

2023

PHARMACY BENEFITS GUIDE

Getting the Most Out of
Your Pharmacy Benefit





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Dear Member:

Your pharmacy benefit is a valued component of your health plan, and we want to remind you that there are several resources available to answer questions and to help you get the most from your health benefit while also minimizing your out-of-pocket costs.

- 1. Mail Order Pharmacy** – Your Mail Order Pharmacy is Prescription Mart. If you have not registered with Prescription Mart to obtain medications by mail, simply visit www.presmartinc.com to register on-line.
- 2. Member Portal** – If you have not yet registered to access the on-line member portal, you will need your card holder ID and your RX Group Number to register. You can refer to your **ID Card** or call **Member Services** at 877-200-5533 to obtain these numbers. The portal is available at <https://usrxcare.com/member/>. Each plan member over the age of 18 must register their own account on the Member Portal.
Lowest Cost Pharmacy Search – While you can fill your prescription at over 65,000 contracted pharmacies nationwide, prices do vary from one pharmacy to another. For example, large chain pharmacies, such as Walgreens, CVS, Target, and Walmart are among the highest cost pharmacies in the country.

While the out-of-pocket cost will never exceed the plan copay, there are times when the full cost of your medication is less than the plan copay. In those cases, you pay the lesser amount. However, that amount will most likely be a higher cost at the above major pharmacy chains. Visit <https://usrxcare.com/member> to identify pharmacies by zip code that will typically have a lower prices for your medications. Any refills left on a prescription can be transferred to a lower-cost pharmacy with a quick call from the pharmacist.

What to Do If the Pharmacy Has Trouble Processing Your Coverage for a Prescription Medication

If a pharmacy is having difficulty processing your prescription through your pharmacy benefit for any reason, you can ask the pharmacist to call the pharmacy Help Desk using the phone number provided on your benefit card: **877-200-5533**. The Help Desk can assist the pharmacist to ensure they have entered the correct benefit codes and member information, as well as troubleshoot any other issues directly over the phone.



If you ever decide to 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 (depending on the pharmacy). If the medication is covered under the plan, the pharmacy will be able to provide a full reimbursement minus any member responsibility.

We look forward to continuing to serve your pharmacy needs as your Pharmacy Benefit Manager.

Sincerely,
Pharmacy Services
US-Rx Care

Use this link to review a Member Education Video <https://usrxcare.com/membereducation> regarding your Pharmacy Benefits or scan the QR Code to the right to view the video on your smart phone.





PRESCRIPTION MEDICATION BENEFIT ASSISTANCE GUIDE

What to do at the pharmacy if:

1. You are told you or your dependents are not covered:

- Give your benefit card to the pharmacist to confirm they entered the correct information.
- If correct, have the pharmacy call the helpline on your benefit card: 877-200-5533 for assistance (24/7 365 days of the year).
- If you confirm that your benefit records show inactive coverage, call your health plan administrator to update or correct your plan enrollment status. That phone number should also be listed on your benefit card.

2. Your out-of-pocket cost for your medication is more expensive than you last remember:

- Check the Lowest Cost Pharmacy Listing provided by your organization or visit the lowest cost pharmacy search available at www.usrxcare.com/member. Large chains such as CVS, Walgreens, Target, and Walmart are often higher cost than independent pharmacies and many grocery chains.
- Ask the pharmacist to make sure your coverage is showing active under the plan or that the medication is covered under the plan or if the manufacturer price for the medication has changed.
- Log into the pharmacy benefit member portal to access real-time prices for your medications at local pharmacies of your choosing. Visit www.usrxcare.com/member for details and a link to the member portal.
- If your plan has a deductible, some or all of the medication cost may be getting applied to your deductible.

3. 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 877-200-5533 (24/7 365 days of the year) for help to resolve the rejection.

4. You are told that the medication is not covered and/or a Prior Authorization is needed.

- Ask the pharmacist to contact your doctor or the number provided in their computer system to initiate a coverage or prior authorization review.
- If you have previously been taking this medication through a previous benefit administrator, you may be eligible for one or two refills during the coverage review process.
- If this is a new (first-time fill) prescription, the coverage review must be completed before your prescription can be filled. A representative of US-Rx Care will contact your doctor to obtain needed information. The quicker your doctor provides the needed records, the quicker the review can be completed.

5. If you are told a max cost limit was reached.

- 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 may authorize an interim supply until a review is completed.

6. If you are told that your medication must be filled at a Specialty Pharmacy.

- Your plan benefit design may require that certain medications be shipped to you from a contracted specialized pharmacy. This may be a different pharmacy from the one that previously filled your prescription.
- A representative from US-Rx Care will contact your doctor to provide **instructions where to send your prescription** if different from the current dispensing pharmacy.

