

2026

# PHARMACY BENEFITS GUIDE

Getting the Most Out of  
Your Pharmacy Benefit





## TABLE OF CONTENTS

Benefits Highlights & Summary	3
Prescription Medication Benefit Assistance Guide	5
US-Rx Care Member Portal Quick Start Guide	7
Lowest Cost Pharmacy Search & Instructions	10
Helpful Tips for Medications Requiring Prior Authorization	12
Helpful Tips When a Pharmacy Cannot Dispense a Medication	14
Mail Order Instructions	16
Direct Member Reimbursement Form	17



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 pharmacy benefit while also minimizing your out-of-pocket costs.

- **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](http://www.presmartinc.com) to register online.
- **Member Portal:** If you have not yet registered to access the online 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. This would also apply to any members who may owe a deductible. 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 price 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 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

Use this link to review the Member Education Video

**<https://usrxcare.com/membereducation>**  
regarding your Pharmacy Benefits or the QR Code to the right.





## 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](http://www.usrxcare.com/member). 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 [www.usrxcare.com/member](http://www.usrxcare.com/member) 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 benefit administrator, 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.



## 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.*



### Instructions for registering in the US-Rx Care Member Portal

**Step 1** ► Visit <https://usrxcare.com/member>

**Step 2** ► Scroll down and click on Active Members Login.

Member Portal

Active Members Login

**Step 3** ► Click on Register at the top right of the screen:

 **Register**     **Login**

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

## REGISTER

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

### Rx Group ID

Enter the group ID/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.

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.

### User ID

Enter your own user ID that you will use to access the Member website. It can include letters and numbers and must be at least 8 characters long.

**Step 5**  Optional Fields are not required to register.

### Optional Fields

Prescription Number

Coverage Date


**Step 6**  Click **Register**

**Step 7** ► If you forgot your password, on the LOGIN screen, press Forgot Your Password?

Password

Login

**Forgot Your Password?**

**Step 8** ► Enter your information under FORGOT PASSWORD and press Submit. A password will be sent to your email on file.

### **FORGOT PASSWORD**

This form will allow you to reset the password on your account. Please enter the values in the fields below and click Submit. Your password will be reset and sent to the email address that you specified on your account.

First Name

①

Last Name

①

Date of Birth

①

User ID

①

Submit

**Step 9** ► 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.

**Step 10** ► Once you have registered, you will be on the **Home Page**.

### **Home Page**

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

### **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](http://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



## 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.

Enter zip code(s)

Go

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

Lowest Cost Pharmacies  All Pharmacies

#### "All Pharmacies" (Example)

### Pharmacy Search

Lowest cost pharmacy search.

33009

Go

To enter more than one zip code, seperate 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.

33009

Go

To enter more than one zip code, seperate 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. Only pharmacies within the specified zip code(s) will populate. (Search by Radius is coming soon.)

**Note:** 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:

- All pharmacies within the specified zip code(s) will populate.
- Pharmacies highlighted with a pink background are in-network.
- 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 the zip code is rural or densely populated.

- b. If “Lowest Cost Pharmacies” selected:

- Only Lowest Cost Pharmacies will populate (if present).
- If zero pharmacies populate:
  1. Try neighboring zip code(s).
  2. Try “All Pharmacies.”

**Note:** The presence of “Higher Cost Pharmacies” does NOT guarantee the presence of “Lowest Cost Pharmacies” in the same zip code(s).

**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”

**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.

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



## 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.



#### Steps to Take

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](http://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 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.

### 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 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.
- 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 [www.usrxcare.com/member](http://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.



### SCENARIO 2:

Drug Requires Prior Authorization

#### Steps to Take

1. You can proactively look up any drug in the on-line member portal at [www.usrxcare.com/member](http://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](http://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 [www.usrxcare.com/member](http://www.usrxcare.com/member) 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 ScriptSourcing.
3. You may have been contacted by a ScriptSourcing representative already to get you enrolled. You can reach a ScriptSourcing representative at **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.



