medication review or to inquire about a new drug that may have been prescribed for you. It is part of the employee health benefit available to you and it's FREE!

What to do if you are told a Max Cost Limit was reached.

When a max cost limit is exceeded, Prior Authorization is required before the medication can be covered under the plan. This notification does not mean that plan benefits have been exceeded or that the medication can't be covered under the plan. It simply means that additional review is required.

Ask the pharmacist to call the number provided in their computer system to initiate a coverage review.

If this is a refill, US-Rx Care will review the prescription and authorize an interim supply until a Prior Authorization review is completed. If this is a new (first time fill) prescription, the Prior Authorization review must be completed before your prescription can be filled.

What to do if you are told that your medication must be filled at a Specialty Pharmacy.

If your doctor writes a new prescription for a Specialty medication, Prior Authorization will be required for a coverage determination under the plan. If appropriate, based on national guidelines, standards of care, and current best practices, an alternative course of treatment may be recommended to your doctor on your behalf. Your doctor can initiate the Prior Authorization process for a new or existing prescription by downloading a simple form available at <https://usrxcare.com/providers/>. If you have any additional questions about accessing your Specialty medication, contact 877-200-5533 and ask for a Clinical Team member to return a call to you.