If you have any additional questions, contact **877-200-5533**. The call center may forward your inquiry to a Clinical Team member assigned to your case, in which case that individual will reach back out to you typically within 24 hours if not immediately available.

US-RX CARE MEMBER PORTAL QUICK START GUIDE

To register for the on-line member portal, you will need the cardholder ID on your benefits card. You will also need your **Rx Group Number**. If you cannot locate your Rx Group Number on your ID card, you can obtain it by calling member services at 877-200-5533. *NOTE: Dependents over the age of 18 must register for their own accounts.*

Below are instructions for registering in the US-Rx Care Member Portal:

1. Visit <https://usrxcare.com/member/>
2. Click on Active Members Login under Member Info.

Member Info

Active Members Login

3. Click on Register at the top right of the screen:



4. Complete all fields. Click on  for a definition of fields.

Rx Group Id
Enter the group id/number that is shown on your Member card.

REGISTER

All fields except for the Prescription Number and Coverage Date are required. For more information about a particular field, click the  button in the far right of the field.

| |
|---|
| First Name  |
| Last Name  |
| Member Id  |
| Rx Group Id  |
| Date of Birth  |
| Email Address  |
| Phone  |
| User ID  A value is required. |
| Password  A value is required. |
| Verify Password  |

Member Id
Enter the subscriber number that is shown on your Member card.

Password
Enter the password you will use to access the account. Your password must be at least eight characters long and can consist of letters, numbers or special characters like @#%&*. The password **MUST** contain at least one letter, one digit and one special character.

User ID
Enter your own user id that you will use to access the Member Website. You can use any id you like, but it can only consist of letters and numbers, and must be at least 8 characters long.

5. Optional Fields are not required to register.

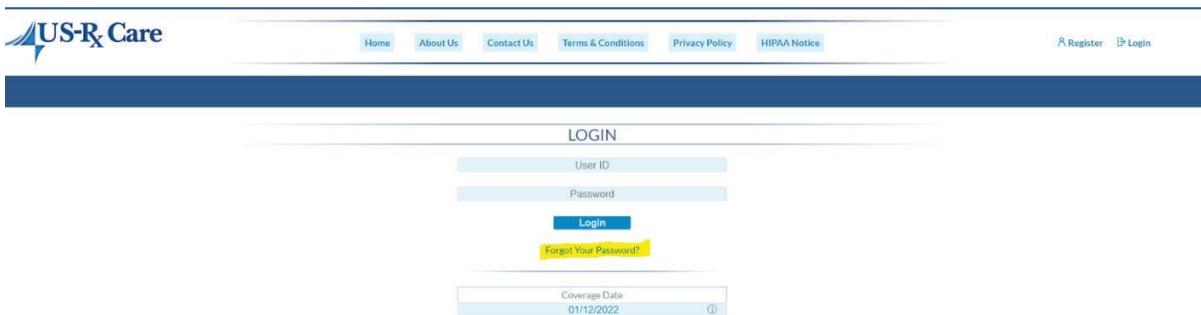
Optional Fields

| | |
|---------------------|---|
| Prescription Number |  |
| Coverage Date |  |
| 01/07/2022 | |

6. Click



7. If you forgot your password, on the [LOGIN](#) screen, press [Forgot Your Password?](#)



Enter your information under [FORGOT PASSWORD](#) and press [Submit](#) and a password will be sent to your email on file.



If you forget your User Id, you can **register again** and use a different user ID. Make sure you write it down so you can remember it. You can use the same email address you used originally.

Once you have registered, you will be at the Home Page.

Home Page

The portal will give you access to view your prescription history, price check medications, and find participating pharmacies.

The screenshot shows the US-Rx Care member portal. At the top left is the US-Rx Care logo. A navigation bar contains links for Home, About Us, Contact Us, Terms & Conditions, Privacy Policy, and HIPAA Notice. On the right side of the navigation bar are links for Edit Account and Logout. Below the navigation bar is a 'MEMBER LINKS' sidebar with buttons for Member Home, Mail Order Pharmacy, Price Calculator, Participating Pharmacy, Member Reimbursement, Prescription History, and Downloads. The main content area is titled 'WELCOME' and is divided into three sections: 'FIND A NETWORK PHARMACY' with two bullet points, 'LEARN ABOUT YOUR DRUGS' with two bullet points, and 'LOOK UP DRUG COSTS' with one bullet point. At the bottom of the main content area is a paragraph of text regarding medication reprocessing.

MEMBER LINKS

- Member Home
- Mail Order Pharmacy
- Price Calculator
- Participating Pharmacy
- Member Reimbursement
- Prescription History
- Downloads

WELCOME

FIND A NETWORK PHARMACY

- Participating in network pharmacies are easy to find by zip code search
- Find pharmacies likely to have the lowest cost for your medications at www.usrxcare.com/member

LEARN ABOUT YOUR DRUGS

- Get information about particular drugs
- Access your prescription history for medications processed through US-Rx Care

LOOK UP DRUG COSTS

- Use the price calculator to look up your cost for covered drugs

If you paid for a medication without using your benefit card, give your card to the pharmacy and ask them to reprocess your prescription through the plan. Any amount you overpaid will be refunded to you by the pharmacy. Individual pharmacies have their own policies as to how long after dispensing a drug they can reprocess a prescription. The typical range is 7-14 days.



US-RX CARE - LOWEST COST PHARMACY SEARCH

Through your web browser access: <https://usrxcare.com/member/>

Click on the 'Pharmacy Search' tab. Scroll down on the 'Pharmacy Search' tab to the bottom right- Pharmacy Search.

Pharmacy Search

Lowest cost pharmacy search.

To enter more than one zip code, separate them with comma

Lowest Cost Pharmacies All Pharmacies

'All Pharmacies' (Example)

Pharmacy Search

Lowest cost pharmacy search.

To enter more than one zip code, separate them with comma

Lowest Cost Pharmacies All Pharmacies

Your search returned **13** locations.

Pharmacies highlighted in **green** are the lowest cost options and ones highlighted in **red** are higher cost options.

Pharmacy Name: BUDGET DRUGS
Address: 2500 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
Phone: (954) 457-8011
Fax: (954) 457-7164
Open 24hrs?: No

Pharmacy Name: CVS PHARMACY #10078
Address: 2101 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
Phone: (954) 457-4949
Fax: (401) 770-7108
Open 24hrs?: Yes

Pharmacy Name: DIRECT MEDS OF FLORIDA AND
PERSONAL BOTTOMS
Address: 800 E HALLANDALE BEACH BLVD
STE 18
SUITE 17 AND 18
HALLANDALE BEACH, FL 33009
Phone: (954) 454-8118

Store hours can change without notice. Call pharmacy directly to confirm store hours.

'Lowest Cost Pharmacies' (Example)

Pharmacy Search

Lowest cost pharmacy search.

To enter more than one zip code, separate them with comma

Lowest Cost Pharmacies All Pharmacies

Your search returned **9** locations.

Pharmacies highlighted in **green** are the lowest cost options and ones highlighted in **red** are higher cost options.

Pharmacy Name: BUDGET DRUGS
Address: 2500 E HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009
Phone: (954) 457-8011
Fax: (954) 457-7164
Open 24hrs?: No

Pharmacy Name: DIRECT MEDS OF FLORIDA AND
PERSONAL BOTTOMS
Address: 800 E HALLANDALE BEACH BLVD
STE 18
SUITE 17 AND 18
HALLANDALE BEACH, FL 33009
Phone: (954) 454-8118
Fax: (954) 454-9898
Open 24hrs?: No

Pharmacy Name: LOCATEL HEALTH AND WELLNESS
Address: 1715 E HALLANDALE BEACH BLVD
HALLANDALE BCH, FL 33009
Phone: (954) 416-1202

Store hours can change without notice. Call pharmacy directly to confirm store hours.



Instructions:

1. Type in zip code(s) of interest

- a. To enter more than one zip code, separate each with a comma (i.e., 22202,22214,22204)
- b. Note: Only pharmacies within the specified zip code(s) will populate. (Search by Radius coming soon)
 - i. Try searching for “U.S. Zip Code Map” in a search engine for free interactive maps that may help ID neighboring zip codes.

2. Select “Lowest Cost Pharmacies” or “All Pharmacies”

- a. If “All Pharmacies” selected:
 - i. All pharmacies within the specified zip code(s) will populate.
 - ii. Pharmacies highlighted with a pink background are in-network.
 - iii. Lowest Cost Pharmacies will populate with a green background.

Note - it is possible for there to be zero pharmacies within the zip code(s) specified, particularly if it is rural or even densely populated.
- b. If “Lowest Cost Pharmacies” selected:

Only Lowest Cost Pharmacies will populate (if present).

 - i. If zero pharmacies populate:
 1. Try neighboring zip code(s).
 2. Try “All Pharmacies.”
 - a. **Note** - the presence of “Higher Cost Pharmacies” does NOT guarantee the presence of “Lowest Cost Pharmacies” in the same zip code(s)
 - b. **Note** - It is possible for there to be zero pharmacies within the zip code(s) specified, particularly if the zip code is rural or densely populated.

