



OptumRx Effective January 1, 2019

The Prescription Drug Program provides eligible active and retired members of Local 150 and their eligible dependents, benefits through the Midwest Operating Engineers Welfare Fund. We proudly partnered with OptumRx to provide, you and your family, all your pharmaceutical needs.

Filling a Prescription

- * **Short-Term Medication-** These prescriptions can be filled at any in-network pharmacy (CVS, Target, Walgreens etc.). **To locate an in-network pharmacy closest to you visit www.optumrx.com.**
 - Indicate to your physician which pharmacy you would like your prescription filled at along with the location, so they can call, fax or electronically submit your prescription to be processed.
 - You may receive up to **two 30-day supplies** of a short-term medication, but if you seek a third refill of that medication it is no longer considered short-term. When seeking a third refill it is now considered a long-term medication (maintenance medication), and you must transition to a CVS retail pharmacy or the OptumRx home delivery pharmacy to obtain a 90-day supply. Alternately, you can choose to stay at your current pharmacy for that refill; *however, for any future refills you will be responsible to pay 100% of the cost of the medication. Please note, if you choose to pay the 100% of the cost no reimbursement will be allowed.*
- * **Long-Term Medication (Maintenance Medication)-** These prescriptions can be filled at any CVS retail pharmacy:
 - Indicate to your physician which CVS pharmacy you would like your prescription filled at along with the location, so they can call, fax or electronically submit your prescription to be processed.
 - These medications can be filled as 90-day supplies only.
- * **Long-Term medication can also be filled through the OptumRx home delivery pharmacy:**
 - Indicate to your physician that you would like to use the OptumRx home delivery pharmacy.
 - Your physician can call, fax or electronically submit your prescription to them for processing.
 - You can contact their Customer Care Call Center at (855) 697-9150 (855-MYRX150) to answer any questions, update your form of payment, track an order, update your address, and much more.

4- Tier Program

Our program offers a convenient 4-tier structure to meet all your medication needs. The 4-tiers are as follows:

- Generic Medication (Tier 1)
- Preferred Brand Name Medication (Tier 2)
- Non-preferred Brand Name Medication (Tier 3)
- Specialty Medication (Tier 4)

OptumRx's Select Formulary List

The OptumRx Select Formulary list is a guide within select therapeutic categories for Plan members and health care providers. Ask your physician to consider prescribing generic medication as a first line option, when medically appropriate, from the OptumRx Select Formulary list. Generic medications are typically a lower cost to the plan, and these savings are immediately passed directly to the membership. If there is no generic available, there may be a preferred brand name medication listed. You can find the OptumRx Select Formulary list by visiting

<http://moefunds.com/wp-content/uploads/2018/11/ORx-Select.pdf>. Be sure to mention to your provider that your plan uses the OptumRx Select Formulary for your prescription drug coverage.

Specialty Medication

These types of medications require a Prior Authorization before they can be filled. For additional information regarding specialty medication and the Prior Authorization process, please contact the Pharmacy Benefit Department at (708) 387-8331.

Limitations/Exceptions- Dispense As Written (DAW) Penalty

When available, generic medications will be substituted for all brand name medications. If a Participant requests a brand name medication, or if the prescribing physician indicates "no substitutions", when a generic equivalent is available, the Participant will be required to pay the brand name copay plus the difference in cost between the brand name medication and its generic equivalent unless proven medically necessary through the appeals process.

	Retail* 30-day supply	Maintenance Medication** 90-day supply
Copay Schedule for all Non-Marketplace Plans, Operators' Health Center Plan, Marketplace Plan A, Platinum PPO, Gold PPO, Silver PPO, EPO, Retiree Welfare Plan.		
Generic (Tier 1)	\$5 copay	\$15 copay
Preferred Brand (Tier 2)	\$10 copay	\$30 copay
Non-preferred Brand (Tier 3)	\$25 copay	\$45 copay
Specialty (Tier 4)	\$100 copay	N/A
Copay Schedule for the Bronze PPO Plan.		
Generic (Tier 1)	\$20 copay	\$50 copay
Preferred Brand (Tier 2)	\$40 copay	\$100 copay
Non-preferred Brand (Tier 3)	\$55 copay	\$115 copay
Specialty (Tier 4)	\$100 copay	N/A

* Maximum of up to two 30-day supplies (excluding specialty medication) before patient is required to obtain a 90-day supply

** Prescriptions can be filled at CVS or Target Retail pharmacies OR through the OptumRx home delivery Pharmacy ONLY

Billing Information

Please be sure to present your vendor card to your local pharmacist when dropping or picking up a prescription. The "Pharmacy Benefit" tab of this card contains all the information needed to bill your pharmacy claims properly. The required billing information is as follows:

Rx Bin: **610011**
 Rx Group: **IUOEMOE**
 PCN: **IRX**

Additional Resources

For additional information regarding the Prescription Drug Program, please visit the Midwest Operating Engineers Fringe Benefit Funds website at www.moefunds.com and click on the Pharmacy Benefit tab. Our site offers pharmacy benefit information, copay information, an in-network pharmacy locator, how to download the OptumRx app and more.

If you have any questions regarding the Prescription Drug Program, please contact the Pharmacy Benefit Department at (708) 387-8331.