

Effective March 1, 2019

Dear Member:

With a recent change in pharmacy benefit administrators to US-Rx Care, 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.

US-Rx Care has served employers and union groups as well as Medicare and Medicaid plan sponsors to efficiently deliver pharmacy benefit services for over 20 years.

Below are tips and resources available through US-Rx Care.

### **Your New Benefit Card**

You will receive a new health insurance card which you will use to access coverage for all medical services including prescription drugs. Simply present the new card to your pharmacy of choice, and they will update your insurance record in their system. If the pharmacy says you are not covered or a claim is not processing correctly, the pharmacy can call the pharmacy support number printed on your benefits card any hour of the day 365 days a year at **1-877-200-5533**. A support representative will assist the pharmacy to resolve any data entry errors or other needs to process your claim properly.

### **Did You Know - Your Choice Of Pharmacy Can Make A Difference?**

While you can fill your prescription at over 60,000 contracted pharmacies nationwide, prices do vary from one pharmacy to another. For example, large chain pharmacies such as Walgreens and CVS are among the highest cost pharmacies in the country. What does that mean for you?

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 a major pharmacy chain. A list of your lowest-cost pharmacies in the local community is available from your HR Department for your reference. Any refills left on a prescription can be transferred to a lower-cost pharmacy with a quick call from the lower-cost pharmacy to the previous one.

### **How To Get The Most From Your Benefit, While Minimizing Your Out-Of-Pocket Cost**

Like all prescription drug plans, 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. If you are in a high-deductible plan, you will pay out-of-pocket for your medications until the deductible is met, at which time copays may apply.

Because not every formulary is identical, you may experience a change in your copay, up or down, with the US-Rx Care formulary. If the out-of-pocket cost for a medication has increased, that means a lower-cost, preferred option is available under the plan. You can request a copy of the plan formulary to share with your doctor so they can choose to prescribe a lower-copay equivalent for you, or you can call the

US-Rx Care Advocate line toll-free at **1-800-241-8440**. An Advocate can reach out to your doctor on your behalf to explore lower-cost formulary options that he/she is comfortable prescribing.

**Lower Cost Glucose Testing Supplies**

There are many options for glucose testing technology with the highest rating for accuracy and ease of use, but the 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 a FREE TRUE METRIX meter and the test strips are covered under the plan at the Tier 1 copay. Tier 2 or Tier 3 copay may apply to other test strips. The TRUE METRIX meter and test strips will be the best value.

**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, right 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) and get full reimbursement directly from the pharmacy for any overpaid amount, as long as the medication is covered under the plan.

**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!

Sincerely,



**Taeho Oh, MS, RPh**  
Chief Pharmacy Officer