



Prescription Drug Plan Information
Plan may be subject to change

Welcome to WellNet! The information below is a general description of your plan benefits and is not meant to be a complete list or complete description of available services. Feel free to contact WellNet at 800-727-1733 with specific questions about your program.

PRESCRIPTION DRUG COPAYS	RETAIL (up to a 30-day supply)	MAIL SERVICE (up to a 90-day supply)
Generic Drugs	\$10.00	\$10.00
Performance Brand Drug	\$25.00	\$50.00
Non-Performance Brand Drug	\$50.00	\$100.00

HOW THE COPAYS WORK **FORMULARY BRAND VS. NON-FORMULARY BRAND DRUGS**

Your copays are based on the Performance Drug List. A copy of this list is included with your ID cards. This list includes both generic and brand name drugs. Generic drugs will take the lowest copay; brand name drugs on the list will take the middle copay. Brand name drugs NOT on the list will take the highest copay. This formulary is also available at www.WellNet.com.

PROGRAM DETAILS	
<p>Prior-Authorization</p> <p>Phone: 1-888-413-2723</p> <p><i>Please ask your doctor to contact Prior Authorization before going to the pharmacy.</i></p>	<p>Some drugs may require Prior Authorization by your physician before they will be dispensed at the standard copay. Your physician must call Prior Authorization before you try to have your prescription filled. Please make sure that your physician has your member ID available.</p> <p>The following drugs/drug classes require Prior Authorization on this plan:</p> <p>Accolate (for members over 17), Acne drugs (for members over 30), Actiq, Anti-virals, Arava, Celebrex, Rheumatoid Arthritis, Erectile Dysfunction drugs, Fentora, Interferons, Lamisil, Neurontin, Peg-Intron, Provigil, Sporanox, Tracleer, Vfend & Zyvox</p>
<p>Generic Substitution Program</p>	<p>Restrictive Generic Substitution – If the member selects the brand-name drug over its generic equivalent when the physician has indicated that a generic substitution is permissible, the member is responsible for paying the generic copay (\$10) plus the difference in cost between the brand and the generic drug.</p>
<p>Quantity Level Limits</p>	<p>The following drugs have quantity limits on this plan:</p> <ul style="list-style-type: none"> • Migraine drugs – limited based on FDA guidelines for safety. • Accutane – limited to 30 days based on FDA guidelines for safety. • Erectile Dysfunction drugs – limited to 4 pills per 30 day supply • Narcotic analgesics – limited based on FDA guidelines for safety. • Injectable Drugs
<p>SpecialtyRx</p> <p>Phone: 1-800-237-2767</p> <p><i>Please contact SpecialtyRx at the phone number shown above, or WellNet Healthcare at 1-800-727-1733 so that we may help you coordinate your therapy.</i></p>	<p>Some injectable drugs may have special dispensing requirements on your plan. These drugs must be purchased through the SpecialtyRx facility, a complete resource for injectable drugs and supplies. If you or your dependents are taking any injectable medications (not including insulin, Imitrex or Epi-pens), please contact, or have your physician contact SpecialtyRx in order to coordinate your therapy.</p> <p>The following drugs/drug classes must be filled at SpecialtyRx on this plan: Anti-virals, Rheumatoid Arthritis drugs, Interferons, Peg-Intron, Tracleer</p>

MATI SERVICE

HOW TO GET STARTED WITH MAIL ORDER

The mail service program is designed to save you time and money on your maintenance prescriptions by providing home delivery and allowing you to purchase a 90-day supply of medication for a discounted price. Choose one of two easy ways to get started with mail order:

1) Ask your doctor to write your prescription for a 3-month supply plus refills. Fill out your mail order form, enclose the prescription(s) and mail it in.

2) Use the **FastStart** Mail Order program by calling **866-772-9414**. Provide the representative with your name, ID, a list of your medications, your doctor's name and number, and a credit card. The representative will call your doctor for you to get the prescription started.

Note: You may wish to call your doctor ahead of time so there is no delay in processing your prescription request.

No matter which method you choose, your first prescription will arrive in approximately 10-14 days.

DRUG COVERAGE

DRUG EXCLUSIONS

The following drugs/drug classes are covered on this plan:

- Contraceptives – Oral/Transdermal/Injectable
- Diabetic Drugs and Supplies
- Erectile Dysfunction drugs
- Federal Legend Drugs (drugs which require a prescription by law)
- Migraine Agents
- Oral Nutritional Supplements
- OTC Prilosec, Claritin, and Zyrtec
- Pre-Natal Vitamins
- State controlled drugs
- Vitamins (oral dose forms)

The following drugs/drug classes are excluded on this plan:

- Allergy Serum
- Blood and Blood Plasma
- Contraceptive Devices (such as an I.U.D.)
- Cosmetic Drugs
- Fertility Drugs
- Growth Hormones
- Immunization Agents
- Injectable calcium supplements
- Injectable Drugs (unless listed as covered)
- Over-the-counter drugs, except Prilosec, Claritin, and Zyrtec
- Nicotine Replacement Products
- Weight Loss Drugs

CLAIMS AND APPEALS

DEPENDENT STUDENT STATUS

Claims: If you have paid out of pocket for a prescription and require reimbursement, please submit your prescription receipts to WellNet, along with your Member ID and Group Number. WellNet will submit the claim on your behalf and get you reimbursed (minus the appropriate copay). Please fax your claims to: **Claims Dept. 215-396-1764**

Your plan provides coverage for dependents up to age 26 regardless of student status.

Appeals: If your prescription is not covered on your drug plan, you have the right to file an appeal. **Please contact WellNet at 1-800-727-1733** for instructions on how to complete the Appeal Process.

WellNet – Important Phone Numbers & Addresses

Caremark – Important Phone Numbers & Addresses

Customer Service (8:30am-8pm, M-F, EST)	800-727-1733	Customer Service	866-885-4944
General Customer Service Fax	215-396-1764	FastStart Mail Service	866-772-9414
Appeals Fax	866-516-1759	Mail Service Inquiries	800-966-5772
Appeals Phone	800-727-1733 or 215-396-1111	Prior Authorization	888-413-2723
Website	https://www.caremark.com/wps/portal	SpecialtyRx	800-237-2767
Address	WellNet Corporate Center 57 Street Road, Suite O Southampton, PA 18966	Website	www.Caremark.com
		Mail Service Address	P.O. Box 659541 San Antonio, TX 78265-9541

