

2024

Wedgewood  
Village Pharmacy



# PHARMACY BENEFITS GUIDE

Getting the Most Out of  
Your Pharmacy Benefit



 **US-Rx Care**



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Dear Member:

With a recent change in pharmacy benefit administrators to US-Rx Care, there are several resources available to answer questions and to help you get the most from your health benefit while also minimizing your out-of-pocket costs.

US-Rx Care has served employers, union groups, and Medicare and Medicaid plan sponsors to efficiently deliver pharmacy benefit services for over 20 years. Below are tips and resources available through US-Rx Care.

### **Your New Benefit Card**

You will receive a new health insurance card, which you will use to access coverage for all medical services, including prescription drugs. Simply present the new card to your pharmacy of choice, and they will update your insurance record in their system. If the pharmacy says you are not covered, or a claim is not processing correctly, the pharmacy can call the pharmacy support number printed on your benefits card any hour of the day, 365 days a year at 1-877-200-5533. A support representative will assist the pharmacy 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. A list of your lowest-cost pharmacies in the local community is available from your HR Department for your reference.

You can also search for the lowest-cost pharmacies directly from the US-Rx Care website at <https://usrxcare.com/member/>. 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 personal health information from anywhere with an internet connection. There are two ways to get your personal health information electronically. You can use the web-based Member Portal or download the Mobile Application. Please refer to the Member Portal User Guide included in your Member Materials. You can access the Member Portal at <https://usrxcare.com/member/>.

## **How To Get the Most from Your Benefit, While Minimizing Your Out-Of-Pocket Cost?**

Like all prescription drug plans, the pharmacy benefit plan is associated with a “formulary.” The formulary determines what level copay applies to each drug covered under the plan. The employee prescription benefit plan has various copay tiers. If you are in a high-deductible plan, you will pay out-of-pocket for your medications until the deductible is met, at which time copays may apply.

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

## **Lower Cost Glucose Testing Supplies**

There are many options for glucose testing technology with the highest rating for accuracy and ease of use, but the costs do vary widely by manufacturer. The preferred contracted glucose testing meter and strips is the TRUE METRIX meter and test strips. Simply present your benefit card to your pharmacist when purchasing your testing supplies, and they will provide you with a FREE TRUE METRIX meter, and the test strips are covered under the plan at the Tier 1 copay. Tier 2 or Tier 3 copay may apply to other test strips. The TRUE METRIX meter and test strips will be the best value.

## **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 Copay Assist 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. Thus, it pays to compare.

The easiest and fastest way to explore the mail order option is to simply phone Prescription Mart to enroll and place your orders. Then contact your doctor to have new 90-day prescriptions with refills sent to Prescription Mart. Your doctor can phone 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.

The contact details for Prescription Mart Mail Order Pharmacy are:

Phone: (877) 451-4994

Fax: (877) 212-7258

## **Prescription Mart Pharmacy**

4144 Dowlen Rd

Beaumont, TX 77706

## **What To Do if the Pharmacy Has Trouble Processing Your Coverage for A Prescription Medication**

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



If you ever decide to pay the full cash price for a prescription without using your benefit card, you can ask the pharmacy to reprocess your prescription using your benefit card within 7-14 calendar days (depending on the pharmacy) and get full reimbursement directly from the pharmacy for any overpaid amount, as long as the medication is covered under the plan.

Sincerely,

Pharmacy 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 below.







Dear Member:

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

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

While the out-of-pocket cost will never exceed the plan copay, there are times when the full cost of your medication is less than the plan copay. In those cases, you pay the lesser amount. However, that amount will most likely be a higher cost at the above major pharmacy chains.

Visit <https://usrxcare.com/member> to identify pharmacies by zip code that will typically have a lower prices for your medications. Any refills left on a prescription can be transferred to a lower-cost pharmacy with a quick call from the pharmacist.

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

If a pharmacy is having difficulty processing your prescription through your pharmacy

benefit for any reason, you can ask the pharmacist to call the pharmacy Help Desk using the phone number provided on your benefit card: **877-200-5533**. The Help Desk can

assist the pharmacist to ensure they have entered the correct benefit codes and member information, as well as troubleshoot any other issues directly over the phone.



