



HEALTH REPUBLIC
INSURANCE

USScript
Integrity. Innovation. **Outcomes.**

Pharmacy Handbook

Understanding Your Prescription Benefit

Welcome to Your Prescription Drug Plan!

Health Republic Insurance of New York has partnered with **US Script** to manage your prescription drug benefits. Since 1999, US Script has been providing excellent prescription coverage to millions of members nationwide -- and we look forward to giving you the same top-tier service. This guide is designed to make your prescription plan easy to use and understand.

This guide represents the options typically available from US Script. However, your plan may not offer coverage for every option described in our guide. Please call us if you have questions about the details of your prescription drug coverage. Benefits and co-payments are subject to change by Health Republic Insurance of New York.

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Your Prescription ID Cards

Your Health Republic Insurance of New York Member ID card will include contact information for US Script and ID information for your pharmacy plan. Please make sure that all personal identification details are correct before you use these cards.

Your Plan's Preferred Medications

In order to control the rising cost of prescriptions, Health Republic Insurance of New York has partnered with US Script to establish a list of preferred medications, called a formulary or preferred drug list (PDL). This list includes a wide selection of generic and brand-name drugs that are covered by your plan. Formulary drugs are closely evaluated to ensure that they are safe, effective, and affordable.

Choosing drugs within your formulary helps both you and your plan sponsor save money. **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 if you are taking a non-formulary drug. This may result in a change in your prescription. However, your doctor will always make the final decision on your treatment.

Our preferred drug list is updated quarterly. Check the Health Republic Insurance of New York website at <https://newyork.healthrepublic.us> for your plan's most up-to-date formulary.

Your plan may provide coverage towards the cost of your prescription. This is determined by how your prescription fits into one of five categories (known as co-payment or co-insurance tiers):

- | | |
|---------|---------------------------------------------------------|
| Tier 0. | Drugs for Essential Health Benefits provided at no cost |
| Tier 1. | Lowest price generic drugs |
| Tier 2. | Mid-priced generics and preferred brand drugs |
| Tier 3. | Non-preferred drugs |
| Tier 4. | Specialty drugs |

Our formulary, or preferred drug list (PDL), indicates the tier category for each prescription drug we cover. You can find information on your co-payment for each tier in the Summary of Benefits Coverage (SBC) document for the plan in which you are enrolled. Your SBC is available to you as part of your Welcome Kit. It can also be found online at <https://newyork.healthrepublic.us>.

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. By law, equivalent generic drugs must contain the same active ingredients as the original brand-name drug. They may differ from brand-name drugs in color, size, and shape. However, they must 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), clinical outcomes from brand-name and generic drugs are the same.

To save money, you can ask your doctor or pharmacist for generic drugs or drugs that meet your needs on the lowest co-payment tier possible. **Explain that you want the most effective therapy at the best price.** You will receive the safe and effective medication you need - and lighten the impact on your wallet!

Your Mail Order Pharmacy

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

Through our mail order pharmacy, you can order up to a 90-day supply of your maintenance drug - paying less than you would pay for three 30-day supplies at your retail pharmacy. Our pharmacists fill your prescription and ship your medication through standard mail - at no extra cost to you.

To sign up for mail order services, you first need a prescription for a 90-day supply of your medication. Ask your doctor to write a prescription for a 90-day supply (including refills for up to one year, if possible). If you need to begin taking the drug immediately, please ask your doctor for a second prescription for a 30-day supply. Take the 30-day prescription to a retail pharmacy.

To fill your 90-day supply through mail order, simply complete a pharmacy mail order form. Please call Member Services at 888-990-5702 to obtain a copy of this form. Put the completed mail order form, your co-payment for a 90-day supply, and your original 90-day prescription from your physician in an envelope and mail to the address listed on the form. Your prescription will arrive within two weeks of your order.

With each of your shipments, you will receive a statement and prescription refill form. There are three ways to request a refill:

1. Call in your refill request to 800-785-4197
2. Fax your refill request to: 903-735-4011
3. Mail your reorder form (or a brief letter listing your prescription numbers) to:

RxDirect
P.O. Box 2470
Texarkana, TX 75504-2470

Please remember, all orders must be paid in full before being shipment. If you need information about your 90 day co-payment prior to submitting your first order, please call Health Republic Insurance of New York Member Services at 888-990-5702. For more information, you can visit www.rxdirect.com.

Mail Order Pharmacy Hours of Operation*:

Monday through Friday	8 AM-5 PM
Saturday	9 AM-noon

**All hours are Central Standard Time (CST)*

Your Retail Pharmacy Network

US Script has a national network of more than 65,000 retail pharmacies. Our network includes chains such as Walgreen's, Rite Aid, CVS, and Walmart, and many locally-owned pharmacies. Please call Member Services at 888-990-5702 if you need assistance locating a pharmacy near you.

When filling a prescription at one of our pharmacies, be sure to show your pharmacist your US Script ID card. The pharmacist will submit the prescription to US Script and determine your co-pay.

