2027

PHARMACY BENEFITS GUIDE

Getting the Most Out of Your Pharmacy Benefit

AMERICAN FIDELITY
a different opinion









US-Rx Care

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DIRECTORY

Phone Numbers:

US-Rx Care Member Services	877-200-5533
US-Rx Care Prescriber Prior Authorization Department	877-249-8892
US-Rx Care Prior Authorization Provider Fax	877-249-8892
US-Rx Care DMR Fax	888-389-9668
Prescription Mart (Mail Order Pharmacy):	
Phone	800-630-3206
Fax	409-866-1317
TTY	711

Websites:

US-Rx Care	https://usrxcare.com
US-Rx Care Member Portal	https://usrxcare.com/americanfidelity
US-Rx Care Provider Landing Page	https://usrxcare.com/providers
Prescription Mart	https://www.prescriptionmartpharmacy.com

Dear Member:

Welcome to US-Rx Care! We're excited to announce that your pharmacy benefits administrator has transitioned to US-Rx Care, dedicated to providing enhanced care and support for your pharmacy coverage. There are several resources available to answer questions and to help you get the most from your pharmacy benefit while also minimizing your out-of-pocket costs.

US-Rx Care has served employers, union groups, 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 the network 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 (1-877-200-5533) printed on your benefits card 24/7/365. A support representative will assist the pharmacy in resolving 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 country's highest-cost pharmacies. What does that mean for you?

While the out-of-pocket cost will never exceed the plan coinsurance, 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. This can also be beneficial if your plan has a deductible and you are still in the deductible phase. You will be responsible for 100% of the cost of your medication until your deductible is met. Going to a lower-cost pharmacy will decrease your out-of-pocket costs.

You can search for the lowest-cost pharmacies directly from the US-Rx Care website at **https://usrxcare.com/americanfidelity**. For your convenience, we have included our Pharmacy Search Functionality instructional guide in your Member Materials package to help guide you through the search tool process. 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.

US-Rx Care Member Portal

The Member Portal is a website that gives members convenient, 24-hour access to your prescription drug information from anywhere with an internet connection. Access your personal health information conveniently through the web-based Member Portal. Additionally, you can access the Member Portal at **https://usrxcare.com/americanfidelity**.

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 coinsurance applies to each drug covered under the plan. The employee prescription benefit plan has various coinsurance 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 coinsurance may apply.

Because not every formulary is identical, you may experience a change in your coinsurance 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-coinsurance equivalent for you.

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. Our plan covers diabetic supplies for Type 1 and Type 2 diabetes at 80%, with the deductible waived. This includes glucometers and testing supplies, continuous glucose monitors, select insulin products and insulin delivery devices, and A1c tests. Simply have your provider send your prescription to your pharmacy and present your benefit card to your pharmacist when purchasing your testing supplies. They will provide you with a free TRUE METRIX meter, and the test strips are covered under the plan at your Tier 1 coinsurance. Your Tier 2 or Tier 3 coinsurance may apply to other test strips. The TRUE METRIX meter and test strips will be the best value.

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 manufacturer copay assistance available to some plan participants, but the CopayAssist program ensures all eligible members can take advantage of manufacturer copay assistance 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, depending on your plan. 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.

Mail Order Pharmacy

Your prescription benefit plan includes access to a mail-order pharmacy. The mail-order pharmacy provider is Prescription Mart, based in Beaumont, Texas. In most cases, the 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. However, though infrequent, there can be occasions that a contract price at a local pharmacy may be cheaper than mail.

The easiest and fastest way to explore the mail order option is to simply contact Prescription Mart to enroll and place your orders. Once enrolled, contact your doctor to have new 90-day prescriptions with refills sent to Prescription Mart. Your doctor can call in your prescriptions, fax them to the pharmacy, or send them to the pharmacy electronically. You can also mail in hard copies of your prescriptions. By law, faxed prescriptions can only come from a doctor's office.

Prescription Mart Pharmacy
PO Box 12607
Beaumont, TX 77726

Phone: 800-630-3206
Fax: 409-866-1317

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). The pharmacy will fully reimburse you the cost difference for any overpaid amount if the medication is covered under the plan.

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

Sincerely,

Clinical Services
US-Rx Care

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 insurance 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 **https://usrxcare.com/americanfidelity**. Large chains such as CVS, Walgreens, Target, and Walmart are often a higher cost than independent pharmacies and many grocery chains.
   - Ask the pharmacist to make sure your coverage is showing active under the plan, that the medication is covered under the plan, and 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 **https://usrxcare.com/americanfidelity** for details and a link to the member portal.
   - If your plan has a deductible, a portion or the full amount of your medication cost may get 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 been taking this medication through a previous pharmacy, you may be eligible for one or two refills during the coverage review process. Please call the number on your card: 877-200-5533.
   - If this is a new (first-time fill) prescription, the coverage review must be completed before your prescription can be filled. If you call the number on your card (877-200-5533), a representative of US-Rx Care will contact your doctor to obtain needed information. The quicker your doctor provides the records needed, 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 certain medications be shipped from a contracted specialty pharmacy. This may be a different pharmacy from the one that previously filled your prescription.
    - Upon Prior Authorization approval, a representative from US-Rx Care will notify your doctor with instructions on where to send your prescription.

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

ACTIONS TO TAKE WHEN YOUR MEDICATION REQUIRES PRIOR AUTHORIZATION

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 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 are applied equally and consistently to all individuals enrolled in the plan. US-Rx Care representatives are happy to help you understand and navigate the process but cannot alter the process or bypass 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.



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

The most common reason for delay is no response 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.

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

Call your doctor's office to make sure they provide US-Rx Care with 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.

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 with 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 through mail order for 90-day supplies.