If you ever decide to pay the full cash price for a prescription without using your benefit card, you can ask the pharmacy to reprocess your prescription using your benefit card within 7-14 calendar days (depending on the pharmacy). If the medication is covered under the plan, the pharmacy will be able to provide a full reimbursement minus any member responsibility.

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

Sincerely,  
Pharmacy Services  
US-Rx Care

Use this link to review the Member Education Video <https://usrxcare.com/membereducation> regarding your Pharmacy Benefits or the QR Code below.







## **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 higher cost than independent pharmacies and many grocery chains.
- Ask the pharmacist to make sure your coverage is showing active under the plan or that the medication is covered under the plan or if the manufacturer price for the medication has changed.
- Log into the pharmacy benefit member portal to access real-time prices for your medications at local pharmacies of your choosing. Visit [www.usrxcare.com/member](http://www.usrxcare.com/member) for details and a link to the member portal.
- If your plan has a deductible, some or all of the medication cost may be getting applied to your deductible.

#### **3. You are told that your prescription was rejected:**

- Ask the pharmacist why it was rejected and if they can resolve the rejection.
- Ask the pharmacist to call 877-200-5533 (24/7 365 days of the year) for help to resolve the rejection.

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

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

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

- This notification does not mean that plan benefits have been exceeded or that the medication can't be covered under the plan. It simply means that additional review is required.
- Ask the pharmacist to call the number provided in their computer system to initiate a coverage review. If this is a refill, US-Rx Care will review the prescription and may authorize an interim supply until a review is completed.

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

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

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



## US-RX CARE MEMBER PORTAL QUICK START GUIDE

To register for the on-line member portal, you will need the cardholder ID on your benefits card. You will also need your **Rx Group Number**. If you cannot locate your Rx Group Number on your ID card, you can obtain it by calling member services at 877-200-5533.

*NOTE: Dependents over the age of 18 must register for their own accounts.*



### 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

As of January 1, 2022 the member portal has been updated to add new features and functions. For security purposes, you will need to re-register for the new portal and update your login and password as well.

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.

### 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 you like, but it can only consist of letters and numbers, and must be at least 8 characters long.

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	

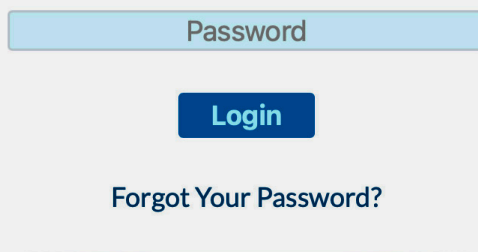
**Step 5** ▶ Optional Fields are not required to register.

### 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?



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



**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.





## US-RX CARE - LOWEST COST PHARMACY SEARCH

Through your web browser access: <https://usrxcare.com/member/>  
Click on the 'Pharmacy Search' tab. Scroll down on the 'Pharmacy Search' tab to the bottom right-Pharmacy Search.

### Pharmacy Search

Lowest cost pharmacy search.

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) 454-9898

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

### Type in zip code(s) of interest

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

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

### Select “Go”

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

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



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

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

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

Please note, the prior authorization process follows steps required under your health plan and is applied equally and consistently for all individuals enrolled in the plan. US-Rx

Care representatives are happy to help you understand and navigate the process but are not able to alter the process or by-pass plan coverage criteria for individual cases.

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

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



### **Steps To Take**

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

The most common reason for delay is no or an incomplete response from the prescribing clinician. A prior authorization form is available at [www.usrxcare.com/providers](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 or an incomplete response from the prescribing clinician.

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





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

**Steps To Take**

Call your doctor's office for any special instructions. If the medication can only be obtained from a specialty pharmacy, your doctor has been provided the name and contact information for the pharmacy.

