EMPIRX HEALTH
Customer-First Pharmacy Care.

PACE
A Keenan Solution

EmpiRx Health Member Services
1-877-323-0567/TDD: 711
24 hours a day, 7 days a week, 365 days a year

Public Agency Coalition Enterprise (PACE)
PPO 500 Plan

Your Prescription Benefit Program

Annual Maximum out of Pocket

Your plan has a $3,500 individual / $7,000 family maximum out of pocket per plan year for the prescription drug plan, which is separate from your medical plan out of pocket amount. Prescription drug cost shares, such as copayments, apply towards the medical out-of-pocket maximum amount and do not apply towards the medical plan deductible. Coupon amounts redeemed at the mail order pharmacy will not be attributed to the annual out of pocket maximum amount.

Retail Pharmacy Copay

You are responsible for paying the retail pharmacist the copay per prescription listed below:

$10.00 for a Generic Medication
$30.00 for a Preferred Brand Medication
$50.00 for a Non-Preferred Brand Medication

This is a Dispense as Written (DAW) Plan, meaning your pharmacist must dispense the generic equivalent when one is available, unless your physician specifically requests the brand. If you request the brand-name medication from your pharmacist, you will be responsible for the difference in cost between the brand and the generic plus the copay.

Retail quantities will be dispensed according to your physician's instructions, as written on the prescription, for up to a maximum of a 30-day supply.

Please Note: If the cost of your medication is less than your calculated copay, you will only pay the cost of the medication.

Mail Order Pharmacy Copay

Prescriptions for maintenance medications (medications you take on an ongoing basis) can be submitted to Prescription Mart, the EmpiRx Health mail order pharmacy. Your plan allows for up to a 90-day supply with three (3) refills, according to your physician's instructions. Your copay amount will be:

$10.00 for a Generic Medication
$60.00 for a Preferred Brand Medication
$100.00 for a Non-Preferred Brand Medication

Specialty Medication Copay

Specialty medications are high-cost biotechnology drugs requiring special distribution, handling, and administration. These medications are typically designed to treat chronic diseases. Your copay amount for both Retail and Mail Order will be:

30% (maximum $150 copay per fill) for a Generic Specialty Medication
30% (maximum $150 copay per fill) for a Preferred Brand Specialty Medication
30% (maximum $150 copay per fill) for a Non-Preferred Brand Specialty Medication

Specialty medications can be filled one (1) time at a retail pharmacy. After, all prescriptions must be obtained through Prescription Mart. Please note, specialty medications are limited to a 30-day supply.

Online Member Portal and Mobile App

Registration is easy. Along with your EmpiRx Health ID card, you will need basic member information, a phone number, and an email address. Log onto the member portal at myempirxhealth.com or download the app on Google Play or the App Store to access all your benefits information, plus:

- Download your digital ID card
- Find a participating, in-network pharmacy
- Check prescription coverage and costs, including preferred medications and exclusions
- Access additional member materials and forms
- Check the status of a clinical review
- Drug information and utilization history

You can also use the portal to choose where you would like your mail order medications shipped. Shipments will arrive in secure, temperature-controlled packaging (if necessary) and will include everything you need to take your medication.

Retail Pharmacy Network

Your EmpiRx Health prescription benefit provides access to an extensive national pharmacy network, including all chain pharmacies and most independents. Your ID card provides all the information your pharmacist needs to process your prescription through EmpiRx Health. To locate a participating network pharmacy, log onto the member portal at myempirxhealth.com or call EmpiRx Health Member Services toll-free at **1-877-323-0567 (TDD: 711).**

Mail Order Pharmacy

Prescriptions filled through the EmpiRx Health mail-order pharmacy, Prescription Mart, are typically for medications used to treat chronic conditions and are written for up to a 90-day supply, plus refills. Prescriptions for medications you need to use right away should always be taken to your local pharmacy. If you need support, call 1-877-651-3392.

Specialty Pharmacy

The specialty pharmacy provides personalized attention to help manage your medical condition, including one-on-one counseling with our team of pharmacists and trained medical professionals. This includes support for managing your condition, handling, and taking your medication properly, finding lower-cost options, and more.
Because of the sensitive nature of specialty medications, some packages may require a signature.

Frequently Asked Questions

What is a clinical review?

A clinical review of medication requests is typically due to potential side effects, interactions, and/or FDA guidelines. This safety measure ensures you're getting the appropriate treatment. EmpiRx Health works 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.

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

You can check coverage easily by calling **1-877-323-0567** 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" to search for your medication and available generics. You can also call **1-877-323-0567** or consult with your physician or pharmacist.

Why does my copayment change from month to month?

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.

What is Direct Member Reimbursement?

Paying out of pocket for a covered medication? Obtain a copy of the Direct Member Reimbursement Form online at myempirxhealth.com. In addition to the form, provide an itemized receipt showing the amount charged, prescription number, medication and date dispensed, manufacturer, dosage form, strength, and quantity. Direct reimbursement is based on your plan benefits and 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.

To learn more, scan the QR code below: