



Midwest Operating Engineers Prescription Drug Program



OPTUMRx®



The Prescription Drug Program provides prescription benefits through the Midwest Operating Engineers Welfare Fund for all eligible active and retired members of Local 150 and their eligible dependents, who are **not** eligible for Medicare¹. We are proudly partnered with OptumRx to provide, you and your family, all your pharmaceutical needs.

Filling Prescriptions

- **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, register on www.optumrx.com and access the Pharmacy Locator icon, your personalized Medicine Cabinet, OptumRx Home Delivery Pharmacy, and much more!
 - 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 must be filled at a CVS retail pharmacy or through OptumRx Home Delivery pharmacy for a 90-day supply. Please note that all prescriptions **must** be written for a 90-day supply when using the OptumRx Home Delivery Pharmacy. If the prescription is written for anything less than 90-days, you will still be responsible for paying a 90-day copayment.
 - Let your physician know if you would like to use a CVS retail pharmacy or the OptumRx Home Delivery pharmacy so they can accurately submit your prescriptions
 - For assistance regarding OptumRx Home Delivery, you can contact their Customer Care Call Center at 855-MYRX150 (855-697-9150).

4- Tier Program

Our program offers a convenient 4-tier structure, they 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 the Prescription Drug Program page at <https://local150.org/moe/>, and click on the Active Members and Non-Medicare Retirees tile. Be sure to mention to your physician that your plan uses the OptumRx Select Formulary for your prescription drug coverage.

Specialty Medication

Specialty Medications require a Prior Authorization before they can be filled. For additional information, 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

¹ If you are eligible under the Retiree Welfare Plan (RWP) and eligible for Medicare, your Prescription Drug Plan is under the RWP Medicare Prescription Drug Plan (RWP Medicare PDP). Visit the Prescription Drug Program page on <https://local150.org/moe/> for additional information.



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 determined medically necessary through the appeals process.

Prescription Copayments

Each time you pick up a medication you are responsible for a copay. If the cost of the medication is less than your copay, you are only responsible for paying the lower amount. The chart below outlines the copay structure for Short-Term and Long-Term medications listed by plan name:

	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

	Retail* 30-day supply	Maintenance Medication** 90-day supply
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 before patient is required to obtain a 90-day supply (excludes specialty medication)

** Prescriptions can be filled at any CVS Retail Pharmacy 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**

Processing a Prescription Through the Prescription Drug Program

If your prescription does NOT go through the insurance, for any reason, after you have presented your Vendor Card to the Pharmacy Staff, then call the Pharmacy Benefit Department at 708-387-8331 IMMEDIATELY. There is a reason that the prescription is not going through so please be sure to promptly contact us so our staff can investigate what is going on. Claims can be re-processed at a Pharmacy within 7 days that the prescription was originally processed, and an accurate refund can be issued. The Pharmacy Benefit Department cannot issue a reimbursement for anything that was paid out-of-pocket after 7 days that the prescription was picked up.

Additional Resources

For additional information regarding the Prescription Drug Program, please visit the Midwest Operating Engineers Fringe Benefit Funds website at <https://local150.org/moe/> and click on the Prescription Drug Program page.

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