3. Select “Go”

- a. Note: “Go” must be selected each time zip codes are added or changed, or a switch between “All Pharmacies” and “Lowest Cost Pharmacies” is made.

4. Confirm store hours by calling the phone number provided with each pharmacy.

HELPFUL TIPS AND STEPS TO TAKE WHEN A PRESCRIBED MEDICATION REQUIRES PRIOR AUTHORIZATION FOR COVERAGE UNDER YOUR PLAN?

Why do some drugs require prior authorization for coverage under the plan?

Drugs requiring prior authorization by your health plan, go through a review process to evaluate whether or not the medication is reimbursable under the plan. As part of the review process, the prescribing clinician is contacted to obtain medical history and other records needed to complete the review.

Please note, the prior authorization process follows steps required under your health plan and is applied equally and consistently for all individuals enrolled in the plan. US-Rx Care representatives are happy to help you understand and navigate the process but are not able to alter the process or by-pass plan coverage criteria for individual cases.

Here are steps you can take depending on a requested drug's status in the prior authorization process.

Scenario 1: Your doctor has been contacted by US-Rx Care to obtain needed information to conduct a prior authorization review.



Steps To Take

Call your doctor's office to make sure they provide US-Rx Care will ALL requested documents.

The most common reason for delay is no or an incomplete response from the prescribing clinician.

A prior authorization form is available at www.usrxcare.com/providers for doctors to complete and send to US-Rx Care along with needed medical records.

Scenario 2: A request for prior authorization has been denied for lack of information received from the prescriber.

Steps To Take

The most common reason for delay is no or an incomplete response from the prescribing clinician.

Call your doctor's office to make sure they provide US-Rx Care will ALL requested documents. If they believe they have provided all necessary documents, ask them to call the US-Rx Care prescriber assistance line at 877-249-8892 to confirm what missing information is preventing completion of the prior authorization review.



Scenario 3: A request for prior authorization has been approved.

Steps To Take

Call your doctor's office for any special instructions. If the medication can only be obtained from a specialty pharmacy, your doctor has been provided the name and contact information for the pharmacy. Specialty medications typically require special handling and thus are dispensed by pharmacies specialized in dispensing these types of medications. For all other medications, you can use any local retail pharmacy or the plan's mail order pharmacy. It is always recommended that your first 1 or 2 fills come from a local pharmacy (to make sure everything is as expected with the medication), before going to mail for 90 day supplies.

The dispensing pharmacy will need a prescription from your doctor (which they can receive electronically or by fax or by phone). Confirm with your doctor where the medication will be dispensed and ensure your doctor sends a prescription there for you to fill.

Scenario #4: An alternative for a drug requested by your doctor has been approved.

Through the prior authorization review process, an alternative medication may be approved instead of the medication originally requested by your doctor. There can be multiple common reasons when this happens, including one or more of the following:

- The requested medication is not covered through the plan (non-formulary / non-covered item)
- The alternative medication is required "first line" therapy, prior to adding or taking a requested "second line" therapy.
- The requested medication is not FDA approved for the prescribed use or is not recognized standard of care

Approved alternatives are always well established, safe and effective therapies for the condition being treated. Simply ask your doctor to send a prescription for the dispensing pharmacy so you can start your medication immediately.

If you or your doctor disagrees with the outcome of a prior authorization review, an appeal can be filed. The appeal process can be found in your plan benefits document, or you can contact US-Rx Care at 877-249-8892 for appeal instructions as well. Your doctor may wish you to start taking the approved therapy, during the appeal process, so you don't go without any medication for your condition. You may discover that the approved therapy works just fine for you.

Scenario #5: A drug requested by your doctor is not covered under the plan, and no alternative is approvable under the plan.

The most common reason for coverage denial is a condition being treated that is not eligible for medication coverage through the plan. For example, a drug used for cosmetic purpose such as wrinkles. In such cases, no alternative medication would be covered, again because of the condition being treated. Another common reason is lack of medical necessity for or incorrect diagnosis of the condition to be treated. For example, use of testosterone or growth hormone when required blood testing shows normal levels for the hormone(s).

If you or your doctor disagrees with the outcome of a prior authorization review, an appeal can be filed. The appeal process can be found in your plan benefits document, or you can contact US-Rx Care at 877-249-8892 for appeal instructions as well.

If none of the above scenarios fit your case, please call US-Rx Care at 877-249-8892 so a representative can assist to navigate your specific case.