The dispensing pharmacy will need a prescription from your doctor (which they can receive electronically, 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 why 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. This is known as step therapy.
- The requested medication is not FDA approved for the prescribed use or is not a recognized standard of care.

Approved alternatives are always well established, safe, and effective therapies for the condition being treated. Ask your doctor to send a prescription to 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. 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 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 purposes 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.

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

SCENARIO 1:
Medication Not Covered

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 **https://usrxcare.com/americanfidelity**
   - 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.

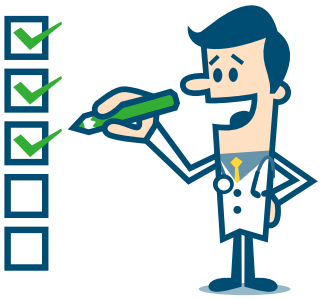


SCENARIO 2:
Drug Requires Prior Authorization

Steps to Take

1. You can proactively look up any drug in the online member portal at **https://usrxcare.com/americanfidelity** 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.

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

Steps to Take



1. Access the member portal at **https://usrxcare.com/americanfidelity** to determine whether 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 through ScriptPass.

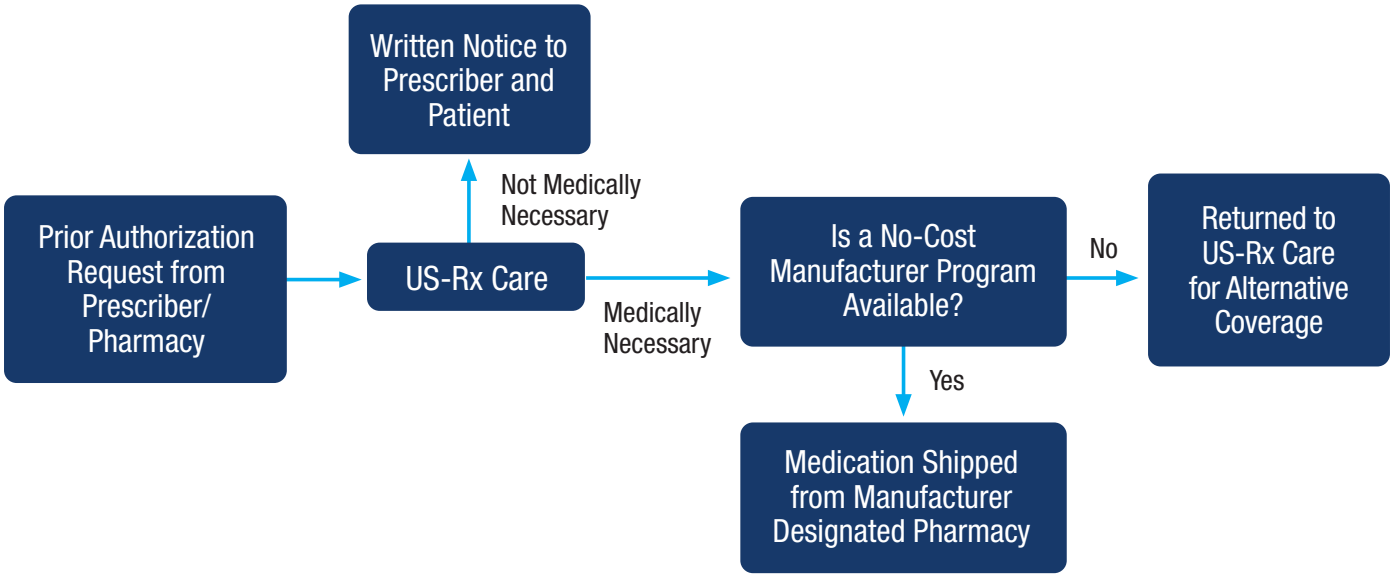
3. You may have been contacted by a ScriptPass representative already to get you enrolled. You can reach a ScriptPass representative at **844-204-7350** to confirm if the medication is targeted for one of these programs. They will assist in getting you in touch with an enrollment specialist.

DID YOU KNOW?

THERE IS A $0 OPTION BUILT INTO YOUR PRESCRIPTION DRUG BENEFIT.

This option is made available through a program called **ScriptPass**. In fact, medications that require prior authorization through US-Rx Care (the plan's pharmacy benefit administrator), and are determined to be medically necessary, are referred to **ScriptPass**. A representative will contact you to see if you qualify to get your medications for FREE. No copays and no deductibles apply for medications obtained through the **ScriptPass** program. If approved for a manufacturer direct program, your medication will be shipped from a manufacturer-designated pharmacy for FREE.

MEDICATION PRIOR AUTHORIZATION AND SCRIPTPASS PROCESS FLOW



Formulary Drug Coverage Search



The Formulary Drug Coverage Search allows members to search for medications and view coverage details, including tier, coverage status, prior authorization requirements, and whether quantity limits apply.

Step 1: Visit the US-Rx Care Member Portal at **https://usrxcare.com/americanfidelity**.

