

How do I use my prescription benefits?

Your plan's pharmacy services and network is administered by one of the nation's largest pharmacy benefit managers. The combined experience and commitment to the member services of RxBenefits and your pharmacy benefits managers will help promote better health and value for millions of members.

If your coverage includes a pharmacy benefit, your health benefit plan ID card is also your prescription drug card. If your pharmacy coverage is a stand-alone plan, you will have a separate pharmacy ID card. Simply present your ID card and prescription at a participating retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine your co-payment or co-insurance. Most plans allow you to receive up to a 30-day supply of covered medications at a retail pharmacy. Depending on your benefit, you may also be able to order medications using your plan's Home Delivery Pharmacy (home delivery). Consult the terms of your policy and any related riders or Summary of Benefits for full details about your prescription drug benefits, if they apply.

Order online.

Order refills, check status, find a pharmacy and more – anytime, anywhere, from your plan's pharmacy website or MOBILE application available to you at your fingertips.

How do I access my retail pharmacy network?

We offer access to a broad retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work or even on vacation. For a list of participating pharmacies, access your plan's website for more information

You'll get the most from your benefits by using a participating pharmacy. Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. Then you must submit a claim form to your plan for reimbursement.

How do I order medications using home delivery?

If your coverage includes a pharmacy benefit and you take maintenance medications, you can typically get a 90-day supply of your medication for the same price as two 30-day prescriptions filled at a retail pharmacy. Check your policy terms for details. Home delivery is a service for members who take maintenance medications such as for hormone replacement, asthma, diabetes, high blood pressure, arthritis, and any other conditions that require you to take a drug on an ongoing basis. It offers the convenience of having prescriptions filled using home delivery.

Simply pick up the phone or submit your order online, and your medications are delivered directly to your home, office or anywhere in the United States. To order refills of your medications online if you have home delivery, log into your plan's website.

What is a Drug List/Formulary?

Your plan uses what is called a "Preferred Formulary" that we also refer to as the "drug list" or just the "formulary." This drug list/formulary contains brand-name and generic medications approved by the Food & Drug Administration (FDA) that have been reviewed and recommended by your plan's Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding our drug list. This group meets regularly to review new and existing drugs and chooses the medications for our drug list - based on various factors, including their safety, effectiveness, and value.

If your doctor prescribes a drug that is not listed on the drug list, you may be subject to extra out-of-pocket costs. Because the medications on the drug list/formulary are subject to periodic review, call the Member Services number on the back of your ID card to determine which medications are included. To obtain a copy, you can also get this information online by logging into your plan's website.

What if my medication is not on the drug list/formulary?

If a drug your doctor prescribes is not on our drug list/formulary, please talk with your doctor about prescribing a medication that is on the drug list/formulary when appropriate. If a medication is selected that is not on your drug list/formulary; you will be responsible for the applicable non-formulary cost share amount.

The inclusion of medication on the drug list/formulary is not a guarantee of coverage. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your Summary of Benefits for coverage limitations and exclusions.

What is a prior authorization?

Certain prescription drugs (or the prescribed quantity of a drug) may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be appropriate for every patient or may cause side effects. Your doctor should have a current list of drugs requiring prior authorization. However, your doctor may call your plan's referral number for authorization and information regarding these requirements. Prior authorization helps promote appropriate utilization and enforcement guidelines for prescription drug benefit coverage.

Member Services Pharmacy FAQs

What do I need to do if one of my prescriptions requires a prior authorization?

Your doctor should have a current list of drugs requiring prior authorization. When you fill your prescription at a retail pharmacy, your pharmacist will be notified that your medication requires prior authorization and will take the necessary steps to request it. If you use home delivery, your doctor must obtain prior authorization before you can fill your prescription.

What are medication quantity limits?

Taking too much medication or using it too often isn't safe and may even drive up your health care costs. Quantity limits regulate the amount of medication covered by your plan for a certain length of time. Most plans cover a 30-day retail pharmacy supply or up to a 90-day supply using home delivery. Quantity limits follow U.S. Food and Drug Administration (FDA) guidelines, as well as manufacturer recommendations.

If you refill a prescription too soon or your doctor prescribes an amount higher than recommended guidelines, our pharmacy system will reject your claim. When this happens, the pharmacist receives an electronic "Invalid/Excessive Quantity" message. If your doctor believes your situation requires an exception, he or she may request prior authorization review.

When I submit a prescription, and my pharmacist receives an age or gender edit, what does that mean?

Certain drugs approved by the FDA or other prescribing guidelines include provisions that they are not appropriate for use based on a person's age or sex.

If you submit a prescription that is impacted by these requirements, the pharmacy computer will receive an electronic message of "Indication Not FDA Approved" (gender edit) or "Non-Covered Prescription Item" (age edit). This lets the pharmacist know that your prescription drug plan will not cover the medication as prescribed. However, the prescribing physician may determine that important medical reasons exist for prescribing this medication as written. If this is the case, the physician may request prior authorization review.

What is the difference between generics and brands and how does it affect my benefits?

Brand-name Drug: A brand-name drug is usually available from only one manufacturer and may have patent protection.

Generic Drug: A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is normally only available after the patent expires on a brand-name drug. You can typically save money by using generic medications.

Be sure to check your Summary of Benefits to see how the use of generic versus brand-name drugs may affect your benefits and out of pocket costs. You may save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication in that it must have the same active ingredients, and the same dosage and strength.

Why are generic medications less expensive?

Normally, a generic drug can be introduced to the market only after the patent has expired on its brand-name counterpart and can be offered by more than one manufacturer. Generic drug manufacturers generally price their products below the cost of the brand-name versions.

Why are generic drugs important?

Depending on your benefit design, you can help control the amount you pay for your prescriptions by requesting that your doctor prescribe generic medications whenever appropriate.

How can I request a generic medication?

Your physician and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

Can I have my prescription switched to a drug with a lower co-payment?

If your current prescription medication is not a generic, call your doctor and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your doctor.

You can also select lower cost options from your plan's website where you manage your current prescriptions. You'll get information to discuss with your doctor and the tools to get started.

If I am going to be out of town for an extended time, how do I get an extra supply of drugs to cover me through that period?

If you are going to be out of town for an extended period and need medication, call the member services number on the back of your member ID card to request a vacation override. You must provide them the date when you are leaving and returning. The override will then be placed and you will pick up your medication at your local pharmacy.