We understand that sometimes our members may need to fill a prescription at a pharmacy that is not in-network. In these cases, you may have to pay a higher co-pay or the full cost of the drug. The non-network pharmacy might tell you that your claim was rejected, and ask you to pay the full cost for your prescription. You may be able to get a full or partial refund by submitting a manual claim directly to US Script. If your claim is approved, you will be reimbursed for the cost of your prescription (up to the amount we pay our participating pharmacies, minus your co-pay or co-insurance). You may be responsible for any remaining difference in costs.

To submit a manual claim to US Script, please call Member Services at 888-990-5702 and we will send you a claim form. Submitted claim forms must be accompanied by 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.

Disclosure and Confidentiality Policy

Protecting the confidentiality of your personal information is important to US Script. We promise to use your information only in the service of optimizing your plan and working effectively with your insurance company. 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 plan sponsor so we can process your claims.
- Use information to identify members who would benefit from special wellness programs.
- Analyze plan-wide medication usage (with no link to your identity) to suggest benefit plan changes to your plan sponsor. 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 this disclosure unless doing so would violate the law or a 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, the terms of your formulary, and the details of how to get non-formulary drugs.
- You have the right to receive information about US Script and Health Insurance of New York (and their 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 Health Insurance of New York with a grievance or complaint about US Script.
- You have the right to access Member Service Representatives who can answer your questions and help resolve problems.
- You have the right to keep information about your personal drug use protected. **Note:** 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 your Health Republic Insurance of New York member handbook and the pharmacy benefits handbook in order to become familiar with your benefits and the services of US Script and Health Republic Insurance of New York.
- It is your responsibility to review and understand your formulary, and provide this information to your doctor so that safe, cost effective medication choices can be made.
- It is your responsibility to treat US Script and Health Republic Insurance of New York staff members 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, please 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 involved.
- It is your responsibility to tell US Script, Health Republic Insurance of New York, and the pharmacist if you have additional insurance coverage. This helps us properly process claims and work effectively with other payers.
- It is your responsibility to tell Health Republic Insurance of New York Member Services about changes to your status (such as marriage) that could affect your eligibility for coverage.
- It is your responsibility to seriously 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. Health Republic Insurance of New York has a list of drugs that require prior authorization. If you do not meet prior authorization requirements, we may contact your doctor 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 complement safe and effective use of drug therapy. Examples include following drug therapy stipulations and observing recommended limitations on smoking, diet, and alcohol use.
- It is your responsibility to comply with financial obligations and the administrative and operational procedures of your pharmacy benefit.
- It is your responsibility to report wrongdoing or fraud to US Script and Health Republic Insurance of New York.
- 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

Health Republic Insurance of New York and US Script strive to provide exceptional service at all times. However, if you are unhappy with any aspect of your pharmacy benefits, you should contact us as soon as possible. If you contact us because you are unhappy with an aspect of our service, this is called a grievance.

US Script is committed to continuous improvement of our services. To contact us, you can:

1. Call US Script Customer Service at 800-460-8988.
2. Fill out the Grievances/Appeals Form enclosed. Additional forms can be found on our website, www.usscript.com; you can also request forms directly 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. 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 also 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 pharmacy benefit plan and decide to address the issue with US Script, this is called an appeal. Decisions about your health plan benefit coverage are made by Health Republic Insurance of New York (HRINY). Please refer to your HRINY member handbook to learn how to file for an appeal with your HRINY. You can also file an appeal by completing the enclosed Grievances/Appeals Form. Send the completed form to:

US Script
Pharmacy Appeals
2425 W. Shaw Avenue
Fresno, CA 93711

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

Frequently Asked Questions

How do I know if a medication is covered?

Review your plan's formulary at <https://newyork.healthrepublic.us> or call Health Republic Insurance of New York at 888-990-5702 to find out if a drug is covered.

Why might my co-payment change?

Your co-payment may 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 formulary
- The medication is listed on your formulary, but requires a PA before being dispensed
- The plan sponsor requires a PA to determine if the medication is being prescribed properly
- The cost of the medicine exceeds the cost allowed by 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 doctor to begin the PA process. US Script will notify your doctor in writing when your PA has been approved or denied. You can also contact US Script Customer Service at 800-460-8988 to find out if your PA has been approved.

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 our 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 too infrequently
- An adverse reaction is possible because of other drugs you are taking

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.

How can I find out if a pharmacy is in my network?

You may call Member Services at 888-990-5702 and we will assist you.

Contacting Health Republic Insurance of New York

Member Services is standing by to answer any questions that you may have. Please call us at 888-990-5702 or visit <https://newyork.healthrepublic.us> .

Contacting US Script

If you have any additional questions, you may contact US Script by:

- Going to www.usscript.com
- Calling toll free at 800-460-8988
- TTY at 866-492-9674
- Faxing US Script at 559-244-3793
- Writing to US Script at:

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

Contacting Our Mail Order Pharmacy

If you have any questions about US Script's mail order pharmacy, you can:

- Go to www.rxdirect.com
- Call toll free at 800-785-4197
- Write to RxDirect at:

RxDirect
5001 Stateline Avenue, Suite C
Texarkana, Texas 75503