

PHARMACY BENEFITS GUIDE

Getting the Most Out of
Your Pharmacy Benefit

2026





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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 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 (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 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. 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/usfoods>. 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. Please refer to the Member Portal User Guide included in your Member Materials. Additionally, you can access the Member Portal at <https://usrxcare.com/usfoods>.

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 associate 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 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.

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 brand. 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 copay. Your Tier 2 or Tier 3 copay 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 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, 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. 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. Faxed prescriptions can only come from a doctor's office by law.

Prescription Mart Mail Order Pharmacy

Phone: 800-630-3206

Fax: 409-866-1317

Prescription Mart Pharmacy

PO Box 12607

Beaumont, TX 77726

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, as long as 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 help desk 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 Benefits Center to update or correct your plan enrollment status at 1-888-316-7700, Monday - Friday, 9 am - 5 pm CT.

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

- Visit the lowest cost pharmacy search available at <https://usrxcare.com/usfoods>. 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/usfoods> 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 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 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 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 Member Services at **877-200-5533**. The call center may forward your inquiry to a Clinical Team member, in which case that individual will reach back 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/usfoods>

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. You can use any ID that consists of 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**

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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 ⓘ

Last Name ⓘ

Date of Birth ⓘ

User ID ⓘ

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 at 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

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/usfoods>

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, separate 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, 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.

33009

Go

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) 454-9858

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 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 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 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 doctor.

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 doctor 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 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 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 a 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.

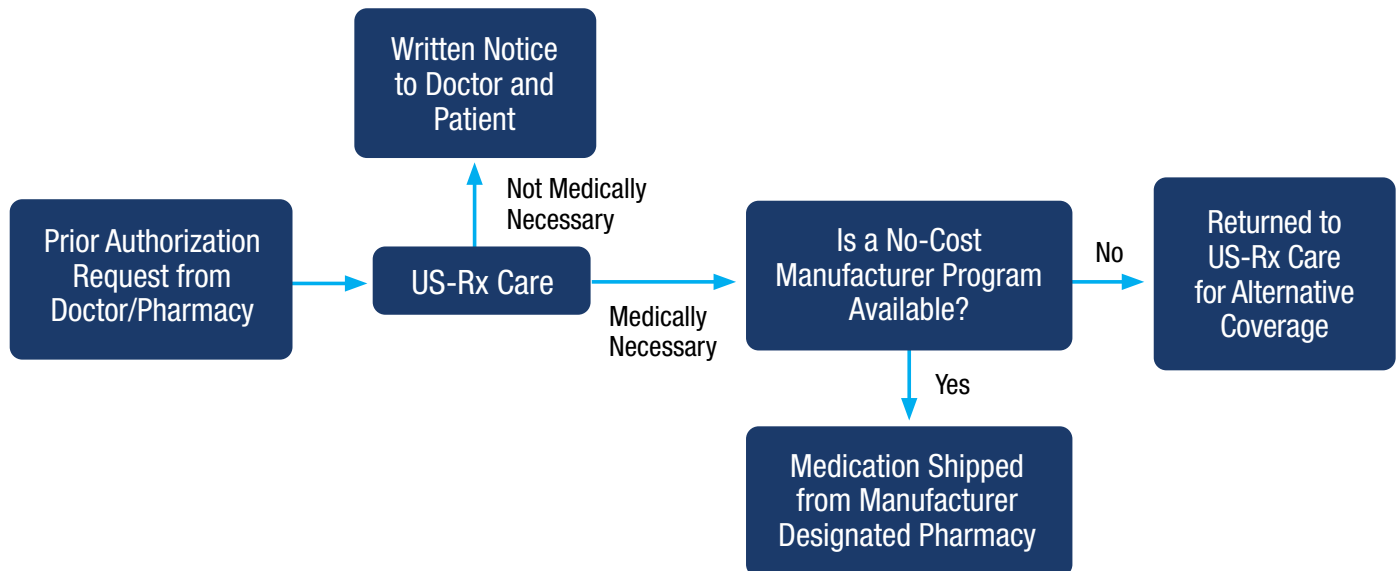


DID YOU KNOW?

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

This option is made available through a program called **ScriptPass**. 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 **ScriptPass**. You will be contacted by a representative 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



HELPFUL TIPS AND STEPS 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/usfoods>
- US-Rx Care Member Services 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.

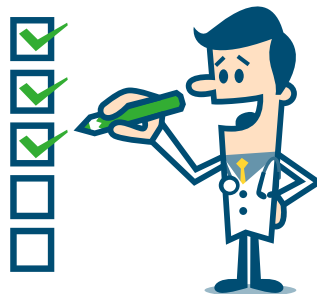


SCENARIO 2:

Drug Requires Prior Authorization

Steps to Take

1. You can proactively look up any drug in the on-line member portal at <https://usrxcare.com/usfoods> to see if Prior Authorization is required.
2. While your pharmacist will typically inform doctors when a prescription requires Prior Authorization, you can assist as well.

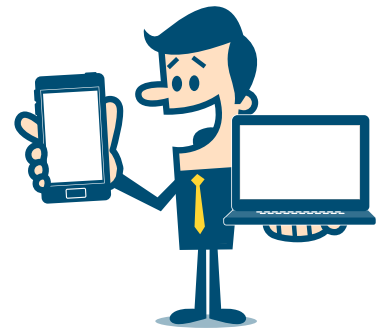


- Call your doctor's office to make sure they contact US-Rx Care to initiate the Prior Authorization process.
 - A Prior Authorization form is available at www usrxcare.com/providers for doctors to complete and send to US-Rx Care.
3. If you or your doctor disagrees with the outcome of a Prior Authorization 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/usfoods> 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 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.



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 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 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 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 form located at 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

Associate Last Name (Print)

First Name

Middle Initial

Member ID

Associate 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



COPAYASSIST PROGRAM HIGHLIGHTS

As a participant in our health plan, you have a new program available to you. 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 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, 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 in Workday so that US-Rx Care can reach you in a timely fashion when needed.

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, 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 Member Services at 877-200-5533 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 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. 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 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.

Please note, 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 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.