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

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

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

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

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

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

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

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

The most common reason for coverage denial is a condition being treated that is not eligible for medication coverage through the plan. For example, a drug used for cosmetic 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, and is applied equally and

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

### SCENARIO 1: Medication Not Covered

#### Steps To Take

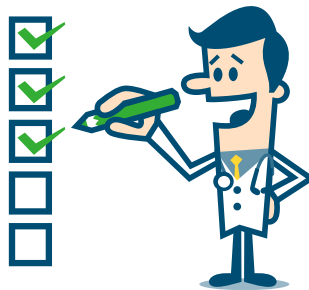
1. Check the list of plan covered drugs (formulary) to confirm the drug is in fact not covered. It may be covered, but simply requires prior authorization.  
  
The formulary is available from the following sources:
  - Member portal at [www.usrxcare.com/member](http://www.usrxcare.com/member)
  - A PDF version from HR
  - US-Rx Care Member Services help line at **1-800-323-0960**
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 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.

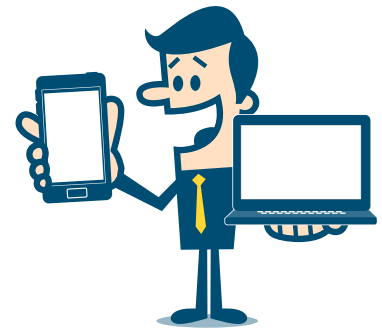


- Call your doctor's office to make sure they contact US-Rx Care to initiate the prior authorization process.
  - A prior authorization form is available at [www.usrxcare.com/providers](http://www.usrxcare.com/providers) for doctors to complete and send to US-Rx Care.
3. If you or your doctor disagrees 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 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 **1-800-323-0960** for coverage confirmation.
2. In addition, the medication may be targeted for coverage under one or more low cost/no-cost access programs, such as manufacturer copay assistance or ScriptPass.

You may have been contacted by a US-RxCare representative already to get you enrolled. They will assist in getting you in touch with an enrollment specialist.

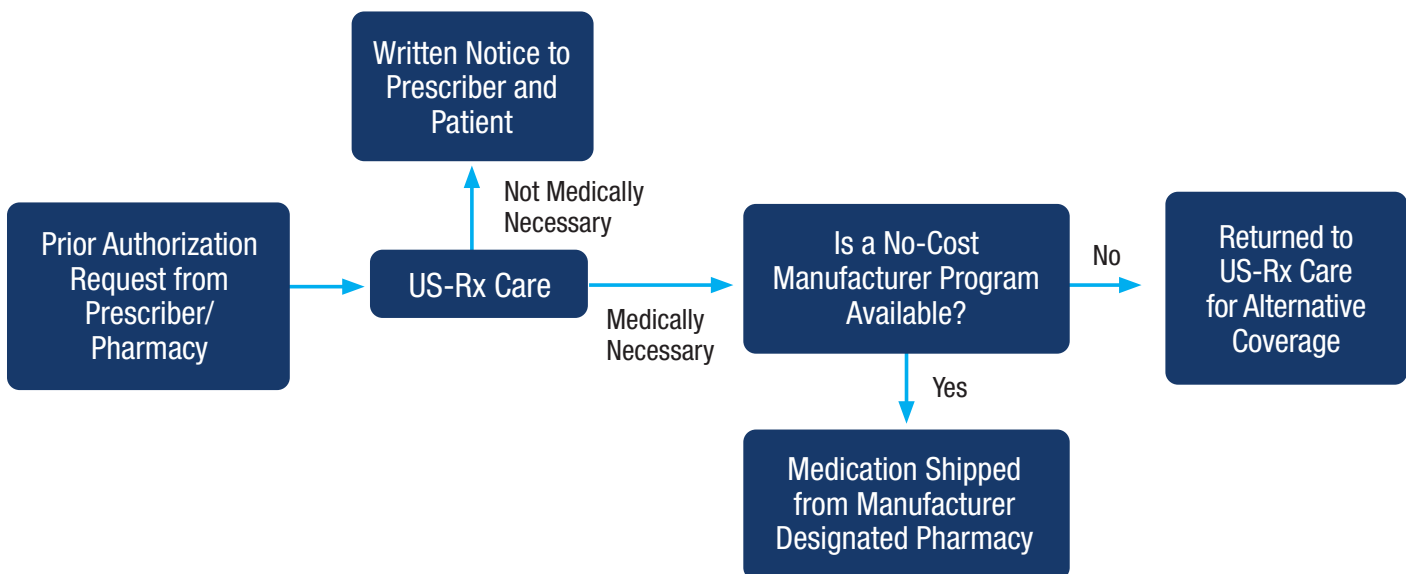
## DID YOU KNOW?