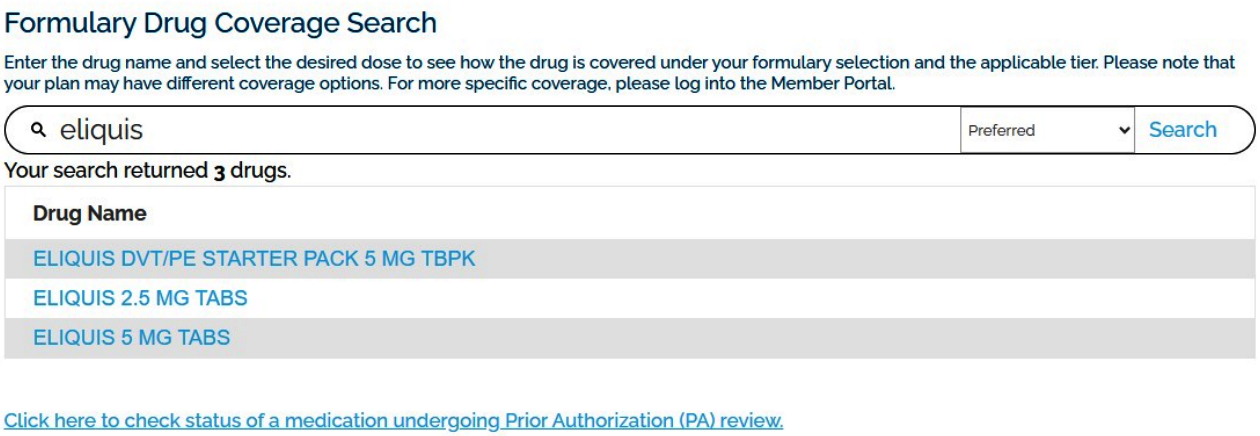
Step 2: Navigate to "**Formulary Drug Coverage Search**."

Step 3: Enter the name of the medication you want to search for and select the appropriate **Formulary** from the dropdown menu. To determine which formulary applies to your pharmacy benefit, please reach out to Member Services.

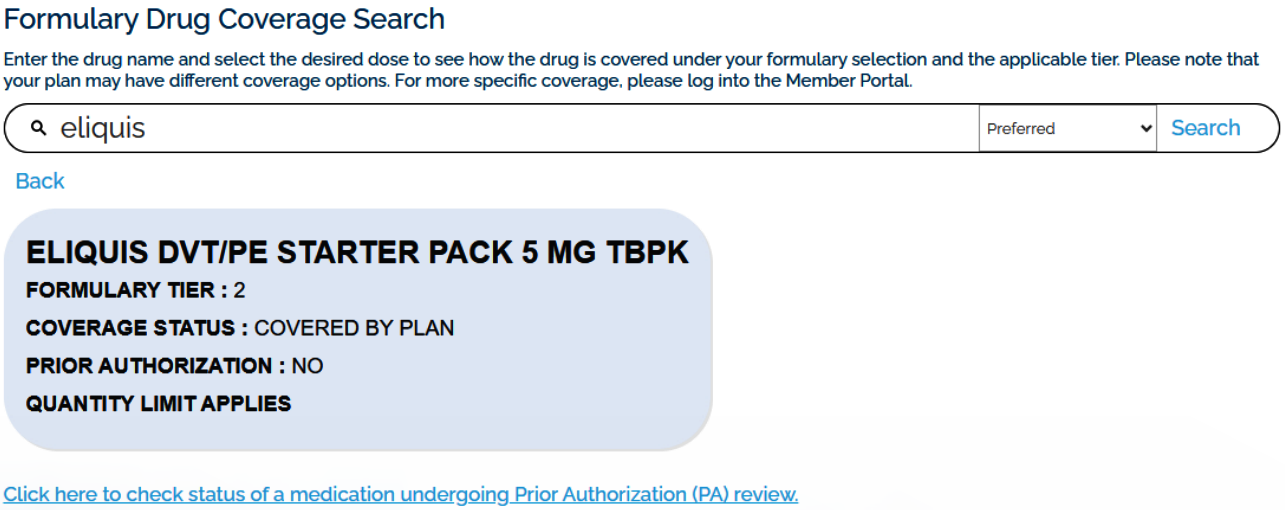


Click Here to check status of a medication undergoing Prior Authorization (PA) review.

Step 4: Select **Search**. A list of matching medications will appear.

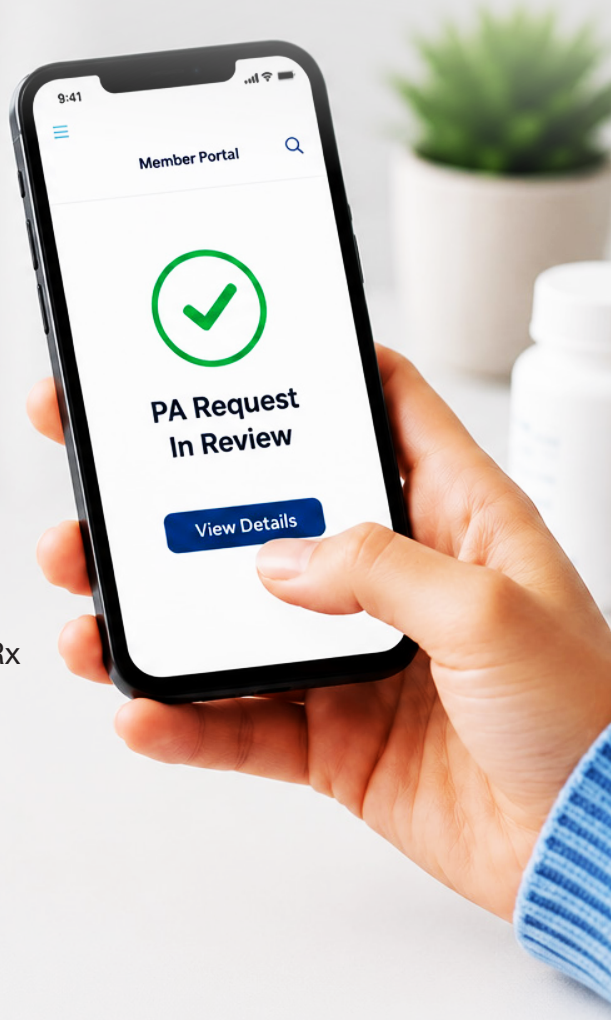


Step 5: Select your medication from the search results to view its coverage details, including formulary status and any coverage requirements.





