

Pyramid Healthcare

&

EmpiRx Health

**Your New Pharmacy Benefit
Program Manager**

Effective: August 1, 2022

Understanding Your Pharmacy Benefits

Welcome to EmpiRx Health!

Beginning August 1, 2022, EmpiRx Health began managing your pharmacy benefit.

What is changing?

Patient Saver Complete effective 8/1/2025

- PAP- Manufacturer or Foundation Patient Assistance Programs (PAP)

What is not changing?

- Your copays and maximum out of pocket amounts
- Your retail pharmacies; EmpiRx Health partners with over 63,000+ stores, including most chain and most independent pharmacies
- We will continue to require 90-day fills for all maintenance medications

Pyramid Healthcare 2024 Pharmacy Benefits At-A-Glance

The following is an overview of your prescription drug benefit with EmpiRx Health

Retail (30-day Supply)		Retail (90-day Supply)		Mail Order (90-day Supply)		Specialty (30-day Supply) Mail Specialty is Mandatory	
After HDHP Deductible Where applicable	Copay	After HDHP Deductible Where applicable	Copay	After HDHP Deductible Where applicable	Copay	After HDHP Deductible Where applicable	Copay
Generic	\$10	Generic	\$20	Generic	\$20	Generic	\$180
Preferred Brand Name	\$80	Preferred Brand Name	\$160	Preferred Brand Name	\$160	Preferred Brand Name	\$180
Non-Preferred Brand Name	\$130	Non-Preferred Brand Name	\$260	Non-Preferred Brand Name	\$260	Non-Preferred Brand Name	\$300

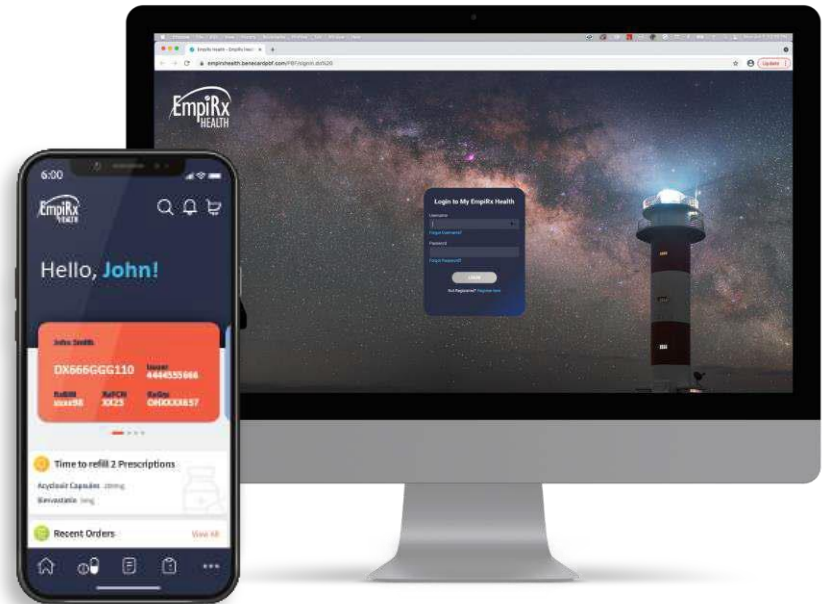
HDHP Deductible QHD Basic: \$2,500 Individual and \$5,000 Family
HDHP Deductible QHD Value: \$5,000 Individual and \$10,000 Family

**Contact EmpiRx Health Member Services for specific drug coverage questions at
1-877-926-0576**

EmpiRx Health Member Portal & App

Manage your prescriptions easily online and on-the-go with EmpiRx Health digital tools

- <ID Card>
- Prescription History
- Mail-order Refills
- Claims Detail & History
- Drug Information & Pricing
- Pharmacy Search & Directions
- Benefits Information
- And so much more



Registration is easy. Please visit myempirxhealth.com.

