

1199 New England Health Care Employees Plan

Your Prescription Benefit Program

Annual Maximum out of Pocket

Your plan has a \$4,850 individual / \$9,700 family maximum out of pocket per plan year.

Retail Pharmacy Copay

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

1-90 Day Supply Copay

\$15.00 for a Generic Medication
\$30.00 for a Preferred Brand Medication
\$45.00 for a Non-Preferred Brand Medication

This is a Mandatory Generic Plan. If you choose the brand-name medication when a generic equivalent exists, 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 90-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 Order Pharmacy Copay

Prescriptions for maintenance medications (medications you take on an ongoing basis) can be submitted to Prescription Mart, 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:

1-90 Day Supply Copay

\$15.00 for a Generic Medication
\$30.00 for a Preferred Brand Medication
\$45.00 for a Non-Preferred Brand Medication

Specialty Medication Copay

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

\$45.00 for a Generic Specialty Medication
\$45.00 for a Preferred Brand Specialty Medication
\$45.00 for a Non-Preferred Brand Specialty Medication

Specialty medications can be filled one (1) time at a retail pharmacy. After, all prescriptions must be obtained through Prescription Mart. Please note, specialty medications are limited to a 30-day supply.

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 myempirxhealth.com or download the app on Google Play or the App Store to access all your benefits information, plus:

- Download your digital ID card
- Find a participating, in-network pharmacy
- Check prescription coverage and costs, including preferred medications and exclusions
- Access additional member materials and forms
- Check the status of a clinical review
- Drug information and utilization history

You can also use the portal to choose where you would like your mail order medications shipped. Shipments will arrive in secure, temperature-controlled packaging (if necessary) and will include everything you need to take your medication.

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 onto the member portal at myempirxhealth.com or call EmpiRx Health Member Services toll-free at **1-877-908-9384 (TDD: 711)**.

Mail Order Pharmacy

Prescriptions filled through the EmpiRx Health mail-order pharmacy, Prescription Mart, are typically for medications used to treat chronic conditions and are written for up to a 90-day supply, plus refills. Prescriptions for medications you need to use right away should always be taken to your local pharmacy. If you need support, call 1-877-651-3392.

Specialty Pharmacy

The specialty pharmacy provides personalized attention to help manage your medical condition, including one-on-one counseling with our team of pharmacists and trained medical professionals. This includes support for managing your condition, handling, and taking your medication properly, finding lower-cost options, and more. Because of the sensitive nature of specialty medications, some packages may require a signature.

To learn more, scan the QR code below:



Frequently Asked Questions

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

You can check coverage easily by calling **1-877-908-9384** or logging onto 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, myempirxhealth.com, and select "Drug Pricing" to search for your medication and available generics. You can also call **1-877-908-9384** or consult with your physician or pharmacist.

What is Direct Member Reimbursement?

Direct Member Reimbursement is when you encounter unforeseen circumstances that may cause you to pay out of your pocket for the cost of your prescription. An example of this type of occurrence would be if you forgot your ID card at the pharmacy and paid for your medication outright and would like to be reimbursed. If that happens, you can be reimbursed by submitting a claim form to EmpiRx Health.

Obtain a copy of the Direct Member Reimbursement Form online at myempirxhealth.com. In addition to completing the form, please include an itemized receipt showing the amount charged, prescription number, medication, and date dispensed, manufacturer, dosage form, strength, and quantity. This information can be found on the pharmacy receipt and the paperwork included with your prescription. The amount reimbursed directly to you is based on your plan benefits and 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.

How Do I Appoint a Representative?

Choose someone you trust such as a spouse, family member, caregiver, or friend to access or help you manage your healthcare information. You can find our Authorization Form on myempirxhealth.com or call EmpiRx Health Member Services toll-free at **1-877-908-9384 (TDD: 711)**.