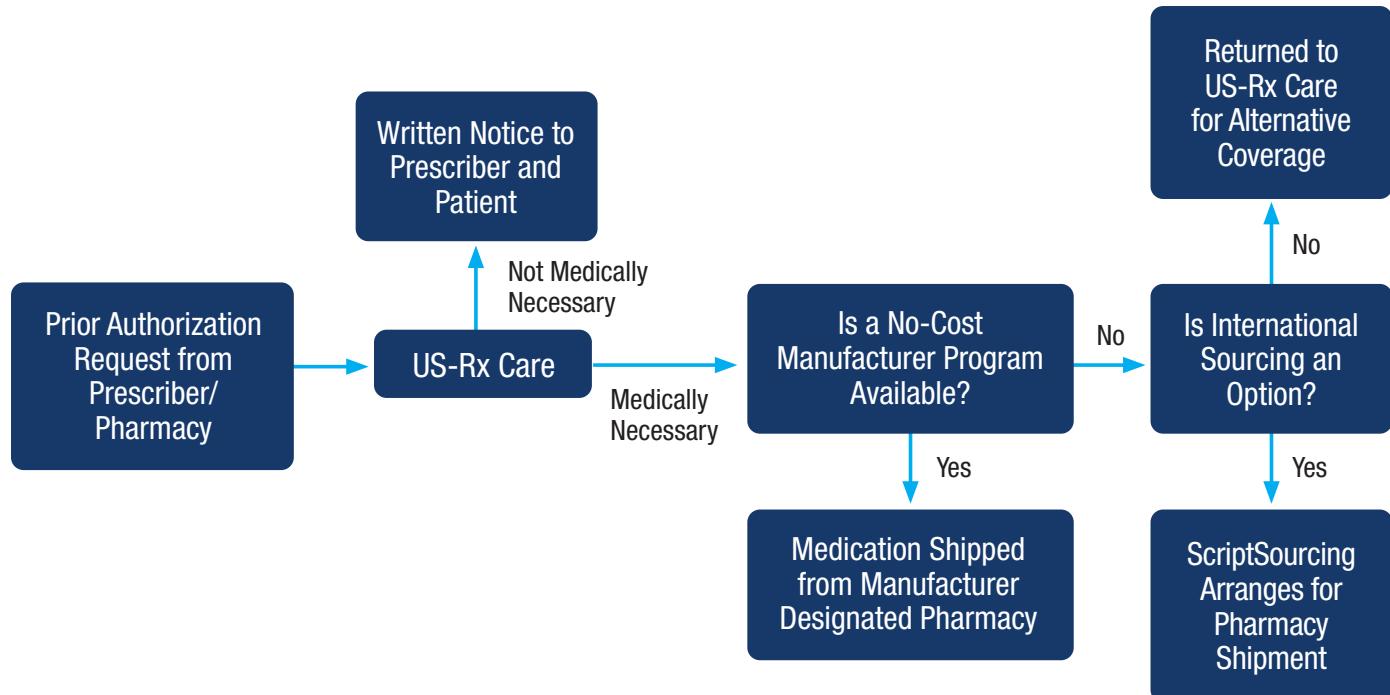
## DID YOU KNOW?

### THERE IS A \$0 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**. 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 **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





## MAIL ORDER

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)
- 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  
P.O. Box 12607  
Beaumont, TX 77726

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

- 1. Online:** For fastest registration, simply register on-line at [www.presmartinc.com](http://www.presmartinc.com).
- 2. By mail:** To ensure the pharmacy has all needed information prior to dispensing medication for you, please complete the form located at [www.prescriptionmartpharmacy.com/patient-profile-form](http://www.prescriptionmartpharmacy.com/patient-profile-form) and mail along with your prescriptions to Prescription Mart.

Prescription Mart will contact you by phone before mailing your medication. They will also 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  
(877) 200-5533**



## DIRECT MEMBER REIMBURSEMENT FORM

**Please Mail or Fax this form and copy of purchase receipt within 14 days of purchase to:**

**Mailing 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*

**US-Rx Care**

4600 Sheridan Street, Suite 200  
Hollywood, FL 33021