

# **Economy Plan**

Affordable. Convenient. Cost Effective Prescription Coverage



Thanks to your Plan's partnership with Sav-Rx, you have access to affordable, reliable, & cost-effective prescription coverages!



#### Who is this plan for?

Coverage is available for participating members, their immediate family, and even extended family!

Please note that if you are a Medicare/Medicaid recipient that this should only be used as an alternative for certain medications not covered by Medicare/



#### How do I sign up?

Economy Plan Enrollment
Form (Member)
Economy Plan Enrollment
Form (Family)
Economy Plan Frequently
Asked Questions





#### What Medications are covered?

Most medications are covered under this Economy Plan. This Plan does however utilize a formulary, meaning some medications are preferred over others. Please consult the drug list for more information.

Economy Plan Copays					
Formulary Generic Medications	\$10 Copay				
Formulary Brans Medications	\$20 Copay				
Non-Formulary Generic & Brand Name Medications	100% of discounted rate				

How Much Does the Economy Plan Cost?				
Single: \$6.00/mo.	Member & Dependent: \$12.00/mo.			
Single & Spouse: \$12.00/mo.	Family: \$18.00/mo.			

<sup>\*\*</sup>You will not receive a bill when your premium is due. Please be aware of your coverage dates and remit payment in a timely manner to avoid loss of coverage. \*\*





For Organized Labor - By Organized Labor 1-800-228-3108 www.savrx.com

Mamh	er Economy	, Dlan Enro	ollment Fo	rm			
Member Name:	ei LCOHOIII)	rian Einc	JIIIIEIIL PO	1111			
Membership #:	Local Number:			D.O.B:			
Address:	Local Ivan	iliber.		D.O.D.			
	State:			7:00			
City:	State:	<b>T.1</b>	Zip:				
Email Address: Telephon			ne Number:				
Immediate	Family Ecor	nomy Plan	Enrollmer	nt Forn	n		
Name:	D.O.B:		Relationsh	ip:	Spouse		Dependent
Name:	D.O.B:		Relationsh	ip:	Spouse		Dependent
Name:	D.O.B:		Relationsh	ip: 🔲	Spouse		Dependent
Name:	D.O.B:		Relationsh	ip: 🔲	Spouse		Dependent
offers a prescription benefit at an affordable low cost monthly premium.  Premium and Coverage Options							
Single Member: \$6.00/mo.		Coverag	erage Start Month:				
Member & Spouse: \$12.00/mo.		Coverag	Coverage End Month:				
Member & 1 Dependent: \$12.00/mo. Total		Total Nu	tal Number of Months:				
Family: \$18.00/mo.	Total Pa		aid:				
Important Notice: You will not receive a bill when your premium is due. Please be aware of your proposed coverage							
dates and remit p	dates and remit payment in a timely manner to avoid loss of coverage.						
***Disclaimer: This plan may not suit Medicare or Medicaid eligible participants***  Checks should be made out to MROC  Please remit form & payment to: Melissa Hendricker, Midwest Region  1 N Old State Capitol Plaza, Ste 525  Springfield, IL 62701							
Member Signature:	Date:						
FOR OFFICE USE ONLY - MEMBER VERIFICATION							