Please note, the prior authorization process follows your plan's requirements, and is applied equally and uniformly for all individuals enrolled in the plan.

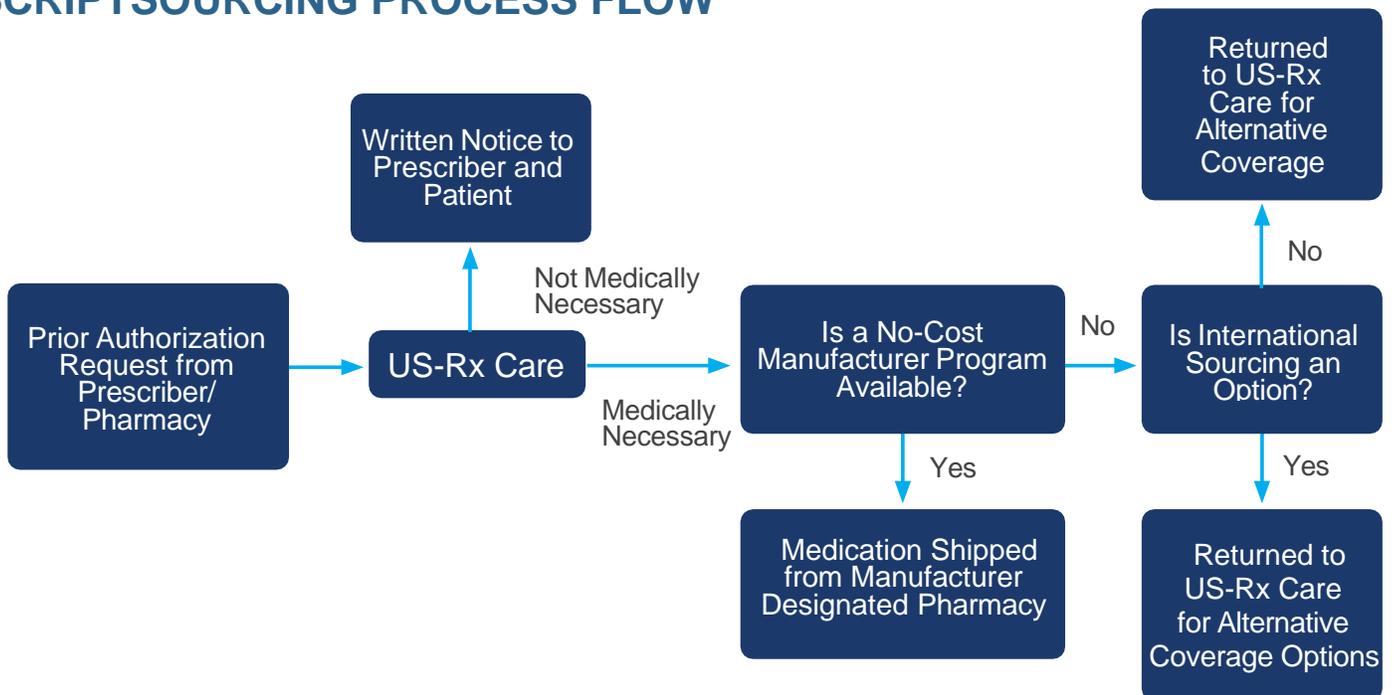
DID YOU KNOW?

THERE IS A NO COST OPTION BUILT INTO YOUR PRESCRIPTION DRUG BENEFIT.

This option is made available through a program called ScriptSourcing. In fact, medications that require prior authorization through US-Rx Care (the plan's pharmacy benefit administrator) and determined to be medically necessary are referred to ScriptSourcing. You will be contacted by a ScriptSourcing representative to see if you qualify to get your medications for FREE. No copays and no deductibles apply for medications obtained through the ScriptSourcing program.

If approved for a manufacturer direct program, your medication will be shipped from a manufacturer-designated pharmacy for FREE. For drugs not accessible through this option, ScriptSourcing may be able to arrange for home delivery of your medication shipped directly from an International Pharmacy in countries such as Canada, England, New Zealand, or Australia – again, at no cost to you.

MEDICATION PRIOR AUTHORIZATION AND SCRIPTSOURCING PROCESS FLOW



HELPFUL TIPS AND STEPS TO TAKE WHEN SOMETHING IS PREVENTING YOUR PHARMACY FROM DISPENSING MEDICATION

SCENARIO 1:
Medication Not Covered

SCENARIO 2:
Drug Requires Prior Authorization

SCENARIO 3:
Pharmacy Wants to Charge You More than a Co-pay for a Covered Medication

Steps To Take

1. Check the list of plan covered drugs (formulary) to confirm the drug is in fact not covered. It may be covered, but simply requires prior authorization.

