

USscript



Pharmacy Benefit Management

Understanding Your Prescription Benefit

Welcome to Your Prescription Drug Plan!

Your health plan has chosen US Script to manage your prescription drug plan. Since 1999, US Script has been providing excellent prescription management to millions of members nationwide. We look forward to giving you the same valuable benefit. We hope that this guide will make your prescription plan easy to use and understand.

This guide represents many options elected by plan sponsors. However, your plan sponsor may not have chosen every option described in our guide. Check with your plan sponsor to learn the details of your prescription plan coverage. Benefits and co-payments are subject to change by your plan sponsor.

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Your Prescription ID Cards

Please make sure the name and ID number on your cards are correct before you use them. Please contact Customer Service at (800) 460-8988 if your cards are incorrect or you need extra cards.

Your Plan's Preferred Medications

In order to control the rising cost of drugs, many plan sponsors establish a list of preferred medications. This list is sometimes called a formulary. It can also be called a preferred drug list (PDL). It includes a wide selection of generic and brand-name drugs. Formulary drugs are evaluated to ensure that they are safe, effective and economical. Choosing drugs within your formulary helps both you and your health plan reduce costs.

You are not required to purchase formulary drugs. However, you may pay more for a drug that is not on the formulary.

Your plan may encourage the use of formulary drugs to help control costs. US Script may remind your doctor when a formulary drug is available as an alternative for a drug that is not on the formulary. This may result in a change in your prescription. However, your doctor will always make the final decision on your treatment.

The US Script formulary is updated quarterly. Check the US Script Website at www.usscript.com for the most up-to-date formulary for your plan.

RxDirect Mail Order Pharmacy

US Script's mail order pharmacy, RxDirect, is a convenient and affordable way to buy your maintenance drugs. A maintenance drug is one that has been established as an effective, long-term treatment for your condition. These drugs are used to treat conditions like asthma, heart disease, and high blood pressure.

Through RxDirect, you can order up to a 90-day supply of your maintenance drug for less money than three 30-day supplies at your retail pharmacy. RxDirect pharmacists dispense the drugs. Then the drugs are shipped through standard mail at no extra cost to you.

To sign-up with RxDirect you need a prescription for a 90-day supply of your medication. Ask your doctor to write a prescription for a 90-day supply of a drug including refills for up to one year. If you need to begin taking the drug at once, ask your doctor for a second prescription for a 30-day supply. Take the 30-day prescription to a retail pharmacy.

To fill the 90-day supply, complete the mail order form enclosed in this New Member Packet. Put the completed mail order form, your method of payment, and your original 90-day prescription in the pre-addressed envelope and mail it. You can also complete the application online at the RxDirect Website, www.rxdirect.com. Your prescription will arrive within two weeks of your order.

You will receive an invoice and prescription refill form with each of your shipments. There are four ways to request a refill:

1. Refill your prescription at the RxDirect Website: www.rxdirect.com
2. Call in your refill request to **(800) 785-4197**
3. Fax your refill request to: **(903) 735-4011**
4. Mail your reorder form or a brief letter listing prescription numbers to:

RxDirect

P.O. Box 2470

Texarkana, TX 75504

Remember, all orders must be paid in full before being shipped.

RxDirect Hours of Operation*:

Monday thru Friday **8am-5pm**

Saturday **9am-Noon**

*All hours are Central Standard Time (CST)

Your Retail Pharmacy Network

US Script has a large network of more than 55,000 pharmacies where you can fill your prescriptions. Our network includes chains such as Rite Aid, CVS, and Wal-Mart. It also includes locally-owned pharmacies. Visit our Website at www.usscript.com to find out if a pharmacy is in the US Script network. You can also call Customer Service at (800) 460-8988.

To fill a prescription at one of our pharmacies, ask your doctor for a prescription. Give the prescription and your ID card to the pharmacy. The pharmacy will submit the prescription to US Script. US Script will verify your eligibility and tell the pharmacy what your co-payment is.

You can fill your prescription at a pharmacy that is not in the US Script network, but you may have to pay a higher co-pay or the full cost of the drug. If you choose to go to a pharmacy that is not in the US Script network, the pharmacist may tell you that your claim was rejected and ask you to pay the full cost for your prescription. Based on your prescription plan, you may be able to get full or partial refund by submitting a manual claim to US Script.