Prescription Mart: How to Enroll

Your **easy** & **mobile** mail order pharmacy.

Taking advantage of your mail order benefit may enable you to receive up to a 90-day supply of your maintenance medication(s). Just ask your physician to write for a 90-day supply, plus additional refills (to be filled at Prescription Mart).

To order refills, you have 3 options:

1. **Online:** Log onto **myempirxhealth.com** where you will be prompted to create a Prescription Mart Mail Order account. If you choose to create one later, you can click on the banner at the top of each page to create an account. Prescription Mart cannot fill your order until you have registered.
2. **E-prescribe or Fax:** Have your doctor e-prescribe to Prescription Mart or fax your prescription to 1-409-866-1317. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
3. **Mail:** Mail your 90-day prescription and completed Patient Profile and Medication Order Form with payment to PO Box 12607, Beaumont, TX 77726.

Frequently Asked Questions:

How can I find a participating network pharmacy?

You can use your EmpiRx Health ID card at over <63,000 pharmacies nationwide, including all pharmacy chains.> You can locate a nearby network pharmacy by logging on to myempirxhealth.com or calling 1-877-926-0576 toll-free.

What is a clinical review, and why is it necessary?

A clinical review of the request for medication is typically due to potential side effects, interactions, and FDA-guidelines. This is a safety measure to ensure you're getting the most appropriate treatment possible. EmpiRx Health will work directly with your physician to obtain the necessary information before your prescription is filled. Once the review is complete, you'll be notified by mail, or via the online member portal. You can also check your status on the member portal any time at myempirxhealth.com.

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

You can check coverage easily by calling 1-877-926-0576 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." Then search for your medication. If a generic is available, you'll see the cost for both the brand and generic. You can also call 1-877-926-0576 or consult with your physician or pharmacist.

Why does my copayment change from month to month?

We do not set the cost of medications. Pricing fluctuates based on market cost and may vary by pharmacy. If your copay is based on a percentage, rather than a fixed dollar amount, the cost can be different depending on which pharmacy you use and the pricing of the medication at the time.

Frequently Asked Questions

Who do I call with questions regarding my prescription?

Call EmpiRx Health Member Services toll-free at 1-877-926-0576, 24 hours a day, 7 days a week.

Who do I call with questions regarding my eligibility?

To confirm your eligibility, call EmpiRx Health Member Services at 1-877-926-0576. You can also contact your benefits office with questions surrounding your and/or your family's eligibility.

How do I locate a participating network pharmacy?

You may use your EmpiRx Health ID card at over 63,000 pharmacies nationwide including <all> <most> major chain pharmacies. You can find a network pharmacy by logging onto myempirxhealth.com or by calling Member Services at 1-877-926-0576.

Where can I view the current preferred medication list?

The preferred medication list is available on myempirxhealth.com. EmpiRx Health Member Services is always available to answer any questions you may have at 1-877-926-0576.

Will refills on my current prescriptions at the mail order pharmacy carry over to EmpiRx or will my doctor need to submit new prescriptions?

Yes, valid prescriptions with remaining refills will be transferred to the new mail order pharmacy to allow you to acquire refills without disruption.> Be sure to contact EmpiRx Health Member Services at 1-877-926-0576 to order medications without delay.

Frequently Asked Questions:

What is a clinical review, and why is it necessary?

A clinical review of the request for medication is typically due to potential side effects, interactions, and FDA-guidelines. This is a safety measure to ensure you're getting the most appropriate treatment possible. EmpiRx Health will work directly with your physician to obtain the necessary information before your prescription is filled. Once the review is complete, you'll be notified by mail, or via the online member portal. You can also check your status on the member portal any time at myempirxhealth.com.

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." Then search for your medication. If a generic is available, you'll see the cost for both the brand and generic. You can also call 1-877-241-7123 or consult with your physician or pharmacist..

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

You can check coverage easily by calling **1-877-926-0576** or logging onto myempirxhealth.com for details.