The formulary is available from the following sources:

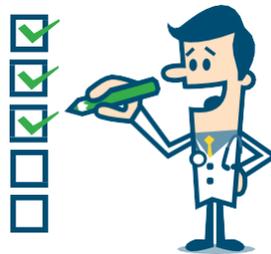
- Member portal at www.usrxcare.com/member
- A PDF version from HR
- US-Rx Care Member Services help line at **1-877-200-5533**

2. If the drug is not covered, share the list of plan covered drugs (formulary) with your doctor and ask your doctor to select an alternative on the formulary and send a new prescription to the pharmacy.



Steps To Take

1. You can proactively look up any drug in the on-line member portal at www.usrxcare.com/member to see if prior authorization is required.
2. While your pharmacist will typically inform prescribers when a prescription requires prior authorization, you can assist as well.



- Call your doctor's office to make sure they contact US-Rx Care to initiate the prior authorization process.
 - A prior authorization form is available at www.usrxcare.com/providers for doctors to complete and send to US-Rx Care.
3. If you or your doctor disagrees with the outcome of a prior authorization review, an appeal can be filed. The appeal process can be found in the plan benefits document or you can contact US-Rx Care at **800-340-6746** for appeal instructions as well.

Steps To Take



1. Access the member portal at www.usrxcare.com/member to determine whether or not your deductible has been met or if the drug is simply not a covered item under the plan. You can also contact Member Services at **1-877-200-5533** for coverage confirmation.
2. In addition, the medication may be targeted for coverage under one or more low cost/no-cost access programs, such as manufacturer copay assistance or ScriptSourcing.

You may have been contacted by a ScriptSourcing representative already to get you enrolled. You can reach a ScriptSourcing representative at 1-410-902-8811 to confirm if the medication is targeted for one of these programs. They will assist in getting you in touch with an enrollment specialist.



Mail Order Prescription Filling Instructions

US-Rx Care's Mail Order Prescriptions for Non-Specialty Medications are delivered through Prescription Mart, your contracted Mail Order Pharmacy.

Information For Prescribers

Your doctor can E-prescribe directly to: Prescription Mart (NPI: 1821120981) Your doctor can also fax prescriptions to: 409-866-1317.

Note: The pharmacy can only accept faxed prescriptions received directly from your prescriber's office.

Pharmacy Contact Information

Phone: 800-630-3206

Pharmacy Hours

| | |
|------------------|-----------------|
| Monday to Friday | 7 am – 6 pm CST |
| Saturday | 7 am – 1 pm CST |
| Sunday | Closed |

Pharmacy Mailing Address

Prescription Mart
4144 Dowlen Rd
Beaumont, TX 77706

You must register prior to obtaining your medications. There are two ways to register:

1. Online: For fastest registration simply register on-line at www.presmartinc.com

2. By mail: To ensure the pharmacy has all needed information prior to dispensing medication for you, please complete the attached form and mail along with your prescriptions to Prescription Mart.

Prescription Mart will contact you by phone before mailing your medication. Also, they will verify that the correct medication is being dispensed, confirm your credit card information for billing purposes, and verify your shipping instructions.

If you have general questions about your pharmacy benefit, please contact

**US-Rx Care Member Services at
(877) 200-5533**

If you are a new patient using this form to enroll with the mail order pharmacy and are not requesting prescriptions to be filled at this time, complete only Sections 1, 2, and 6. Complete a separate form for each patient.

For faster service, you can complete this form and request prescription refills online at: www.presmartinc.com.

For questions or assistance with this form, you may contact our customer service department at: 1-800-630-3206.

Mail completed forms to: **PRESCRIPTION MART**
P.O. BOX 12607 BEAUMONT,
TX 77726-2607

NEW PRESCRIPTIONS – Mail your new prescriptions with this form. Number of NEW prescriptions enclosed _____

REFILLS – Indicate the prescriptions to be refilled in Section 3. Number of REFILL prescriptions requested _____

| | | |
|---|----------|---------|
| 1 INSURANCE INFORMATION | | |
| Identification Number: | Group #: | RxBIN#: |
| Cardholder's Employer: | | |
| If your prescriptions will be filed under workers' compensation, please provide your injury date: / / <div style="text-align: right; font-size: small;">MM DD YYYY</div> | | |

| | | |
|---|---|---|
| 2 PATIENT INFORMATION | | <input type="radio"/> Check for Spanish |
| Patient Name: Suffix (JR, SR) | | |
| Date of Birth: / / <div style="text-align: center; font-size: x-small;">Month Day Year</div> | First Middle Initial Last | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Check here for Easy Open caps |
| Home Address: Apt./Suite # | | |
| City: | State: | Zip Code: |
| Street Address | | |
| Daytime Phone #: () - | Alternate Phone #: () - | |
| Cell Phone #: () - | <input type="radio"/> Check to receive text notifications & alerts | |
| Email address: | <input type="radio"/> Check to receive email notifications & alerts | |
| Doctor's Name: | Doctor's Phone #: () - | |