Prior Authorization (PA) Status Lookup



The Prior Authorization (PA) Status Lookup allows members to easily check the status of a medication undergoing prior authorization review. Members can view updates on their request and stay informed throughout the process without needing to contact Member Services.

1. PA Status Lookup

Members can search for prior authorizations by visiting the US-Rx Care website at **https://usrxcare.com/americanfidelity**.

- Select the "**Click here to check the status of a medication undergoing Prior Authorization (PA) review**" link. You will be taken to the PA Status Lookup login page.

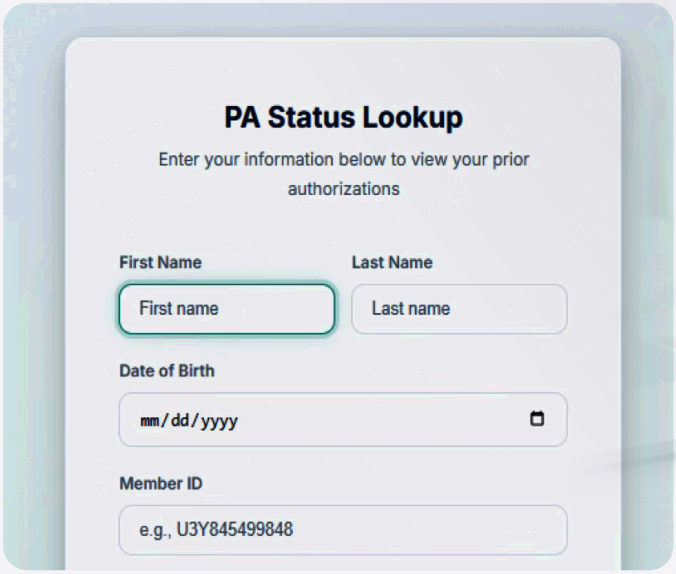


2. Login

Users can search for prior authorizations by entering the required member details:

- First Name
- Last Name
- Date of Birth
- Member ID

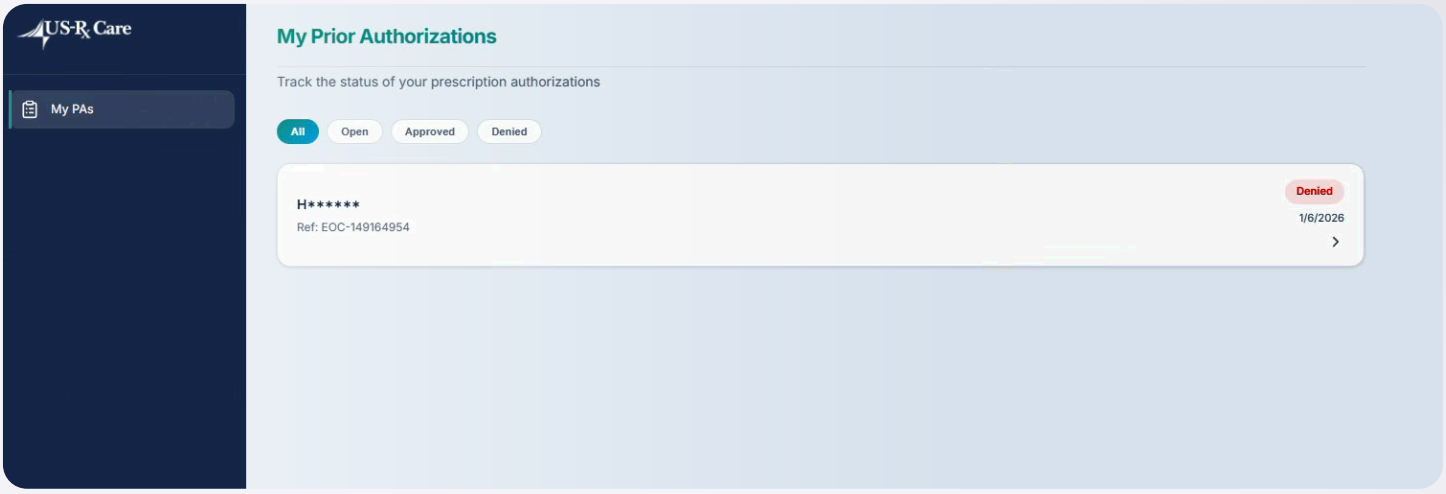
After entering the information, select **Look Up My PAs** to retrieve prior authorization records.





