MAGNACARE[®]





2015 new member prescription benefits program guide

MAGNACARE[®] Rx

putting your family first.



MagnaCare Rx

410 Peachtree Parkway Suite 4225 Cumming, Georgia 30041 member services: 888.975.0988

MagnaCareRx.com





we rise above.

welcome to MagnaCare Rx.

We are extremely excited to be your new prescription benefit provider and are ready to serve you and your family. We understand that prescription benefits can sometimes be a tricky thing to understand; we want to help. So we've put together this starter packet with all the information you'll need to get started with your new plan. Inside you will find the following information:

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By now, you should have received your new prescription card in the mail or from your employer. If you have not, please contact your plan administrator for more information.

Your prescription card serves as your Member ID. You will need this card when picking up a prescription from your pharmacy or ordering your prescriptions online through our mail order service.

now, let's get started!

your prescription benefits.

At MagnaCare Rx, we offer choices. We understand the importance of offering quality, cost-effective medications to our members. The following information illustrates your co-payments based on the type of prescription you have filled. For this particular plan, Tier 1 medications will be the most cost effective.

Retail	Tier 1 (Generics):	\$10
Co-Payments:	Tier 2 (Preferred Brand):	\$25
	Tier 3 (Non-Preferred Brand):	\$50
Mail Order	Tier 1 (Generics):	\$20
Co-Payments:	Tier 2 (Preferred Brand):	\$50
	Tier 3 (Non-Preferred Brand):	\$100

Plan Max Out-of-Pocket:

• The Plan has a medical and Rx Max out of Pocket of \$1,000 for an individual and \$2,500 for Family.

your preferred formulary.

Along with your plan administrator we have established a formulary intended to be beneficial for most everyone. Our pharmacy staff has looked closely at the formulary drugs to ensure availability of drugs within each therapeutic class. In doing this we've established the best cost saving options for your needs. Your formulary is broken down into 3 tier levels. Tier 1: Generic, Tier 2: Preferred Brand, Tier 3: Non-Preferred Brand.

The list of approved prescription medications under your plan has been chosen to help keep prescription drug costs down. You have been provided with a formulary list to share with your doctor when deciding which medication is right for you. You can also access the preferred formulary list at MagnaCareRx.com or call 888.975.0988.

pharmacy network.

At MagnaCare Rx we even give choices when it comes to your pharmacy. With an extensive network of pharmacies nationwide, including major chain pharmacies and most of the local independent pharmacies, you're sure to find a pharmacy close and convenient to you. In order to ensure you receive the best possible coverage without complications we ask that you use one of the network pharmacies associated with your plan. To find a network pharmacy in your area, visit our website www.MagnaCareRx.com and click on the pharmacy locator link.

How to use the pharmacy locator:

Simply enter your zip code and preferred driving distance, or radius, and press "search." The pharmacy finder will display a list of participating pharmacies within your selected radius. The pharmacy name, address, and phone number will be listed along with a link to google maps to help you with driving directions. When you reach your pharmacy, simply present your member card to the pharmacist upon picking up your medication.

getting your medications.

With the MagnaCare Rx Prescription plan you have two ways to fill your prescriptions, depending on your medication needs:

1. Short-term prescription needs:

to be filled through a network retail pharmacy

2. Long-term prescription needs: Mail Order to be filled through our mail order pharmacy partner

Short-term prescription needs:

Using one of our network retail pharmacies is your most convenient option when it comes to filling prescriptions that you need immediately but not on a regular basis. Payments will be determined by the copayment schedule indicated on page 2.

To locate the closest network pharmacy visit: **www.MagnaCareRx**.com and click on the Pharmacy Finder link or call 888.975.0988.

mail order pharmacy.

Your new Pharmacy Network includes mail order options that have been carefully screened for pricing policies that are fair and honest. We understand that a mail order option is important to many people, but we do not believe in enforcing it as your only option. It's there when you need it, just like we are.

Through our trusted partnership with Drug Source Inc., we are providing you top of the line mail order services. Drug Source Inc. is a VIPPS certified mail order pharmacy providing services to all 50 states and Puerto Rico.

how to get started.

To start filling your first prescription with Drug Source, give them a call at 800.854.8764 and set up your account. They will ask for your prescription information to get the script transfered directly from your previous pharmacy. If you do not have that give them your doctors information and they will contact your doctor on your behalf. It is as easy as that!

mail in a prescription.

Mail Patient Profile with prescription or any other information to: DrugSource, Inc. P.O. Box 1366 Elk Grove Village, IL 60009-1366

fax a prescription.

Fax prescriptions are only acceptable if they are faxed by a physician's office. Please have your physician's office fax your new prescriptions to us. **847.258.1913**

contact Drug Source.

Toll Free: 800.854.8764 TTY/TDD: 800.526.0844

Customer Service Hours: 8:30 am-10 pm CST (M-F) Pharmacists are available: 9 am-5 pm CST (M-F)

customer service.

At MagnaCare Rx we provide a great customer service team that is here to assist you in any way we can during this process. Should you encounter any problems or have any questions feel free to give us a call. Our Customer Service number is toll free at 888.975.0988.

Our agents are available from 8:00 am to 10:00 pm EST Monday through Friday, and 10:00 am to 6:00 PM EST Saturday and Sunday. Should your pharmacist have any issues processing your insurance have them call the toll free pharmacy help line number located on your prescription insurance card.

member portal.

At MagnaCare Rx we look to provide our members with the most up to date information available. By visiting **www.MagnaCareRx.com** and clicking the "Members" tab you will be provided access to your online member portal. Just follow the easy steps to register. Here you will find up to date claim information, pertinent plan information, mail order and specialty pharmacy links, and our drug co-pay tool.

prior authorization.

There may be times when certain prescription drugs require a prior authorization review before they can be covered under your plan. If your medication is rejected at the pharmacy please contact your Customer Service Representative at 888.975.0988 for assistance.

specialty pharmacy.

MagnaCare Rx partners with a nationwide clinical specialty pharmacy provider who has expertise in managing patients on complex therapies and specialty medication distribution.

As one of the nation's leading specialty pharmacies, Walgreens Specialty Pharmacy provides comprehensive therapy-management programs as well as injectable and oral pharmaceutical treatments for multiple medical conditions.

With convenient online access you can place your refill orders, and have your drugs shipped directly to you or directly to your doctor depending on your needs. You can contact Walgreens Specialty Pharmacy by visiting www.Walgreens.com/specialty or by calling 888.347.3416.

Patient Health Information. (PHI)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions to ensure privacy of your personal health information. It is part of the MagnaCare Rx promise to not only meet National HIPAA guidelines but also the guidelines imposed by your state relating to the protection of your privacy when it comes to your health information.

At MagnaCare Rx we provide comprehensive prescription benefit services. In doing this, we may require personal health and/or prescription drug information. In retaining that information from you, your medical doctor, or your pharmacist we promise to maintain your privacy and only use this information to verify identity so that we may accurately process your prescription. We may also use your information to check for adverse drug interactions, to accurately process your prescription needs, and to keep you informed about the proper use of your medications.



Performance Drug List

Effective: July 1, 2014

Physicians and Pharmacists: Please refer to this list when prescribing/dispensing medications.

All strengths and formulations of the medications listed within this document are considered preferred unless specifically noted. Some products may be covered at Non-preferred Branded Copay as determined by the plan's benefit design. Due to the constantly changing nature of drug therapy, the Formulary is a dynamic document and is subject to change without notice.

The **Performance Drug List** is a guide within select therapeutic categories for clients, plan participants and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition.

Member specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

А	Bisoprolol/HCTZ	Diazepam Tab	G
Abilify	Breo Ellipta	Diclofenac	Gabapentin
Accu-Chek Test Strips & Supplies	Brilinta	Dicyclomine	Gelnique
Acetaminophen w/ Codeine	Budeprion XL	Digoxin	Gemfibrozil
Acyclovir	Budesonide	Diltiazem SR 24HR	Gentamicin
Advair	Bupropion SR	Diovan	Gianvi
Aggrenox	Buspirone	Diphenoxylate/Atropine	Gildess Fe
Albuterol Nebulizer Solution	Byetta	Divalproex DR	Gleevec SD
Alendronate Tab	Bystolic	Divigel	Glimepiride
Alfuzosin	С	Donepezil Tab	Glipizide
Alphagan P	Calcitriol	Dorzolamide -Timolol Maleate	Glyburide
Alprazolam Tab	Canasa	Doxepin	Glyburide/Metformin
Amiodarone	Carac	Doxycycline Hyclate	Gonal-f
Amitiza	Carbamazepine Tab	Duloxetine	Gonal-f RFF
Amitriptyline	Carbidopa/Levodopa Tab	Dutoprol	Н
		E	
Amlodipine/Benazepril Amoxicillin/Clavulanate	Carisoprodol Carvedilol	Effient	Humalog Kwik
•	Cefdinir	Elidel	Humalog Vials
Amphetamine-		Enalapril	Humira ^{so}
Dextroamphetamine Ampyra LDSD	Cefuroxime Tab	Enalaprii Enbrel SureClick ^{SD}	Humulin 70/30 Vials
	Cephalexin Chlorid aviding		Humulin N Pen
Anastrozole	Chlorhexidine	Enjuvia	Humulin N Vials
Androderm	Chlorthalidone	Enoxaparin	Humulin Pen 70/30
Androgel	Chorionic Gonadotropin	Epipen 2-Pak	Humulin R Vials
Apriso	Cialis	Epzicom ^{SD}	Hydralazine
Aranesp ^{SD}	Ciprofloxacin	Erythromycin	Hydrochlorothiazide
Asmanex	Citalopram	Escitalopram Tab	Hydrocodone w/ APAP
Astepro	Clarithromycin	Estradiol	Hydrocortisone 2.5%
Atorvastatin	Climara Pro	Etodolac	Hydrocortisone AC Suppository
Atralin	Clindamycin	Euflexxa	Hydromet
Atripla ^{SD}	Clobetasol Cream, Gel, Ointment	Evista	Hydromorphone Tab
Avelox	Clonazepam	Exforge HCT	Hydroxychloroquine
Aviane	Clopidogrel	F	Hydroxyzine
Avodart	Clotrimazole/ Betamethasone	astclix Lancets	L I
Avonex ^{SD}	Colcrys	Felodipine	Ibandronate
Azathioprine	Combigan	Fenofibrate	Ibuprofen Tab (Rx only)
Azelastine	Combivent Respimat	Fentanyl Patch	Incivek ^{SD}
Azithromycin	Complera ^{SD}	Finacea	Intelence ^{SD}
Azopt	Copaxone ^{sD}	Finasteride 5 mg	Intuniv
Azor	Creon	Flovent HFA	Invokana
В	Crestor	Fluconazole	Ipratropium/Albuterol
Baclofen Tab	Cryselle-28	Fluoxetine (no PMDD)	Irbesartan
Baraclude ^{SD}	Cyclosporine Cap	Fluticasone	Isentress SD
Benazepril/HCTZ	Cymbalta	Folic Acid 1 mg (Rx only)	Isosorbide Mononitrate
Benicar HCT	D	Follistim AQ	
Benzonatate	Desloratadine	Foradil	
Benztropine	Desonide	Forfivo XL	Jalyn Janumat XB
Betaseron ^{SD}	Dexamethasone Tab	Forteo ^{SD}	Janumet XR
Bethkis	Dexilant	Fosinopril	Januvia
Beyaz	Dexmethylphenidate	Furosemide	Jentadueto
•	<i>,</i> ,		
Bold type = Brand Name Drug	SD = Specialty Drug	S	T = Step Therapy
Bold type = Brand Name Drug	SD = Specialty Drug	S	T = Step Therapy

Bold type = Brand Name Drug Plain type = Generic Drug

QL = Quantity Limits

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K Kaletra ^{SD} Kariva Kombiglyze

Labetalol Lamictal ODT Lamivudine/Zidovudine SD Lamotrigine RE Lansoprazole (Rx only) Lantus Vials Latanoprost Letairis LDSD Letrozole Levalbuterol Nebulizer Solution Levemir Vials Levetiracetam ER Levocetirizine Levofloxacin Levothyroxine Lialda Lidocaine Patch 5% Liothyronine Lipofen Lisinopril/HCTZ Lithium Carbonate Loratadine Lorazepam Tab Loryna Losartan/HCTZ Lovastatin Lovaza Low-Ogestrel Lumigan Lupron Depot 3.75 mg, 11.25 mg Lutera Lyrica Cap

Meclizine Medroxyprogesterone Acetate Meloxicam Metaxalone Metformin ER Methadone Tab Methimazole Methocarbamol Methotrexate Tab Methylphenidate Methylprednisolone Tab Metoclopramide Metoprolol Metronidazole **Micardis HCT Microgestin Fe** Minocycline Mirtazapine Modafinil Mometasone Montelukast Morphine Sulfate Tab Moxeza

Μ

Bold type = Brand Name Drug Plain type = Generic Drug Mupirocin Mycophenolate ^{SD} N

Nabumetone Nadolo Namenda Tab Naproxen (Rx only) Nasonex Natazia Necon Nexium Niacin ER Tab Nifedipine ER Nitrofurantoin Macrocrystalline Nitrostat Norgest/Ethi Estradio Nortrel Nortriptyline Norvir SD **Novolog Penfill Novolog Vials** Nucvnta ER Nutropin LDSD Nuvaring Nystatin/Triamcinolone 0