To submit a manual claim to US Script, use the manual claim form included in this New Member Packet. Claim forms must include a copy of the receipt for the drug you purchased. Reimbursement of the claim depends on whether your plan provides coverage for prescriptions filled out-of-network.

To get extra claim forms, visit our Website at www.usscript.com or call Customer Service at (800) 460-8988.

The Benefits of Cost-Effective Generic Drugs

Generic drugs are a safe and effective way for you to reduce the cost of your prescription medications. Generic drugs must contain the same active ingredients as the original brand-name drug. However, they may differ from brand-name drugs in color, size, and shape. They must also be equal in strength and dosage and be able to produce the same effect in the body as the brand-name drug.

According to the U.S. Food and Drug Administration (FDA), it makes no difference whether the patient chooses the brand-name or generic drug; the clinical outcome will be the same.

You can ask your doctor or pharmacist for generic drugs. Explain that you want the most effective therapy at the best price. Ask your doctor to write prescriptions for the generic drug whenever possible. You will receive the safe and effective medication you need and save money, too!

Disclosure and Confidentiality Policy

Protecting the confidentiality of your personal information is important to US Script. We promise to use your information only to provide the services your health plan has asked us to provide. In order to do this, we sometimes need to share your information with a third party. In full accordance with the terms of your prescription benefit, we may:

- » Share information with your employer, doctor, pharmacist, or health plan so we can process your claims.
- » Use information to identify members who would benefit from programs your health plan has contracted with us to provide.
- » Analyze plan-wide medication usage (with no link to your identity) to suggest benefit plan changes to your health plan. This plan-wide data may be shared with third parties.
- » License plan-wide data (with no link to your identity) to third parties for research purposes.
- » Release your information in response to a court order, subpoena, search warrant, law or regulation. We will notify you of the disclosure unless doing so would violate the law or court order.

We will not use or share your personal information with a third party other than in the circumstances listed above.

Your Rights

- » You have the right to know the terms of your prescription drug benefit, your formulary, and how to get non-formulary drugs.
- » You have the right to receive information about US Script, its services, and your rights and responsibilities.
- » You have the right to be treated with respect, with recognition of your dignity, and the right to privacy.
- » You have the right to contact US Script or your health plan sponsor with a grievance or complaint about US Script.
- » You have the right to Service Representatives who can answer your questions and help resolve problems.
- » You have the right to have information about your personal drug use protected. This right does not prevent the use of your information for healthcare purposes. Healthcare purposes include quality improvement, peer review, disease management, reporting, claims processing, and compliance programs.
- » You have the right to make recommendations about the Member Rights and Responsibilities policy.
- » You have the right to access prescription services, regardless of sex, age, sexual orientation, ethnicity, national origin, religion, genetic information, disability, or source of payment.

Your Responsibilities

- » It is your responsibility to read the member handbook in order to become familiar with your benefits and US Script's services.
- » It is your responsibility to review and understand your formulary. You should provide it to your doctor so that safe, cost effective medication choices can be made.
- » It is your responsibility to treat US Script staff with the respect and courtesy that you would expect for yourself.
- » It is your responsibility to understand your health problems and be proactive in your own treatment. If you do not understand your illness or treatment, talk it over with your doctor.
- » It is your responsibility to tell your retail or mail order pharmacist of your health problems.
- » It is your responsibility to learn about your drug therapy, including the limitations and risks.
- » It is your responsibility to tell US Script and the pharmacist if you have additional insurance coverage. This helps us process claims and work with other payers.
- » It is your responsibility to tell your health plan of your status changes (such as marriage) that could affect your eligibility for coverage.
- » It is your responsibility to consider the results of not following your doctor's advice.
- » It is your responsibility to understand that some drugs require a prior authorization and must be approved before the drug can be dispensed. Your health plan has a list of drugs that require prior authorization. If you do not meet prior authorization requirements, your doctor may be contacted to discuss other therapy options.
- » It is your responsibility to give your doctor the details necessary to choose the right drug for you. Important information includes: health status, lifestyle, and current and past medications.
- » It is your responsibility to adopt lifestyle habits that compliment safe and effective use of drug therapy. Examples include following drug therapy and observing recommended limitations on smoking, diet, and alcohol use.
- » It is your responsibility to comply with financial obligations, administrative and operational procedures of your pharmacy benefit.
- » It is your responsibility to report wrongdoing and fraud to US Script and your health plan.
- » It is your responsibility to confirm with your doctor that the quantity, days supply, and directions on your prescription are correct before giving it to your pharmacist.
- » It is your responsibility to know the limits and rules of your benefit plan.