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 ScriptPass 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





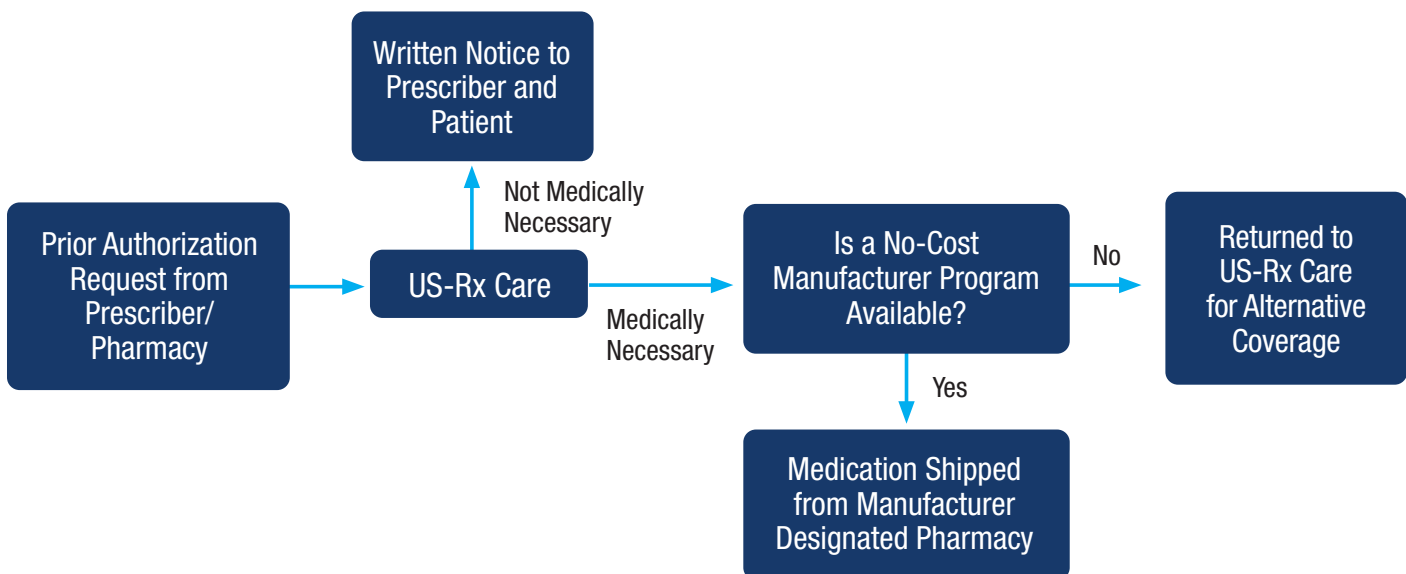
## DID YOU KNOW?

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 ScriptPASS 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 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 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.

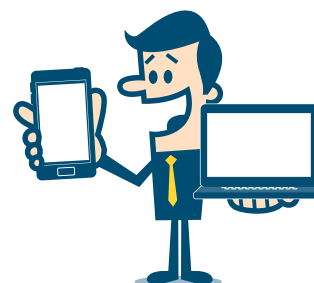


- Call your doctor's office to make sure they contact US-Rx Care to initiate the prior authorization process.
  - A prior authorization form is available at [www.usrxcare.com/providers](http://www.usrxcare.com/providers) for doctors to complete and send to US-Rx Care.
3. If you or your doctor disagrees 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 or not your deductible has been met or if the drug is simply not a covered item under the plan. You can also contact Member Services at **1-877-200-5533** for coverage confirmation.
2. In addition, the medication may be targeted for coverage under one or more low cost/no-cost access programs, such as manufacturer copay assistance or ScriptSourcing.
3. You may have been contacted by a ScriptSourcing representative already to get you enrolled. You can reach a ScriptSourcing representative at **xxx-xxx-xxxx** to confirm if the medication is targeted for one of these programs. They will assist in getting you in touch with an enrollment specialist.