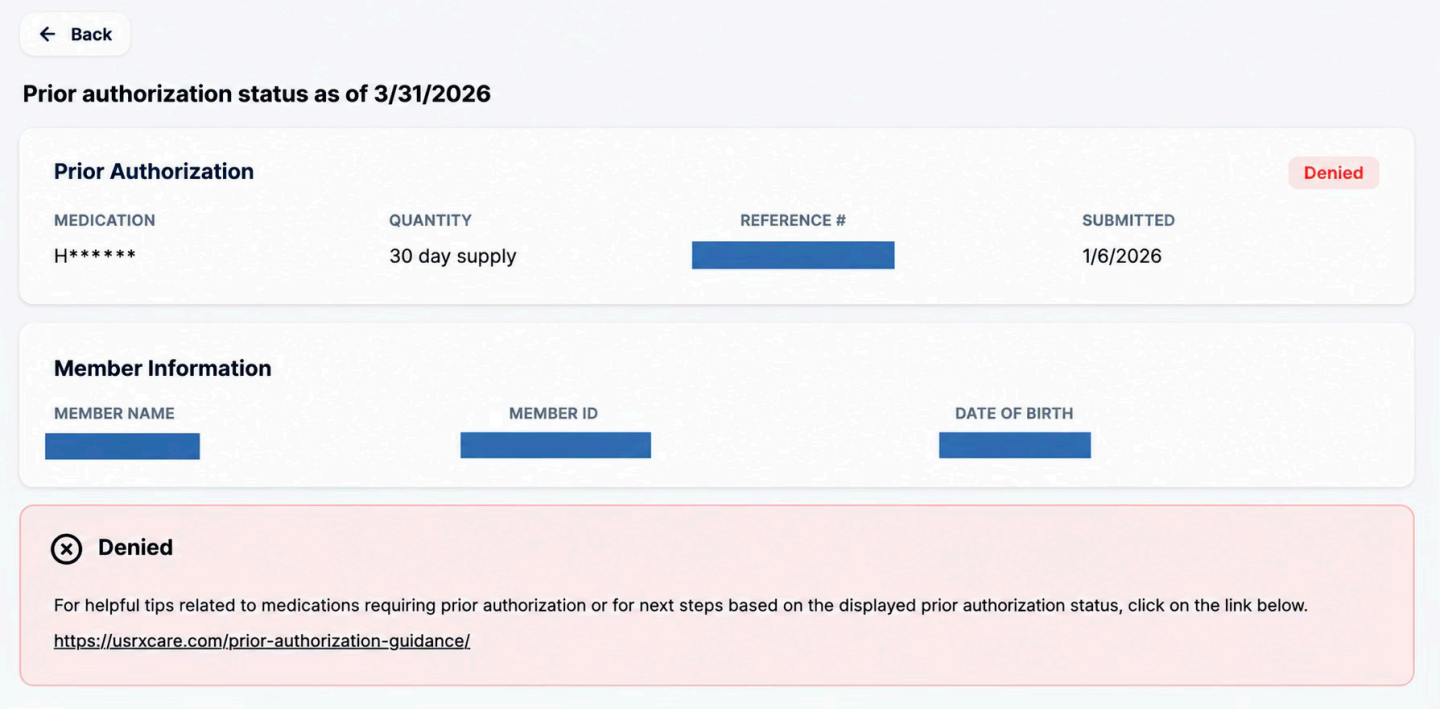
3. PA Status List

The PA status list displays all prior authorizations associated with the member. Click on a record to view detailed information.



4. Prior Authorization Detail Screen

This page provides detailed information for a selected prior authorization.

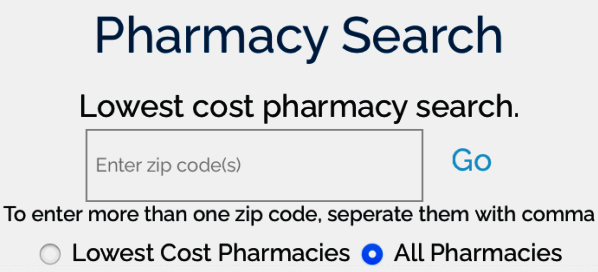


Status	Definition
Approved	The requested medication is authorized for coverage according to the terms of the approval.
Denied	The requested medication is not authorized for coverage based on the determination. Please reach out to your provider for possible next steps.
In Process	Your prior authorization is currently under review. A final determination has not yet been made.
No Status Available	A prior authorization status is not currently available. Please check back in 24 hours, as we may not have received or processed the prior authorization yet.

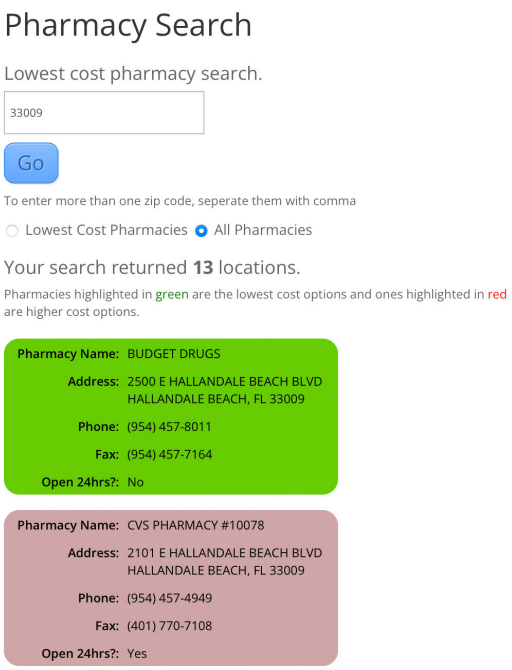


LOWEST COST PHARMACY SEARCH

Navigate to the member landing page: **https://usrxcare.com/americanfidelity**. Scroll down to '**Pharmacy Search**' to the bottom left.



"All Pharmacies" (Example)



Instructions

1. Enter one or more zip codes (separate multiple zip codes with commas, e.g., 22202, 22214, 22204). Only pharmacies within those zip codes will populate.

2. Select "Lowest Cost Pharmacies" or "All Pharmacies."
   - All Pharmacies: Displays all pharmacies within the selected zip codes. Pink indicates in-network pharmacies and green indicates Lowest Cost Pharmacies.
   - Lowest Cost Pharmacies: Displays only the lowest cost options, if available. If none appear, try neighboring zip codes or switch to "All Pharmacies."

3. Click "Go" each time zip codes are added or changed, or when switching between search options.

Enrolling with Prescription Mart



US-Rx Care's mail order prescriptions for non-specialty medications are delivered through Prescription Mart, your contracted mail order pharmacy.