Reporting a Problem

The US Script staff strives to provide exceptional service at all times. However, if you are unhappy with anything about US Script or its pharmacy network, you should contact us as soon as possible. If you contact us because you are unhappy with something, this is called a grievance.

US Script wants you to contact us so that we can help you. To contact us you can:

1. Call Customer Service at **(800) 460-8988**.
2. Fill out the Grievances/Appeals Form enclosed. You can request additional forms from Customer Service.
3. Write a letter telling us what you are unhappy about. Please include your first and last name, your member identification number, your address, and your telephone number so that we can contact you, if needed. You should also send any information that helps explain your problem. Mail the form or your letter to:

US Script, Inc.
QI/UM Committee Chairperson
2425 W. Shaw Ave.
Fresno, CA 93711
Fax: (559) 244-3793

US Script has thirty (30) days to acknowledge, investigate, and resolve the complaint after a formal or written complaint is received. Should you disagree with the stated findings and/or corrective action plan, you have the right to appeal the decision. Please submit your appeal in writing to US Script.

You will receive a letter acknowledging your appeal within five (5) business days of receipt of your appeal request. Following a thorough investigation, you will receive a letter informing you of the final decision for your appeal. You will receive an explanation regarding the criteria used in the decision-making process regarding the outcome of your appeal.

US Script has thirty (30) calendar days to complete the appeal process after receipt of the request for appeal.

Appeals

If you are unhappy with a prior authorization decision or the terms of your benefit plan, this is called an appeal. Decisions about your benefit coverage are made by your health plan. Refer to your health plan member handbook to learn how to file for an appeal with your health plan. You can also file an appeal by completing the enclosed grievance form. Send the completed form to:

US Script
Director, Client Services
2425 W. Shaw Avenue
Fresno, CA 93711

US Script will send your grievance to the appropriate person at your health plan. We will also send you a letter that tells you who your health plan contact is so that you can follow up with your health plan as needed.

Frequently Asked Questions

How do I know if a medication is covered?

Call US Script's Customer Service Call Center at **(800) 460-8988** to find out if a drug is covered. You can also look online at www.usscript.com.

Why does my co-payment change?

Your co-payment will vary based on which type of drug is chosen and your plan's benefits. Check your formulary to find the most cost effective medications.

Why do some of my prescriptions need a prior authorization?

There are several reasons a Prior Authorization (PA) might be required:

- » The medication is not listed on your approved drug list
- » The medication is listed on your approved drug list but requires a PA before dispensing
- » The health plan requires a PA to determine if the medication is being prescribed properly
- » The cost of the medicine exceeds the allowed cost on your plan
- » The dose amount exceeds the plan limit

Your pharmacy will let you know if a PA is required. You or your pharmacist can call your physician to begin the PA process. US Script will notify your physician in writing when your PA has been approved or denied. You can also contact our Call Center at **(800) 460-8988** to learn the decision.

How do I know the medications I am taking are safe?

Drug Utilization Review (DUR) is performed on each prescription to identify potential problems. When you use a network pharmacy or the RxDirect mail order pharmacy, the prescription is checked against your member profile to see if:

- » You should avoid certain drugs because of a disease or allergy
- » You are using certain drugs too often or not enough
- » An adverse reaction is possible because of other drugs you are taking

These are just a few of the possible problems that your prescription is checked for. You should always work with your doctor and pharmacist to make sure the medications you are taking are safe.

Can I receive a medication that is not on my formulary?

Yes. You can obtain a non-formulary drug by taking the prescription to your pharmacy. However, if you choose to obtain a non-formulary drug, your share of the cost may be higher than it would for a drug on your formulary. You may also be required to pay the full price of the drug.

Contacting US Script

If you have any additional needs or questions, please contact US Script:

- » Go to www.usscript.com
- » Call toll free at **(800) 460-8988**
TTY at **(866) 492-9674**
- » Fax us at **(559) 244-3793**
- » Write us at

US Script
Attn: Client Services
2425 W. Shaw Ave.
Fresno, CA 93711

Contacting RxDirect

If you have any questions about US Script's mail order pharmacy, please contact RxDirect:

- » Go to www.rxdirect.com
- » Call toll free at **(800) 785-4197**
- » Write us at

RxDirect
5001 Stateline Avenue, Suite C
Texarkana, Texas 75503