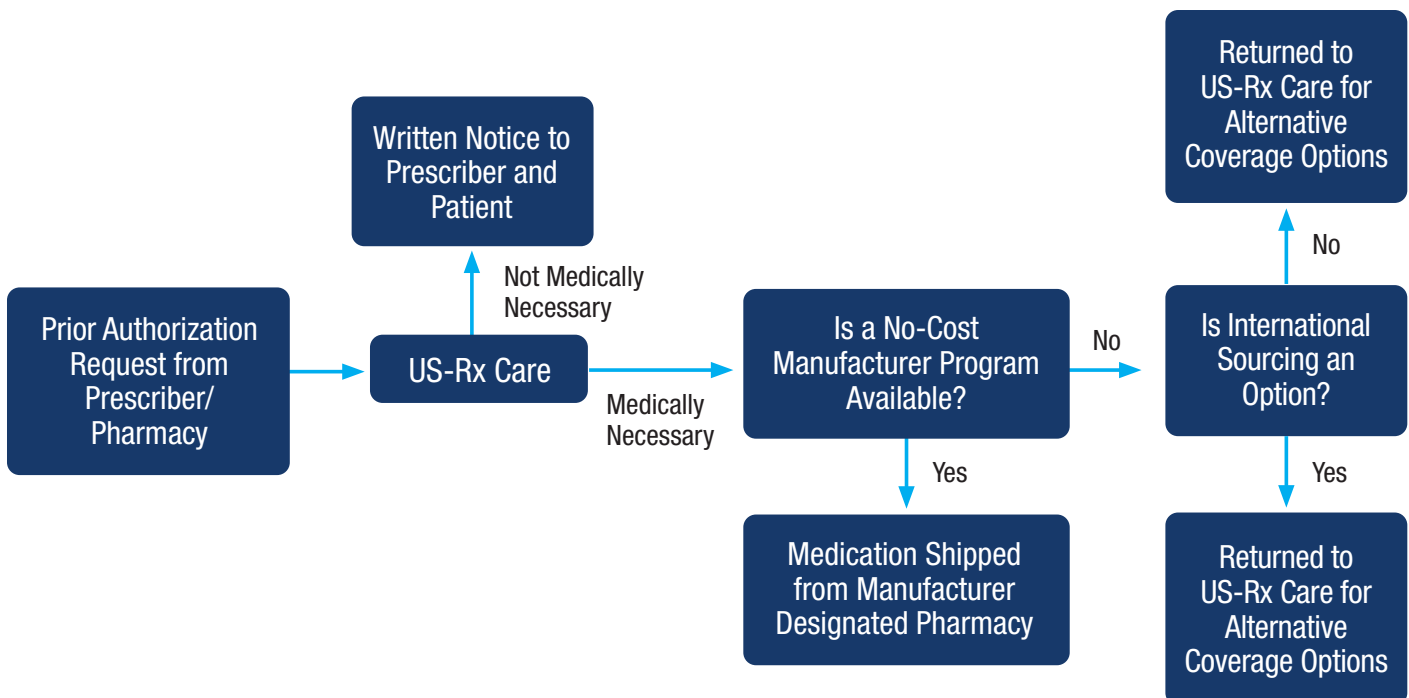
## DID YOU KNOW?

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If approved for a manufacturer direct program, your medication will be shipped from a manufacturer-designated pharmacy for FREE.

## MEDICATION PRIOR AUTHORIZATION AND SCRIPT PASS PROCESS FLOW





## Mail Order Prescription Filling Instructions

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

### **Information For Prescribers**

Your doctor can E-prescribe directly to:  
Prescription Mart (NPI: 1821120981)

Your doctor can also fax prescriptions to:  
409-866-1317

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

### **Pharmacy Contact Information**

Phone: 800-630-3206

### **Pharmacy Hours**

Monday to Friday	7 am – 6 pm CST
Saturday	8 am – 1 pm CST
Sunday	Closed

Pharmacy Mailing Address      Prescription  
Mart  
PO 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](http://www.presmartinc.com)

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

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

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

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





## US-Rx Care Connectivity Hub User Guide

### Help us better assist you!

By registering in the Connectivity Hub, you can provide US-Rx Care with the best phone, email, and mailing address to contact you regarding your prescriptions.