Information for Doctors

Your doctor can:

- E-prescribe directly to: Prescription Mart (NPI: 1821120981)
- Fax prescriptions to: 409-866-1317

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

Pharmacy Contact Information

Phone: 800-630-3206

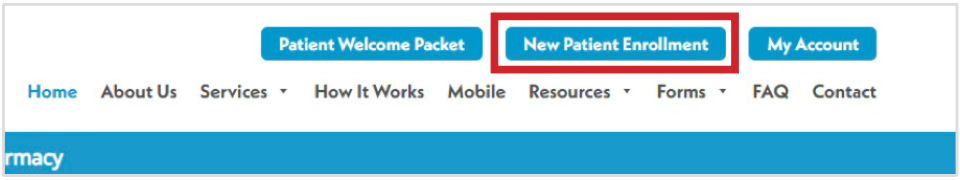
Pharmacy Mailing Address:
Prescription Mart
P.O. Box 12607
Beaumont, TX 77726

Pharmacy Hours

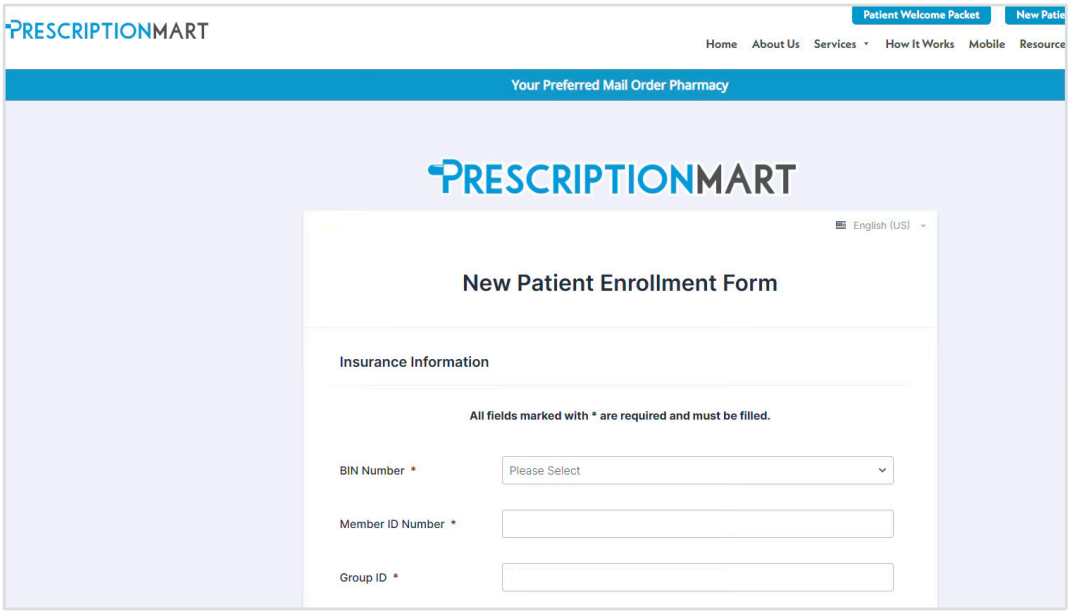
Monday to Friday 7 am – 6 pm CST
Saturday 7 am – 1 pm CST
Sunday Closed

Step 1: Visit the Prescription Mart website: **www.prescriptionmartpharmacy.com**

Step 2: Select **New Patient Enrollment**



Step 3: Fill out the **New Patient Enrollment Form**



Steps to Take: Your First Fill

Step 1: Call the pharmacy at 800-630-3206.

Step 2: Speak with a Patient Care team member to review your available refills. If preferred, the entire enrollment process can be completed by phone with a member of the Prescription Mart team.

Step 3: Please provide your payment information over the phone to be saved securely on file.

Step 4: Your team member will confirm your order and arrange shipment of your prescriptions.

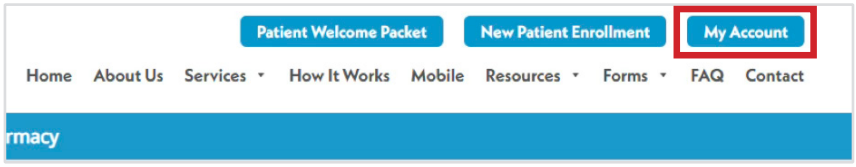
Steps to Take: Second Fill and Beyond

Automated Refills by Phone (Preferred)

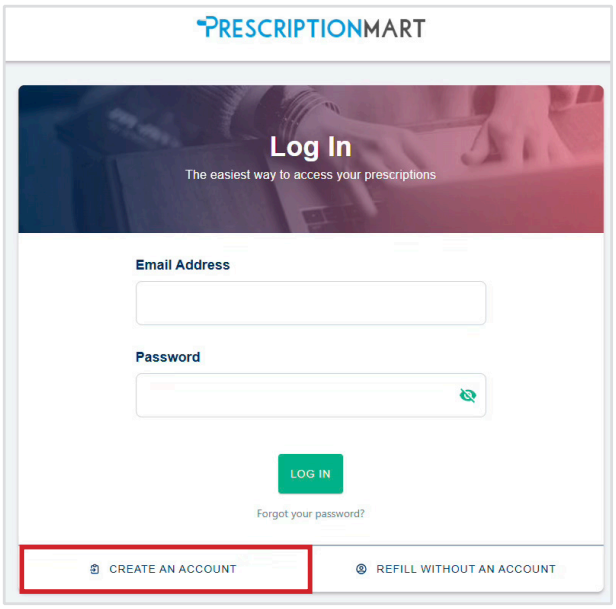
Step 1: Call 800-630-3206, select Option 2
Step 2: Enter prescription number
Step 3: Your order will be charged and shipped automatically; no further steps needed.