Ofloxacin

Olanzapine Tab Omeclamox Pak Omeprazole (Rx only) Ondansetron Tab Onetouch Test Strips & Supplies Onglyza Oxcarbazepine Oxsoralen-Ul Oxybutynin Oxycodone Tab Oxycontin Oxytrol

P

Pantoprazole Paricalcitol Paroxetine Patanol Pegasys SD Permethrin Cream 5% Phenazopyridine (Rx only) Phentermine Tab Phenytoin Pioglitazone Polyethylene Glycol 3350 Portia-28 Potassium Chloride Pradaxa Pramipexole Pravastatin Prednisone Premarin Premphase Prempro Prenaplus Tab Prenatal Tab Low Iron

Prezista SD Pristig **Proair HFA** Prochlorperazine Procrit SD Proctozone Progesterone Promethazine Propranolol Protopic **Pulmicort Flexhaler** Pulmozyme SD Pylera Q Quetiapine Quinapril Qvar R Ra Prenatal Tab Ramipril Ranexa Rapaflo Renvela Repaglinide Reyataz SD **Risperidone Tab** Ropinirole S Safyral Saizen SD Saphris Serevent Disk Seroquel XR Sertraline Simcor Simvastatin Sotalol Spiriva Spironolactone Strattera Suboxone Film Sucralfate Sulfamethoxazole-Trimethoprim Sumatriptan Tab & Spray Sustiva SD Symbicort Synvisc SD т Tacrolimus SD Tamoxifen Tamsulosin Tarka Tasigna SD Tecfidera SD Tekturna HCT Telmisartan Temazepam Temozolomide Terazosin Terbinafine **Terconazole Vaginal Cream**

Tev-Tropin LDSD Timolol **Timoptic Ocudose** Tizanidine Tobramycin/ Dexamethasone **Tolterodine ER** Topiramate Tracleer LDSD Tradjenta Tramadol Tab 50mg Travatan Z Trazodone Tretinoin Triamterene/HCTZ Tribenzor Trinate Tab Trinessa **Tri-Sprintec** Tri-Vit-Fl Drops **Truetrack Test Strips** Truvada SD **Tudorza Pressair** U Uloric v

Valacyclovir Valsartan/HCTZ Vascepa Venlafaxine ER Cap Ventolin HFA Veramvst Verapamil Vesicare Vestura Vicodin Vigamox Viread SD Vivelle-Dot Voltaren Gel Vytorin Vyvanse W Warfarin Welchol Х Xarelto Xeloda SD Xolair LDSD Ζ Zarah Zenpep Zolpidem ER **Zomig Nasal Spray Zovirax Cream** Zubsolv

SD = Specialty Drug LDSD = Limited Distribution Specialty Drug

Testim

ST = Step Therapy QL = Quantity Limits



How to get Started with Mail Order

At MagnaCare Rx, we offer choices. We understand the importance of offering quality, cost-effective medications to our members. The following information illustrates how you can go about getting your mail order medications started or transferred to Drug Source.

The First Step:

Submit a completed patient profile.

- 1. We recommend calling Drug Source Customer Service department directly to submit your profile with a customer service representative.
- 2. Patient Profile forms can also be found at
- www.drugsourceinc.com under Register.
- 3. Mail in your completed patient profile form.

The Second Step:

Submitting a prescription.

- 1. Drug Source can request a prescritpion from directly from your doctor. Just provide Drug Source with your doctors information over the phone, or by filling out the Obtain a Prescription form form the website.
- 2. Your doctor can call or fax the prescription to Drug Source Phone(800.854.8764) Fax(847.258.1913).
- 3. Your doctor can E-Prescribe a new prescription to Drug Source.

The Third Step:

- 1. Please allow 10-14 days to receive your initial order.
- 2. Prescriptions are processed within 24-48 hours of receipt.

3. Receive a shipment confirmation by including an e-mail address on your patient profile form.



How to get Started with Mail Order

Refill Orders

1. Submit refills online and view your real-time history at www.drugsourceinc.com

Click on order refills and have the patient's DOB and prescription numbers

2. Call Drug Souce at 800.854.8764 to place an order through the automated IVR system or with a customer service representative.

- 3. Fax request to 847.258.1913
- 4. Mail requests to:

Drug Source, Inc. PO Box 1366 Elk Grove Village, IL 60009-1366

For questions concerning your Prescription Drug benefits, contact MagnaCare Rx directly at 888.975.0988.

For questions concerning your Mail Order Prescription, contact Drug Source at 888.975.0988 option 2, or 800.854.8764.