Use this link <https://usrxcare.com/member/> to register.

You will need your Member ID found on your benefits card to register. All members 18 years and older will need to register themselves and provide their own unique phone and email address. Only they can see their own information, none other. Parents can see information for their dependents under age 18. (Only individuals 18 years or older are eligible to register.)

## HOW TO REGISTER

Access the Connectivity Hub from <https://usrxcare.com/member/>

By registering in the Connectivity Hub, you can provide US-Rx Care with the best phone, email, and mailing address to contact you regarding your prescriptions.

### STEP 1 Click on 'To access the Connectivity Hub' link:

To access the Connectivity Hub, [click here](#).

#### Team Member Pharmacy Benefit Resources

Synovus has multiple resources available to you that are designed to assist you get the most out of your pharmacy benefit managed by US-Rx Care.

In three easy steps, you can take advantage of all the resources available to you.

#### Step 1: Register To Access The Pharmacy Benefit Connectivity Hub

As an important first step, we strongly recommend that you register to access the US-Rx Care Connectivity Hub.

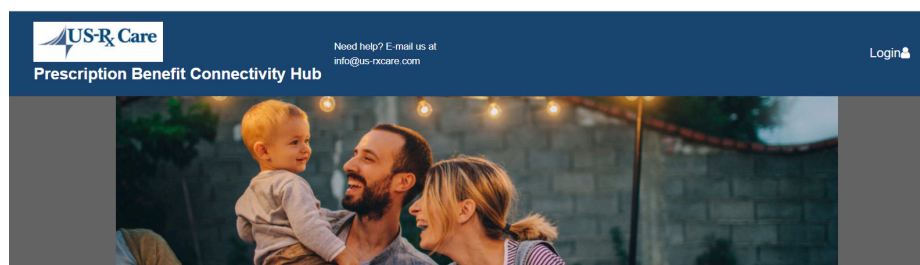
By doing so, US-Rx Care can connect and communicate with you in ways that are efficient and convenient, particularly when relaying time sensitive information regarding your benefits, cost savings or quality improvement opportunities, or missing information needed to conduct prior authorization reviews for drug coverage determination.

To access the Connectivity Hub, [click here](#).



## STEP 2

If not previously enrolled, click on the 'Register' link highlighted in blue.



### US-Rx Care Member Connectivity Hub

At US-Rx Care we would like to connect and communicate with you in ways that are efficient and convenient, particularly when relaying time sensitive information regarding your benefits, cost savings or quality improvement opportunities, or missing information needed to conduct prior authorization reviews for drug coverage determination.

If not previously enrolled, please take a few minutes to register yourself and others in your household.

Register

## STEP 3

Enter your registration information:

Set up your Password – Your password must contain the following:

- Upper case letter
- 1 Lower case letter
- 1 Number
- Minimum of 8 characters

### Register

First name	Last name
Member Id found on your benefits card	
Date of birth (mm/dd/yyyy) 18yrs+ Only	
User Name	
E-mail Address	
Set your secure questions	
Question 1	Answer
Question 2	Answer
Question 3	Answer

### Setup your password

Password

Must contain 1 upper case letter, 1 lower case letter, 1 number and at least 8 characters

Click on "Register"

Register

By clicking Register, you agree to the terms and conditions and privacy policy for use of the US-Rx Care Connectivity Hub and related services.



## STEP 4 Verify and Update

All blank fields marked with “\*” are required to be filled in, including email, phone, date(s) of birth, and designation of Primary Insured, Spouse, or Dependent. Any fields with “\*\*\*” indicate information stored for an individual who our records indicate is 18 years or older. Check all the information that you entered to ensure everything is correct, then click the checkboxes at the bottom and place your first and last name in the text box provided, then press confirm. If there are any errors, scroll to see them.

You must complete all highlighted fields for each member under the age of 18.