Online via My Account

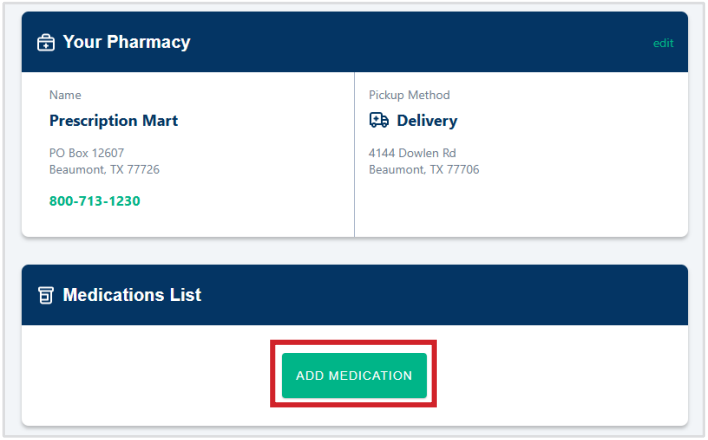
Step 1: Visit the Prescription Mart website and select **My Account** to request a refill.



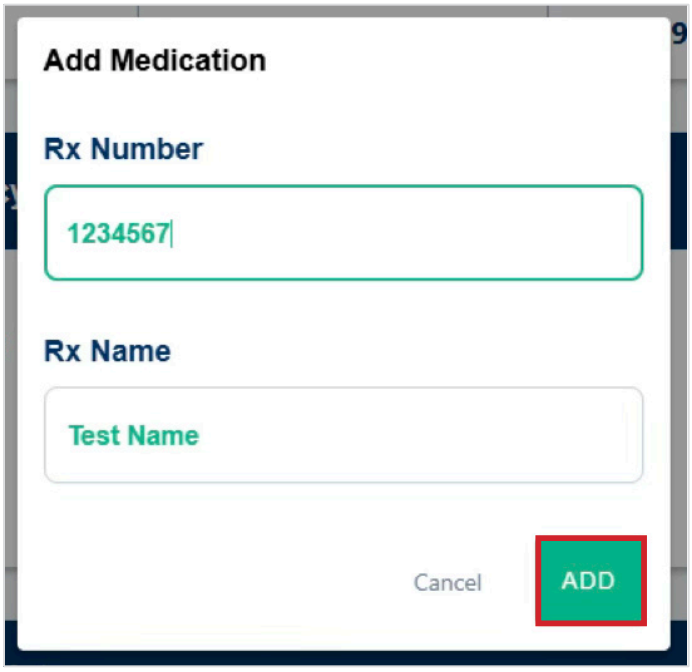
Step 2: Select **Create an Account**



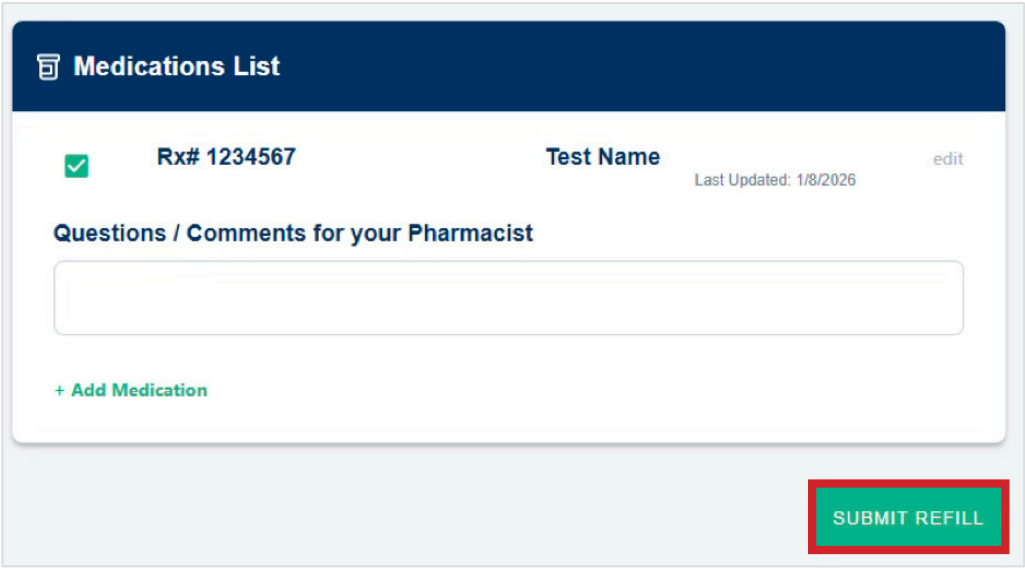
Step 3: Select **Add Medication**



Step 4: Enter the Rx number and medication name found on the prescription label, then select **Add**.



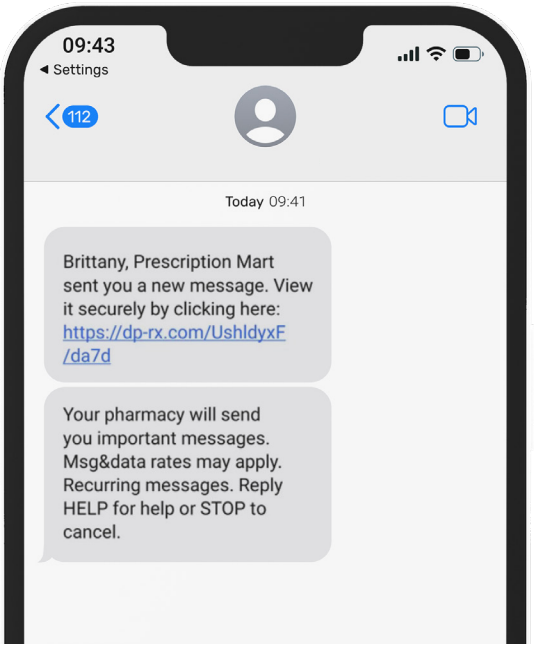
Step 5: Select **Submit Refill**. This will send your refill request directly to the pharmacy.
Reminder: The Rx number must be a Prescription Mart prescription number.



