



Prescription Benefit Plan



**TEAMSTERS LOCAL 731
HEALTH & WELFARE FUNDS**

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

Upfront Deductible and Annual Maximum

Your plan has a \$4,750 Single/\$9,100 spending limit per family per plan year.

Retail Pharmacy Copayment

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

Greater of \$7.00 or 20% for a Generic Medication
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20% for a Preferred Medication

40% for a Non-Preferred Medication

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 that the brand be dispensed. 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 copayment.

Retail quantities will be dispensed according to your physician's instructions, as written on the prescription, for up to a maximum of a 100-day supply.

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

Mail Service Pharmacy Copayment

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 100-day supply with three (3) refills, according to your physician's instructions. Your copayment amount will be:

\$15.00 for a Generic Medication

\$45.00 for a Preferred Medication

\$95 for a Non-Preferred Medication
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Specialty Medication Copayment

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

\$15.00 for a Generic Specialty Medication

\$45.00 for a Preferred Medication

\$95 for a Non-Preferred Medication
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Specialty medications must be obtained through Benecard Central Fill specialty pharmacy. Please note that specialty medications are limited to a 30-day supply.

Retail Pharmacy Network

Your EmpiRx Health prescription benefit program provides you with access to an extensive national pharmacy network, including all chain pharmacies and most independents. Your ID card provides all the information your pharmacist will need to process your prescription through EmpiRx Health. To locate a participating network pharmacy, log on to www.empirxhealth.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. You also have the option of obtaining 100-day supplies through the retail network. 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 either 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 www.empirxhealth.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, and use the prompts to order your refills. 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.

EmpiRx Health does NOT automatically refill your prescriptions.

To avoid delays, always include the appropriate copayment (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 typically are 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 that is covered by your plan, submit a direct member reimbursement form. You can obtain a copy of the form online at www.empirxhealth.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.

Preferred Medication List

The preferred medication list serves as a guide for the selection of clinically and therapeutically appropriate medications. It should not take the place of a physician's or pharmacist's judgment with regard to a patient's pharmaceutical care. Refer to www.empirxhealth.com for the most recent version of the 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 Tools

Maximize your benefit and find out how you can save on your out-of-pocket costs with our valuable member resource tools online, including:

- Plan coverage details and copayment information
- Network pharmacy finder
- Mail service 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.)

Registration is easy! You will need basic member information, a phone number, and an email address. Refer to our website periodically for the most recent network pharmacy finder and preferred medication list.

Frequently Asked Questions

How can I find a participating network pharmacy?

You can use your ID card at over 68,000 pharmacies nationwide, including all pharmacy chains. You can find a network pharmacy by logging on to www.empirxhealth.com or calling 1-877-241-7123 toll-free.

What is prior authorization, and why is it necessary?

Certain medications require clinical review for prior authorization (PA) because of their potential side effects or potentially harmful interactions with other prescription medications or to confirm they are being prescribed in accordance with FDA-approved indications. This process is designed to help ensure your health and safety. If a clinical review is needed, EmpiRx Health will work directly with your physician to obtain the necessary information before filling your prescription.

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

Call 1-877-241-7123 toll-free to speak to a representative who can assist you with drug coverage questions, or log on to www.empirxhealth.com for details.

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

Log in to the member portal at www.empirxhealth.com and select “Drug Pricing.” Then search for your medication. If a generic is available, you will see the cost for both the brand and the generic. You can also call 1-877-241-7123 toll-free to speak to a representative who can assist you or consult your physician or pharmacist to determine if generic equivalents are available for your prescription.

Why does my copayment change from month to month?

The cost of medications changes regularly, and prices may vary between pharmacies. If your copayment is based on a percentage, rather than a fixed dollar amount, then you may see differences in your copayment amount, depending on the pharmacy you use and the cost of the medication at the time your prescription is filled.

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, kwijigo 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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