- ✓ First Name
- ✓ Cell Phone for Text Msg
- ✓ Date of Birth
- ✓ Address 1
- ✓ State
- ✓ Covered?
- Last Name
- Email/User Name
- Relationship
- City
- Zip

First Name	Last Name	Cell Phone for Text Msg*	Email/User Name*	Other Phone	Date of Birth*	Relationship*
JONATHAN	TEST	222-333-4444	njimenez@us-rxcare.com	Phone (###-###-####)	Date of birth (mm/dd/yyyy)	Select one ▼
	Address 1	Address 2	City	State	Zip	Covered?*
	1320 MAIN STREET	Address Line 2	HELLERTOWN	PA	18055	<input checked="" type="checkbox"/>

**Confirm:** All boxes below must be checked to complete your registration, including authorize or not authorize.

By checking the boxes below and clicking submit, you are confirming that:

- ☒ You are a parent or guardian for any listed above under the age of 18 and are authorized to receive phone, text or email communications on their behalf or are registering yourself.
- ☒ That the information provided will be submitted to and stored may use the information for phone, text, or email outreach.



☒ US-Rx Care may rely on the accuracy of the information provided without any further research or validation.

☒ I authorize      ☐ I do not authorize

US-Rx Care to share this contact information with my health plan sponsor so that they too will have accurate and complete contact information for their use as well.

*Note: Due to privacy regulations, we are not able to share individual medical information for family members age 18 or older with any other family member. Therefore, any family member age 18 or older, must register independently.*

**Enter your name here and click on the ‘Confirm’ button to submit:**

Enter your name and click on the confirm button to submit.

First Name of Person Subm Last Name of Person Subm

Confirm


**Note: You will receive this error message if you’ve not completed all fields:**

**Error:** Please confirm that the information provided will be submitted to and stored by US-Rx Care and US-Rx Care may use the information to contact the individual(s) listed.




## STEP 5 Once you click on Confirm, if no error messages, you are in the site and registered.

### Home Landing Page:



Need help? E-mail us at [info@us-rxcare.com](mailto:info@us-rxcare.com)

 Log off

Prescription Benefit Connectivity Hub

Home

Right Med App

Drug Benefit Portal

About

My Profile

Manage Household


Log off

#### News / Updates / Helpful Tips


Welcome to the Prescription Benefit Connectivity Hub. Utilize the navigation links to the left to access available functions. Click on About to learn about the available functions.

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**Right Med App (My Savings) Tab** – Will allow you to see any pharmacist recommended lower-cost alternatives for medications prescribed for you in the past. Simply click on the box for any or all and then click on either **Fax Request(s) to Doctor** or **Print Request(s) to Bring to Doctor**.



Need help? E-mail us at [info@us-rxcare.com](mailto:info@us-rxcare.com)

Home **My Savings** My Claims Profile  Log off

#### Available Cost Savings Opportunities

We recommend that you ask your doctor if you can take advantage of any of the lower cost alternatives for medications prescribed for you in the past. Simply check the box for any or all and then click on either Fax Request To Doctor or Print Request To Bring To Doctor. If we have a valid fax number on file for your doctor, a request will automatically get faxed to them on your behalf if you select that option. You can print a copy of the request at any time by clicking the Print Request option as well. If the plan copay displayed below is the same for both your previously prescribed drug and the recommended lower cost alternatives, the overall cost shared by you and the plan will be less and your out of pocket cost for the lower cost option(s) may be less than your maximum copay under the plan.

Select For Doctor Consideration	Prescribed Drug / Max Copay	Alternative Drug / Max Copay
<input type="checkbox"/>	Vibryd tab 40mg <b>\$100</b>	Escitalopram (generic for lexapro) 20mg Tablets <b>\$10</b> Fluoxetine capsule (generic for prozac) 40mg Capsules <b>\$10</b> Sertraline hcl (generic for zoloft) 100mg Tablets <b>\$10</b>
<input type="checkbox"/>	Myrbetriq tab 25mg <b>\$100</b>	Oxybutynin er (generic for ditropan xl) 5mg Tablets <b>\$20</b> Toviaz 4mg Tablets <b>\$47</b> Trosium (generic for sanctura) 20mg Tablet <b>\$20</b>
<input type="checkbox"/>	Azelastine spr 0.15% <b>\$10</b>	Fluticasone propionate (generic for flonase) 50mcg Nasal spray <b>\$10</b>

**Note:**  
Max Copay reflects the plan Rx copay tiers, but does not reflect the impact of annual plan deductibles or out of pocket maximums. To determine your actual out of pocket cost including the impact of annual plan deductibles or out of pocket maximums, visit the [Drug Benefit Portal](#) to look up your dollar cost on any medication at any local pharmacy.