Please complete the following medical information if you are a new patient or information has changed:

| |
|--|
| Drug Allergies: <input type="radio"/> None <input type="radio"/> Aspirin <input type="radio"/> Cephalosporin <input type="radio"/> Codeine <input type="radio"/> Erythromycin <input type="radio"/> Latex <input type="radio"/> NSAIDs <input type="radio"/> Peanuts <input type="radio"/> Penicillin <input type="radio"/> Sulfa <input type="radio"/> Other: _____ |
| Medical Conditions: <input type="radio"/> None <input type="radio"/> Acid Reflux <input type="radio"/> Anxiety <input type="radio"/> Arthritis <input type="radio"/> Asthma <input type="radio"/> Depression <input type="radio"/> Diabetes <input type="radio"/> Heart Disease <input type="radio"/> High Blood Pressure <input type="radio"/> High Cholesterol <input type="radio"/> Migraines <input type="radio"/> Osteoporosis <input type="radio"/> Prostate <input type="radio"/> Thyroid <input type="radio"/> Other: _____ |
| List other medications you take not filled by Prescription Mart (including over the counter supplements): |
| Prescription Mart may substitute FDA-approved generic medications for brand name medications unless you or your prescriber specify otherwise. If you DO NOT want generic medications, you must provide specific instructions (including drug names) below. Refusal of generics may impact your copay. |

3 PRESCRIPTION REFILL INFORMATION:

To request prescription Refills, write the Rx Number and medication name below.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |

4 PAYMENT INFORMATION: AMOUNT AUTHORIZED: \$ _____

If your copay is \$0, you do not need to provide payment information.

Call me for payment information
 Check or money order enclosed (Payable to: Prescription Mart). Write your Member ID # on your check.
Prescription Mart may charge up to \$25 for returned checks.
 Charge credit card on file
 Apply credit balance to this order
 Please charge the following card:
 Visa Mastercard Discover American Express
Credit card number: _____
Expiration Date: _____ Billing Zip Code: _____
Name as it appears on card: _____
 Keep this payment method on file for future orders Use this payment method one time only

DO NOT SEND CASH.

CREDIT CARD HOLDER SIGNATURE: _____ DATE: _____

5 SHIPPING ADDRESS (if different from Home Address listed in Section 2):

| | | |
|------------------------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
| Company Name (if applicable) | | |
| Street Address | | |
| City | State | Zip Code |

Check here if you would like us to use this shipping address for this order only and not future orders.
 Check here if you would like us to contact you to schedule expedited shipping at your expense.

If your medication(s) require special handling, a team member will reach out to you to advise when delivery is expected.

6 CERTIFICATION

I certify that the patient information entered on this form is correct and that the patient named is eligible for benefits under the Prescription Drug Program. I hereby assign to the provider pharmacy any payment due pursuant to this transaction and future transactions and authorize payment directly to the provider pharmacy. I also authorize release of all information pertaining to the claim to the plan administrator, underwriter, sponsor, policy holder and employer in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

PATIENT SIGNATURE: _____ DATE: _____



CopayAssist Program Highlights

As a participant in our health plan, you are receiving this letter to advise you of a new program that has been incorporated into the company pharmacy benefit plan under US-Rx Care called the **CopayAssist Program**.

CopayAssist is a program that utilizes funding available through drug manufacturers to cover a significant amount of the cost for over 360 high cost and specialty medications. In the past, pharmacies may have made copay assistance available to some plan participants, but the CopayAssist program ensures all eligible members can take advantage of copay subsidies through drug manufacturers when available.

If you have been prescribed a medication eligible for funding through the CopayAssist program, you will be contacted by US-Rx Care to educate you on the details of the program and to assist in the enrollment process. **Please note, that if you are taking a medication eligible for the CopayAssist program and choose not to participate, your medication out-of-pocket cost under the plan could increase by as much as 100% of the medication cost.** Therefore, it is important that you engage with US-Rx Care to confirm your eligibility for this important benefit option if they reach out to you.

Please ensure that your main contact phone number is current with the Benefits Office so that US-Rx Care can reach you in a timely fashion when needed. US-Rx Care CopayAssist Representatives can be reached at 1-800-490-3550.

