

**Language Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-877-241-7123.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-877-241-7123.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-877-241-7123.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-877-241-7123.



*This brochure is only a general description of your prescription benefit program and is not a contract. All benefits described herein are subject to the terms, conditions, and limitations of the group master contract and applicable law. All personal health information is kept strictly confidential, as required by the privacy rules of the Health Insurance Portability and Accountability Act.*

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**City of Hannibal & Board of Public Works**

**Prescription  
Benefit Plan**



**EmpiRx Health Member Services**

1-877-241-7123

TDD: 1-888-907-0020

24 hours a day, 7 days a week, 365 days a year

## Your Prescription Benefit Program

### Annual Maximum Out of Pocket

Your plan has a \$2500 individual, \$5000 family Maximum out of Pocket per plan year.

### Retail Pharmacy Copay

You are responsible for paying the retail pharmacist the copay per prescription that is listed below:

<b>25% for a Generic Medication</b>
<b>25% for a Preferred Brand Medication</b>
<b>25% for a Non-Preferred Brand Medication</b>

This is a Dispense as Written (DAW) Plan, meaning your pharmacist must dispense the generic equivalent when one is available, unless your physician specifically requests the brand. If you request the brand-name medication from your pharmacist, you will be responsible for the difference in cost between the brand and the generic plus the copay.

Retail quantities will be dispensed according to your physician's instructions, as written on the prescription, for up to a maximum of a 30-day supply.

*Please Note:* If the cost of your medication is less than your calculated copay, you will only pay the cost of the medication.

### Mail Service Pharmacy Copay

Prescriptions for maintenance medications (medications you take on an ongoing basis) can be submitted to Benecard Central Fill, the EmpiRx Health mail service pharmacy. Your plan allows for up to a 90-day supply with three (3) refills, according to your physician's instructions. Your copay amount will be:

<b>25% for a Generic Medication</b>
<b>25% for a Preferred Brand Medication</b>
<b>25% for a Non-Preferred Brand Medication</b>

### Specialty Medication Copay

Specialty medications are high-cost biotechnology drugs that require special distribution, handling, and administration. These medications are typically designed to treat chronic diseases. Your copay amount will be:

<b>25% for a Specialty Medication</b>
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All specialty prescriptions must be obtained through Benecard Central Fill specialty pharmacy. Please note that specialty medications are limited to a 30-day supply.

## Frequently Asked Questions

### How can I find a participating network pharmacy?

You can use your EmpiRx Health ID card at over 63,000 pharmacies nationwide, including all pharmacy chains. You can locate a nearby network pharmacy by logging on to <https://portal.myempirxhealth.com> or calling 1-877-241-7123 toll-free.

### What is prior authorization, and why is it necessary?

A prior authorization is a clinical review of the request for medication due to potential side effects, interactions, and FDA-guidelines. This is a safety measure to ensure you're getting the most appropriate treatment possible. EmpiRx Health will work directly with your physician to obtain the necessary information before your prescription is filled. Once the review is complete, you'll be notified by mail, or via the online member portal. You can also check your status on the member portal any time at <https://portal.myempirxhealth.com>.

### How can I find out if a particular prescription is covered by my benefits?

You can check coverage easily by calling 1-877-241-7123 or logging onto <https://portal.myempirxhealth.com> for details.

### How can I find out if generic or lower-cost alternatives may be available to me?

Log onto the member portal <https://portal.myempirxhealth.com> and select "Drug Pricing." Then search for your medication. If a generic is available, you'll see the cost for both the brand and generic. You can also call 1-877-241-7123 or consult with your physician or pharmacist.

### Why does my copayment change from month to month?

We do not set the cost of medications. Pricing fluctuates based on market cost and may vary by pharmacy. If your copay is based on a percentage, rather than a fixed dollar amount, the cost can be different depending on which pharmacy you use and the pricing of the medication at the time.

## Preferred Medication List

The preferred medication list serves as a guide to clinically and therapeutically-appropriate medications covered under your plan. This does not take the place of your physician or pharmacist's judgment regarding your individual needs. Refer to <https://portal.myempirxhealth.com> to review the most recent preferred medication list.

## Exclusions

Your prescription program covers most medically necessary, federal legend, state-restricted, and compounded medications, which by law may not be dispensed without a prescription.