Why does my copayment change from month to month?

We do not set the cost of medications. Pricing fluctuates based on market cost and may vary by pharmacy. If your copay is based on a percentage, rather than a fixed dollar amount, the cost can be different depending on which pharmacy you use and the pricing of the medication at the time.

Frequently Asked Questions:

What is a Preferred Medication List?

The preferred medication list serves as a guide to clinically and therapeutically-appropriate medications covered under your plan. This does not take the place of your physician or pharmacist's judgment regarding your individual needs. Refer to myempirxhealth.com to review the most recent preferred medication list.

Savings with Generic Medications:

Generic equivalent drugs must meet the same Food and Drug Administration (FDA) standards for purity, strength, and safety as brand-name drugs. They must also have the same active ingredients and absorption rate within the body as the brand-name version, but they typically cost less. If you wish to take advantage of this savings opportunity, speak with your physician about the use of generics.

You may also want to consult with your pharmacist regarding generic drug options that may be available to you.

Direct Member Reimbursement:

If you must pay out of pocket for medication covered by your plan, submit a Direct Member Reimbursement Form. You can obtain a copy of the form online at myempirxhealth.com. In addition to the form, you will need to provide an itemized receipt showing the following details: the amount charged, prescription number, medication dispensed, manufacturer, dosage form, strength, quantity, and date dispensed. Your pharmacist can assist you if you do not have a detailed receipt. Direct reimbursement is based on your plan benefits, and the amount reimbursed 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.

Frequently Asked Questions:

What is a Specialty Pharmacy?

Specialty pharmaceuticals are typically produced through biotechnology, administered by injection, or require special handling and patient monitoring.

Through the specialty pharmacy, you receive personalized attention to help you manage your medical condition, including one-on-one counseling with our team of pharmacists and trained medical professionals.

Our clinical team partners with you and your prescribing doctor to ensure you understand:

- How to manage your condition
- What medications you have been prescribed
- How to take your medication
- What lower-cost options may be available
- How to coordinate delivery of your medication
- How to safely handle and store your medication

Patient Saver Complete Program **Overview**

Manufacturer or Foundation Patient Assistance Programs (PAP)

- Up to 100% drug coverage
 - Manufacturer/Foundation for PAP programs
- Eligibility requirements
 - Household income
 - Financial documents
- Copay assistance can serve as a bridge during application process

Specialty Copay Assistance Program

- Member involvement may provide 100% coverage of member copay responsibility
- May provide benefit to the plan
- Requires member engagement in the application process, lower overhead
- Members must engage with Luna Health prior to getting assistance for their first fill

Non-Specialty Copay Assistance Program

- Member involvement may provide 100% coverage of member copay responsibility
- Can provide benefit to the plan
- Sometimes we can enroll for the member
- We do not hold any fills
- CAP enrollment triggered on first paid claim
 - We must be able to reach the member to get assistance on all subsequent claims

Patient Saver Complete: **Frequently Asked Questions**

What eligibility requirements are there for PAP programs?

Drug manufacturers have varying requirements for these programs based on individual or family income. These programs are designed to help individuals who can demonstrate financial hardship due to the cost of the medication.

What happens if a member is not eligible?

When Patient Assistance is unavailable or the member does not qualify, copay assistance will be pursued.

What if my client has high-salaried employees?

PAP programs typically benefit those who earn less than two to four times the Federal Poverty Level and have guidelines for individual and total family income

- 2x FPL: \$29,160 for an individual or \$60,000 for a family of four
- 4x FPL: \$58,350 for an individual or \$120,000 for a family of four

What documentation will be required as part of the process?

In many cases, proof of income, such as pay stubs or tax returns, will be required to prove financial need. Additionally, proof of residency or citizenship may be required. Luna Health member advocates will assist members in determining what will be required for each situation.

Thank You

Precision. Performance. Delivered.