Date Verified:\_\_\_

**Verified By:** 





For Organized Labor - By Organized Labor 1-800-228-3108 www.savrx.com

Extended Family Economy Plan Enrollment Form							
Participant Name:	-	Membe					
Relationship: Local		Local Nu	cal Number:				
Address:							
City:	State:		Zip:				
Email Address:		Telephone	Number:				
Snows and D	anandant C	sanamı Di	on Favollment Form				
Name:	D.O.B:	conomy Pi	an Enrollment Form  Relationship: Spouse Dependent				
Name:	D.O.B:		Relationship: Spouse Dependent				
Name:	D.O.B:		Relationship: Spouse Dependent				
Name:	D.O.B:		Relationship: Spouse Dependent				
	]		neadanning spouse sependent				
•	• •		eet the challenges of health cost containment. It				
offers a prescription	on benefit at ar	n affordable lo	ow cost monthly premium.				
Pı	remium and	Coverage	Options				
Single Member: \$6.00/mo.		Coverag	rage Start Month:				
Member & Spouse: \$12.00/mo. Coverage		rage End Month:					
Member & 1 Dependent: \$12.00/mo. Total Nu		lumber of Months:					
Family: \$18.00/mo.	Total Pa		iid:				
Important Notice: You will not receive a	a bill when your	premium is o	due. Please be aware of your proposed coverage				
dates and remit p	payment in a tir	mely manner	to avoid loss of coverage.				
***Disclaimer: This plan may not suit Medicare or Medicaid eligible participants***							
Checks should be made out to MROC Please remit form & payment to: Melissa Hendricker, Midwest Region 1 N Old State Capitol Plaza, Ste 525 Springfield, IL 62701							
Participant Signature:			Date:				
FOR OFFICE USE ONLY - MEMBER VERIFICATION							
Date Verified:Verified By:			Verified By:				





1. Question: How do I use the Sav-Rx Program?

Answer: Take the formulary to your physician to verify the drug being prescribed is on the list. If the drug is not on the formulary, ask your physician if there is a comparable drug on the formulary that can be prescribed.

2. Question: How do I maximize my benefit?

Answer: For you to obtain the maximum benefit, it is extremely important to take the formulary to your doctor to consider the drugs on the list. If you or your physician have questions about formulary options that might be right for you, please contact Sav-Rx at 1 (800) 228-3108.

3. Question: Does coverage start the day a member joins and pays?

Answer: Yes, for example, if a member joins and pays on October 18<sup>th</sup>, coverage will start October 18<sup>th</sup> and run through the 18<sup>th</sup> of the next month.

4. Question: Will I receive a bill when my premium is due?

Answer: No, you will not receive a bill when your premium is due. Please be aware of your coverage dates and remit payment in a timely manner to avoid loss of coverage. You will not need to complete an enrollment form each time you submit a payment.

5. Question: Which dependents qualify for coverage?

**Answer:** 

- Spouse
- Legal dependents up to the age of 26
- 6. Question: When a dependent turns 26 do they still have coverage?

Answer: Yes, starting at age 26, the dependent is eligible as an extended family member but would have to enroll under their own separate plan.

7. Question: Who is covered on Extended Family Economy Plan?

Answer: Any family member that has a relationship to the LiUNA member through blood-relation or marriage. The list below is not all inclusive.

- Child age 26+
- Siblings
- Parents
- Grandparents
- Nieces/Nephews
- Cousins
- In-laws





8. Question: If I am on Medicare or Medicaid, should I participate in this plan?

MEDICARE Answer: No, this plan is not a creditable plan; you would be penalized if you joined Medicare at a later time. You may use this plan for medications that are not be covered by Medicare but it is not to be used as your primary plan.

MEDICAID Answer: No, Medicaid would provide the most substantial benefits. You may use this plan for medications that are not be covered by Medicaid but it is not to be used as your primary plan.

- 9. Question: Where can I use my Sav-Rx Economy Drug Card? Answer:
- You may use the Sav-Rx Mail Order Pharmacy
- You may use our network of more than 67,000 pharmacies at convenient locations across the country.\*
- To find a location visit www.savrx.com and click on "Locations".
  - o Enter your group number which is your local union number with "EC" at the end.
  - o Enter your zip code.
  - o If you need additional assistance, call Sav-Rx: 1 (800) 228-3108.
- Please keep in mind that you must show your card at the pharmacy to utilize the program.
- \*NOTE: This plan is not valid at Wal-Mart and Sam's Club pharmacies.
- 10. Question: How long does it take for the member or participant to receive their Sav-Rx Economy Drug card? Answer: Your Sav-Rx Economy Drug card will be printed and mailed to you First Class Mail within 72 hours of your eligibility being entered into the Sav-Rx system. Most people have their cards in 7-10 days.
- 11. Question: What if I need a prescription before I receive my Sav-Rx Economy Drug card? Answer: The pharmacist should call Sav-Rx at 1 (800) 228-3108 to verify your coverage. Sav-Rx customer service center is available 24 hours.
- 12. Question: What is a formulary?