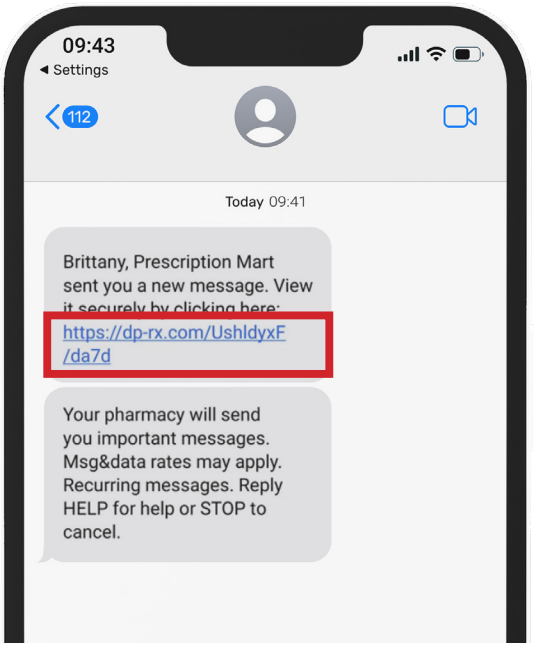
Confirming Your New Prescription

The pharmacy will attempt to process all new prescriptions received. The Patient Care team will contact you via a two-way texting platform and automated calls.

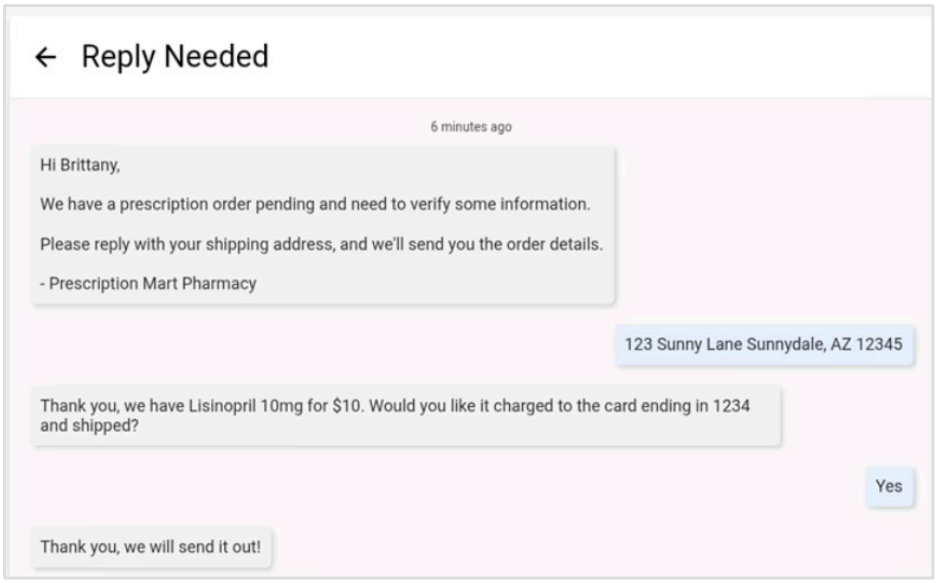
Step 1: You will receive a text message (SMS). See example below:



Step 2: Select the link and sign in using your date of birth, then review and agree to the terms to continue.



Step 3: A pharmacy technician will connect with you for a live conversation to review and confirm your prescription order. Below is an example of a typical interaction.



Support for Spanish-Speaking Members

- During enrollment, you may select Spanish to receive prescription labels printed in Spanish.
- If preferred, the entire enrollment process can be completed by phone with a member of our team.
- Spanish-speaking representatives are available when you select the Spanish option on our phone system.
- Automated phone calls are provided in English and Spanish, based on the language selected in the member profile.
- For live calls, interpreter services can be added via a three-way call for additional languages.
- Prescription labels can also be translated into other languages upon request.
- Members who are set up for call-only communication will receive an automated phone call.

COPAYASSIST PROGRAM HIGHLIGHTS

As a participant in our health plan, US-Rx Care's **CopayAssist** program has been incorporated into the company pharmacy benefit plan.

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 medication eligible for funding through the **CopayAssist** program, US-Rx Care will contact you to educate you on the details of the program and to assist in the enrollment process. Please note, if you are taking 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 your Benefits Office so that US-Rx Care can reach you in a timely fashion when needed. US-Rx Care's Member Services can be reached at **(877) 200-5533**.

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

COPAYASSIST FREQUENTLY ASKED QUESTIONS

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, US-Rx Care will contact you to assist with enrollment. When US-Rx Care can 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 (877) 200-5533 to speak with a US-Rx Care representative. The sooner you contact US-Rx Care, the better, so you do not overpay for your medications.

Please note, that if you choose not to participate in the CopayAssist program, your medication out-of-pocket cost 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. 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.

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 bypassing (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.

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 the 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

Please mail or fax this form, along with a copy of your proof of purchase as described below, within 7 days of purchase.

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

_____ _____
Employer *Patient Name*

_____ _____ _____ _____
Employee Last Name (Print) *First Name* *Middle Initial* *Member ID*

_____ _____ _____ _____
Employee Home Address *City* *State* *Zip Code*

_____ _____ _____ _____
Pharmacy Name and Phone # *Day Supply* *Quantity Dispensed* *NDC (If Available)*

Date Dispensed _____

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