Fax Request(s) to Doctor

Print Request(s) to Bring to Doctor

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**My Savings** – For a list of Medications you have filled in the past, a “save on your medications” indicator in green highlights medications for which pharmacist recommended lower cost alternatives are available. Click on the My Savings link at the top to print or fax lower cost recommendations to share with your doctor..

Need help? E-mail us at [info@us-rxcare.com](mailto:info@us-rxcare.com)

HomeMy SavingsMy ClaimsProfile Log off

### Claims History

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM

Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled
AZELASTINE SPR 0.15% 	Fred meyer pharmacy	6494982	\$72.25	\$31.00	25	ALEXANDRA MEIER, MD	01/30/2022
NYAMYC POW 100000	Fred meyer pharmacy	6495529	\$3.51	\$31.00	30	SARA SMITH, NP	01/29/2022
MYRBETRIQ TAB 25MG 	Fred meyer pharmacy	6501610	\$932.75	\$270.00	90	ALEXANDRA MEIER, MD	01/29/2022
VIIBRYD TAB 40MG 	Fred meyer pharmacy	6501608	\$612.10	\$270.00	90	ALEXANDRA MEIER, MD	01/29/2022
ATORVASTATIN TAB 10MG	Fred meyer pharmacy	6465732	\$13.80	\$0.00	90	ALEXANDRA MEIER, MD	01/29/2022
Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled

Show more results

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM

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Use the dropdown next to ‘Log off’ to access the same information your dependents under the age of 18.

Need help? E-mail us at [info@us-rxcare.com](mailto:info@us-rxcare.com)

HomeMy SavingsMy ClaimsProfile Log off

### Claims History

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM

Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled
AZELASTINE SPR 0.15% 	Fred meyer pharmacy	6494982	\$72.25	\$31.00	25	ALEXANDRA MEIER, MD	01/30/2022



## Forgot Password

If you receive the below message, Click on Forgot Password link: | [Forgot password?](#)

And you will receive an email to reset your password. Note: depending on your e-mail service provider it may take a few minutes for the reset e-mail password to arrive in your in box.

Log in

**Error: Invalid Username or Password.** ×

[Forgot password?](#)

Sign in

Not a member? [Register](#)

## Contact Us:

If you need further assistance, email us at [info@us-rxcare.com](mailto:info@us-rxcare.com)





## COPAYASSIST PROGRAM HIGHLIGHTS

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

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

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

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



## 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 1-800-490-3550 to speak with a US-Rx Care representative. The sooner you contact US-Rx Care, the better, so you don't overpay for your medications.

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

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

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

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

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

Under the company plan, you are responsible for meeting applicable deductible and out-of-pocket amounts before other benefits apply.

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



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

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

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

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

Through extensive lobbying efforts by drug manufacturers, some states have passed such laws which apply solely to fully insured health plans.

The company health plan is a self-funded (or self-insured) plan funded directly through the company, not through a third-party insurer. Federal law sets the standards for self-funded health plans in private industry. Consistent with federal law, only actual amounts contributed by you toward the cost of your medication apply toward your deductible and annual out-of-pocket maximum.



## DIRECT MEMBER REIMBURSEMENT FORM

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

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

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

\_\_\_\_\_  
*Employer*

\_\_\_\_\_  
*Patient Name*

\_\_\_\_\_  
*Employee Last Name (Please Print)*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Initial*

\_\_\_\_\_  
*Member ID*

\_\_\_\_\_  
*Employee Home Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Pharmacy Name and Phone number*

\_\_\_\_\_  
*Days Supply*

\_\_\_\_\_  
*Quantity Dispensed*

\_\_\_\_\_  
*NDC (If available)*

*Date Dispensed* \_\_\_\_\_

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

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

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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