## Online Member Portal and Mobile App

Registration is easy. Along with your EmpiRx Health ID card, you will need basic member information, a phone number, and an email address. Log onto the member portal at <https://portal.myempirxhealth.com> or download the app on Google Play or the App Store to access all your benefits information, including:

- Printable/electronic ID card
- Plan coverage details and copayment information
- Network pharmacy finder
- Mail order access to request refills and check order status
- Updated preferred medication list
- Drug comparison pricing tool to identify lower-cost alternatives
- Drug information
- Recent personal drug utilization history, including the amount you have paid and what the plan has paid on your behalf (this information is helpful for year-end tax purposes).

## Retail Pharmacy Network

Your EmpiRx Health prescription benefit provides access to an extensive national pharmacy network, including all chain pharmacies and most independents. Your ID card provides all the information your pharmacist needs to process your prescription through EmpiRx Health. To locate a participating network pharmacy, log on to the member portal at <https://portal.myempirxhealth.com> or call EmpiRx Health Member Services toll-free at 1-877-241-7123 (TDD: 1-888-907-0020).

## Mail Order Pharmacy

You can easily obtain your maintenance medications through the EmpiRx Health mail order pharmacy, Benecard Central Fill. Typically, prescriptions filled through mail order are for medications used to treat chronic conditions and are written for up to a 90-day supply, plus refills. Prescriptions for medications that you need to use right away should always be taken to your local pharmacy.

For your first order, have your physician submit your prescription electronically to Benecard Central Fill or fax it to 1-888-907-0040. Be sure that your physician includes the cardholder name, ID number, shipping address, and patient's date of birth. Only prescriptions sent directly from a doctor's office will be accepted via fax. To submit a prescription yourself, complete the enclosed mail service order form and mail it, along with the original prescription, to Benecard Central Fill in the preaddressed envelope provided.

### Refill orders can be submitted online, by phone, or by mail.

- Online: Visit <https://portal.myempirxhealth.com>. If you have not yet registered, click on "Register." If you are a registered user, log in and select "Mail Order."
- By phone: Call Member Services toll-free at 1-877-241-7123, 24 hours-a-day, 7 days-a-week, 365 days-a-year. Have your ID number and credit card information ready.
- By mail: Send the refill request order form provided with your last shipment back to Benecard Central Fill in the preaddressed envelope.

***Please note that EmpiRx Health does NOT automatically refill your prescriptions.***

To avoid delays, always include the appropriate copay (if applicable) when your order is placed. Benecard Central Fill accepts Visa, MasterCard, Discover, American Express, and debit cards. You may also pay by check or money order made payable to Benecard Central Fill. Please do not send cash. Please allow up to two (2) weeks for delivery. Emergency prescriptions can be expedited at an additional charge.

## Specialty Pharmacy

Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, or require special handling and patient monitoring.

Through the specialty pharmacy, you receive personalized attention to help you manage your medical condition, including one-on-one counseling with our team of pharmacists and trained medical professionals.

Our clinical team partners with you and your prescribing doctor to ensure you understand:

- How to manage your condition
- What medications you have been prescribed
- How to take your medication
- What lower-cost options may be available
- How to coordinate delivery of your medication
- How to safely handle and store your medication

Shipments will arrive in secure, temperature-controlled packaging (if necessary) and will include everything you need to take your medication. Because of the sensitive nature of specialty medications, some packages may require a signature.

## Where Can I Ship My Medications?

We offer the convenience you need. Your medication can be shipped directly to:

- Your home
- Your work
- Your doctor's office
- A location of your choice

## Savings with Generic Medications

Generic equivalent drugs must meet the same Food and Drug Administration (FDA) standards for purity, strength, and safety as brand-name drugs. They must also have the same active ingredients and absorption rate within the body as the brand-name version, but they typically cost less. If you wish to take advantage of this savings opportunity, speak with your physician about the use of generics. You may also want to consult with your pharmacist regarding generic drug options that may be available to you.

## ID Cards

If there is an emergency and you need a prescription filled, call EmpiRx Health Member Services toll-free at 1-877-241-7123 (TDD: 1-888-907-0020), and we will provide your pharmacist with the information required to process the claim.

## Direct Member Reimbursement

If you must pay out of pocket for medication covered by your plan, submit a Direct Member Reimbursement Form. You can obtain a copy of the form online at <https://portal.myempirxhealth.com>. In addition to the form, you will need to provide an itemized receipt showing the following details: the amount charged, prescription number, medication dispensed, manufacturer, dosage form, strength, quantity, and date dispensed. Your pharmacist can assist you if you do not have a detailed receipt. Direct reimbursement is based on your plan benefits, and the amount reimbursed may be significantly lower than the retail price you paid. Always try to use a participating network pharmacy and present your ID card to reduce any unnecessary out-of-pocket expenses.