Answer: A formulary is a list of medications that are regularly stocked and on hand in the pharmacy. The drugs on the formulary list are all FDA approved. Only the drugs on the formulary are covered at the co-pay amounts.

13. Question: Are all medications covered under this plan?

Answer: Yes, all medications are covered, but not all medications are on the formulary.

- Medications which are on the formulary are covered at \$10 or \$20 copayments.
- If a medication is not listed on the printed formulary, it will be covered at a discounted price.
- Keep in mind that if your medication is not on the formulary, there is most likely a different medication on the formulary may work just as well for you.





- 14. Question: How do I know what medications are on formulary? **Answer:**
- You can go to <a href="www.savrx.com">www.savrx.com</a> and click on "Drug Coverage" <a href="Enter your group number">Enter your group number</a> which is your local union number with "EC" at the end <a href="Enter your drug name">Enter your drug name</a>
- You may also call Sav-Rx, 1 (800) 228-3108 and ask for a consultation with a pharmacist.
  - A pharmacist will make recommendations of formulary medications for you to discuss with your prescriber.
- 15. Question: Are there quantity limitations?

Answer: This plan has a maximum day's supply of 30 at both the retail and mail order pharmacy. There may be other quantity limitations that are listed on the formulary.

16. Question: Is insulin on the formulary?

Answer: Multi-dose vials of insulin are covered on the formulary for the \$20 copayment per vial. Insulin pens are not formulary but offered at a discounted price.

17. Question: Are medications for erectile dysfunction covered?

Answer: Generic Viagra is a formulary medication through the Sav-Rx Mail Order pharmacy. You can receive 6 tablets a month for your \$10 copayment. Other medications for erectile dysfunction are available at a discounted cost.

18. Question: Are medications for birth control covered?

Answer: Yes, there are two oral birth control medications on the formulary. They are available through the Sav-RX Mail Order Pharmacy only; a one-month supply will be a \$10 copayment. All other birth controls are not formulary but offered at a discounted price.

19. Question: If I have a question about my copayment or my formulary medication at the local pharmacy who should I reach out to?

Answer: Please call Sav-Rx, 1 (800) 228-3108.

We are available 24 hours a day, 7 days a week, and 365 days a year.

20. Question: How do I use the mail order?

#### **Answer:**

- Your doctor may E-scribe new prescriptions to Sav-Rx or call in new prescriptions to Sav-Rx at 1 (800) 228-3108.
- You may mail your prescription to Sav-Rx PO Box 8 Fremont, NE 68026.
  - o Please note, your payment is required with your order.
  - o Be sure to reference your Sav-Rx identification number with each prescription.
- · Additional mail order forms are available at www.savrx.com.





21. Question: How do I order refills through the mail order?

Answer: There are three options to order refills through mail order.

- Call Sav-RX at 1 (800) 228-3108 (Available 24 hours a day, 7 days a week)
- Order online at www.savrx.com
- Order using the Sav-RX App o Download the Sav-Rx App on your mobile device or computer from the App Store or Google Play
- 22. Question: If the LiUNA member passes away, are the spouse, dependent, and/or extended family still eligible for coverage?

Answer: Yes, as long as both requirements are met:

- The deceased member was in good standing with membership dues at the time of passing.
- The spouse, dependent, and/or extended family member is related to the deceased.
- 23. Question: Is there a limit (cap) to the number of prescriptions a member/participant can have at one time?

Answer: 1. It does not matter how many prescriptions a person has. 2. There is a 30-90 day supply limit, depending on what the prescription is and how it is ordered. Pharmacy orders will be a 30 day supply, mail in orders <u>can be</u> up to 90 day supply - depending on the type of medication.