



**Public Agency Coalition
Enterprise (PACE)
Prescription Benefit Plan**

EPO 10 Plan

PACE

A Keenan Solution

EmpiRx Health Member Services

1-877-262-7435

TDD: 1-888-907-0020

24 hours a day, 7 days a week

Your Prescription Benefit Program

Annual Maximum Out of Pocket Amount

There is no calendar year pharmacy deductible. Your plan includes a \$1,500 individual / \$3,000 family annual maximum out of pocket amount. Prescription drug cost shares, such as copayments, apply towards the medical out-of-pocket maximum amount. Coupon amounts redeemed at the mail order pharmacy will not be attributed to the annual out of pocket maximum amount.

Retail Pharmacy Copayment

You are responsible to pay the retail pharmacist the copayment per prescription which is listed below:

\$10.00 for a Generic Medication
\$25.00 for a Preferred Brand Medication
\$45.00 for a Non-Preferred Brand Medication

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

Retail quantities will be dispensed according to your physician's instructions written on the prescription up to a maximum of a 30-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 Order Pharmacy Copayment

Maintenance medications can be submitted to Benecard Central Fill, the EmpiRx Health mail order 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:

\$10.00 for a Generic Medication
\$50.00 for a Preferred Brand Medication
\$90.00 for a Non-Preferred Brand Medication

Specialty Medication Copayment

Specialty medications are high-cost biotechnology drugs requiring special distribution, handling, and administration. These medications are typically designed to treat chronic diseases.

Tier	Retail	Mail Order
Generic Specialty Medication	20% (maximum \$150 copay per fill)	20% (maximum \$150 copay per fill)
Preferred Brand Specialty Medication	20% (maximum \$150 copay per fill)	20% (maximum \$150 copay per fill)
Non-Preferred Brand Specialty Medication	20% (maximum \$150 copay per fill)	20% (maximum \$150 copay per fill)

Specialty medications can be filled one time at a retail pharmacy. All future prescriptions must be obtained at Benecard Central Fill's 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 onto www.empirxhealth.com or call EmpiRx Health Member Services toll-free at 1-877-262-7435 {TDD: 1-888-907-0020}.

Mail Order Pharmacy

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

For your first order, complete the enclosed Mail Service Order Form and mail it along with your original prescription using the pre-addressed envelope provided to Benecard Central Fill. You can also have your physician submit your prescription electronically to Benecard Central Fill or fax your prescription 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 from a doctor's office will be accepted via fax.

To order refills you have three options:

- **Internet:** 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.
- **Phone:** Call Member Services toll-free, 1-877-262-7435 24 hours a day, 7 days a week and use the prompts to order your refills. Have your identification number and credit card information ready.
- **Mail:** Send the Refill Request Order Form provided with your last shipment back to Benecard Central Fill mail service in the pre-addressed envelope.

EmpiRx Health does NOT automatically refill your prescriptions.

To avoid delays, always include the appropriate copayment (if applicable) when your order is placed. Visa, MasterCard, Discover, or American Express and debit cards are accepted. 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, and/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 will need to take your medication. Due to 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
- Or a convenient location of your choice

Save with Generic Medications

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

ID Cards

If your ID card is lost, you can print a temporary card online at www.empirxhealth.com. If there is an emergency and you need a prescription filled, call EmpiRx Health Member Services toll-free at 1-877-262-7435 (TDD: 1-888-907-0020) and we will provide your pharmacist with the required information to facilitate processing the claim.

Direct Member Reimbursement

If you must pay out-of-pocket for your medication which is covered by your plan, submit a Direct Member Reimbursement Form, which is available online at www.empirxhealth.com. You will need to provide an itemized receipt showing: 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 upon your plan benefits and the amount reimbursed may be significantly lower than the retail price you paid; therefore, 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 is a guide for selecting 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.

Be sure to present your EmpiRx Health ID card at a participating network pharmacy to receive a discount off the retail price of medications that may not be covered.

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 at www.empirxhealth.com including:

- Plan coverage details and copay 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 is helpful for year-end tax purposes

Registration is easy! Along with your EmpiRx Health ID card, you will need basic member information, a phone number, and an email address. Refer to our website periodically for the most recent pharmacy network finder and preferred medication list.



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Frequently Asked Questions

How do I find a participating network pharmacy?

You can use your EmpiRx Health ID card at over 68,000 pharmacies nationwide including all pharmacy chains. You can find a network pharmacy by logging onto www.empirxhealth.com or call 1-877-262-7435.

What is a prior authorization and why is it necessary?

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

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

Call 1-877-262-7435 to speak to a representative who can assist you with drug coverage questions or log onto www.empirxhealth.com for details.

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

Log into the member portal at www.empirxhealth.com and select "Drug Pricing." Search your medication and if there is a generic available, you will see the cost for both the brand as well as the generic. You can also call 1-877-262-7435 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 copay change from month to month?

The cost of medications changes regularly and prices are not all the same at each pharmacy. If your copay is based on a percentage rather than a fixed dollar amount then depending on the pharmacy you use and the cost of the medication at the time your prescription is filled, you may see a variation in your copay amount.

This brochure is only a general description of your prescription benefit program and it 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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