Your communications with US-Rx Care will always be strictly confidential.



COPAYASSIST FREQUENTLY ASKED

1. Why did my copay go up for my specialty medication all of a sudden?

If you are prescribed a medication that is eligible for the CopayAssist program, you will be contacted (via mail & phone) by US-Rx Care to assist with enrollment. When US-Rx Care is able to utilize manufacturer copay assistance for a medication, your out-of-pocket cost is reduced to zero (or, in a few cases a low amount required by the manufacturer). If you received a letter or phone message from US-Rx Care, but have not responded, please call 1-800-490-3550 to speak with a US-Rx Care representative. The sooner you contact US-Rx Care, the better, so you don't overpay for your medications.

Please note, that if you choose not to participate in the CopayAssist program, your medication out-of-pocket cost under the plan could increase by as much as 100% depending on your plan. Therefore, it is important that you contact US-Rx Care at your earliest convenience to confirm your eligibility for this important benefit option.

2. What can I expect from the US-Rx Care Team?

If you currently take one or more medications for which copay assistance is available, you can expect a phone call from US-Rx Care to help you enroll in the applicable copay assistance program(s). The Team will continue to monitor

your claims while you are taking your copay assistance eligible medication and ensure your copays are processing correctly. The US-Rx Care representatives are also available to assist you with any questions or concerns you may encounter regarding the program.

3. In the past, when I used a manufacturer copay assistance program, the manufacturer covered my out-of-pocket costs in full, leaving me a zero balance, and the amount the manufacturer contributed (the amount I did not have to pay) also accrued toward my deductible and out-of-pocket cost. If I enroll through CopayAssist, the amount I did not pay no longer accrues toward my deductible and out-of-pocket cost. I prefer to utilize the manufacturer copay assistance program on my own, so the amounts I did not pay still accrue toward my deductible and out-of-pocket costs.

Under the company plan, you are responsible for meeting applicable deductible and out-of-pocket amounts before other benefits apply. Only amounts actually paid by you therefore apply toward your deductible and annual out-of-pocket maximum. Use of manufacturer copay assistance, while a benefit to you and the plan as well, is not intended to be a means of by-passing (or eliminating) the requirement to satisfy the deductible or annual out-of-pocket maximum under the plan.



Through the CopayAssist program, your true out of pocket spend is tracked throughout each benefit year, to ensure you are getting the maximum benefit from available manufacturer copay assistance programs, while also correctly reflecting amounts actually paid by you toward your medication.

It is not our intent to make retroactive corrections to your deductible and annual out-of-pocket maximums based on any prior use by you of a manufacturer copay assistance program on your own, however, going forward use of manufacturer copay assistance must be accurately reflected in amounts accruing toward your deductible and annual out-of-pocket maximums.

Please note, that if you choose not to participate in the CopayAssist program, your medication out-of-pocket cost under the plan could increase by as much as 100%.

Therefore, it is important that you contact US-Rx Care at your earliest convenience to confirm your eligibility for this important benefit option.

4. My state passed a law requiring that funds applied toward manufacturer copay assistance programs must also be applied toward any deductible and annual out-of-pocket maximum.

Through extensive lobbying efforts by drug manufacturers, some states have passed such laws which apply solely to fully insured health plans. The company health plan is a self-funded (or self-insured) plan funded directly through the company, not through a third-party insurer. Federal law sets the standards for self-funded health plans in private industry. Consistent with federal law, only actual amounts contributed by you toward the cost of your medication apply toward your deductible and annual out-of-pocket maximum.



DIRECT MEMBER REIMBURSEMENT FORM

Note: Please send to US-Rx Care within 14 days of purchase

Please Mail or Fax this form and copy of purchase receipt to:

Mailing Address: 4600 Sheridan Street, Suite 200, Hollywood, FL 33021
Or Fax to 888-389-9668

Employer

Patient Name

Employee Last Name (Please

First Name

Middle Initial

Member ID

Employee Home Address

City

State

Zip Code

Pharmacy Name and Phone number

Days Supply

Quantity Dispensed

NDC (If available)

Date Dispensed _____

Proof of Purchase (Prescription Purchase Receipt): Attach copies of your pharmacy printout that includes drug name and strength, and your payment receipt.

Only purchases for covered prescriptions under your benefit plan are eligible for reimbursement. The eligible reimbursement amount is up to the network contracted amount less applicable copay under the benefit plan.

Print Name

Signature

Date

US-Rx Care
4600 Sheridan Street, Suite 200
Hollywood, FL 33021