



PRESCRIPTION DRUG BENEFIT

CopayAssist – Frequently Asked Questions

1. Why did my copay go up for my specialty medication all of a sudden?

If you are prescribed a medication that is eligible for the CopayAssist program you will be contacted (via mail & phone) by US-Rx Care to assist with enrollment. When US-Rx Care is able to utilize manufacturer copay assistance for a medication, your out-of-pocket cost is reduced to zero (or in a few cases a low amount required by the manufacturer). If you received a letter or phone message from US-Rx Care, but have not responded, please call 1-800-490-3550 to speak with a US-Rx Care representative. The sooner you contact US-Rx Care the better, so they can make applicable adjustments if any to your out of pocket payments.

Please note, that if you choose not to participate in the CopayAssist program, your medication out-of-pocket cost under the plan could increase by as much as 100% depending on your plan. Therefore, it is important that you contact US-Rx Care at your earliest convenience to confirm your eligibility for this important benefit option.

2. What can I expect from the US-Rx Care Team?

If you currently take one or more medications for which copay assistance is available, you can expect a phone call from US-Rx Care to help you enroll in the applicable copay assistance program(s). The Team will continue to monitor your claims while you are taking your copay assistance eligible medication and check in periodically to ensure your copays are processing as expected and applied to your deductible and/or out of pocket costs appropriately. The US-Rx Care representatives are here to assist you with any questions or concerns you may encounter regarding the program.

3. In the past, when I used a manufacturer copay assistance program, the manufacturer covered my out-of-pocket costs in full, leaving me a zero balance, and the amount the manufacturer contributed (the amount I did not have to pay) also accrued toward my deductible and out-of-pocket cost. If I enroll through CopayAssist, the amount I did not pay no longer accrues toward my deductible and out-of-pocket cost.

I prefer to utilize the manufacturer copay assistance program on my own, so the amounts I did not pay still accrue toward my deductible and out-of-pocket costs.

Under the company plan, you are responsible for meeting applicable deductible and out-of-pocket amounts before other benefits apply. Only amounts actually paid by you therefore apply toward your deductible and annual out-of-pocket maximum. Use of manufacturer copay assistance, while



a benefit to you and the plan as well, is not intended to be a means of by-passing (or eliminating) the requirement to satisfy the deductible or annual out-of-pocket maximum under the plan. Through the CopayAssist program, your true out of pocket spend is tracked throughout each benefit year, to ensure you are getting the maximum benefit from available manufacturer copay assistance programs, while also correctly reflecting amounts actually paid by you toward your medication.

It is not our intent to make retroactive corrections to your deductible and annual out-of-pocket maximums based on any prior use by you of a manufacturer copay assistance program on your own, however, going forward use of manufacturer copay assistance must be accurately reflected in amounts accruing toward your deductible and annual out-of-pocket maximums.

Please note, that if you choose not to participate in the CopayAssist program, your medication out-of-pocket cost under the plan could increase by as much as 100%. Therefore, it is important that you contact US-Rx Care at your earliest convenience to confirm your eligibility for this important benefit option.

4. My state passed a law requiring that funds applied toward manufacturer copay assistance programs must also be applied toward any deductible and annual out-of-pocket maximum.

Through extensive lobbying efforts by drug manufacturers, some states have passed such laws which apply solely to fully insured health plans. The company health plan is a self-funded (or self-insured) plan funded directly through the company, not through a third-party insurer. Federal law sets the standards for self-funded health plans in private industry. Consistent with federal law, only actual amounts contributed by you toward the cost of your medication apply toward your deductible and annual out-of-pocket maximum.