



**WELCOME TO  
YOUR CAPITAL RX  
PHARMACY BENEFITS!**



## WELCOME TO CAPITAL RX

Thank you for being a valued Capital Rx member. When it comes to your health, we are with you every step of the way. Our top-tier services and resources are available to help you make the most informed decisions for you and your family.

If you are prescribed a 90-day prescription for maintenance medications (e.g. long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol), you can fill your prescription at retail pharmacies or through mail service.

Until you receive your new ID card in the mail, please provide the following information when filling a prescription.

Rx Bin: 610852  
Rx PCN: CHM  
Rx Group: JD196

If you don't know your member ID, please call Customer Care for support.

Please review your member booklet to learn more about your pharmacy benefits. If you have questions, please reference the back cover for who to contact for support.

Thank you,  
Capital Rx





## GETTING FAMILIAR WITH PHARMACY BENEFITS

As a pharmacy benefit manager or PBM, our role is to oversee your prescription benefit plan. We work closely with your employer or health plan to offer the right balance of drug access and cost savings. The plan setup or features of your pharmacy benefit can impact where you can fill your prescriptions and your cost at the pharmacy.



### WHAT FEATURES OF YOUR PHARMACY BENEFIT COULD IMPACT YOU?

**Pharmacy Network:** A pharmacy network is a group of pharmacies that we are contracted with to provide medication at a specific price. For a pharmacy to be part of our network, they must meet specific standards and go through a detailed review process. Each pharmacy in the network is reviewed on a re-occurring basis to ensure they consistently meet business standards. Different types of pharmacies can be included in a network. They are typically organized into channels called retail, mail order or specialty pharmacy. This part of your pharmacy benefit can affect your cost and drug access.

**Copay or Coinsurance:** A copay or coinsurance is a form of cost sharing between you and your employer or health plan. Copays are flat costs your pharmacy plan setup may have to determine what you pay for medications. Coinsurance also defines what you pay for medications, but it is calculated as a percentage rather than a flat cost.



## GETTING FAMILIAR WITH PHARMACY BENEFITS

**Deductible:** A deductible is another form of cost sharing but defines the amount you must pay before your plan will pay for covered medications. A deductible can be combined with your medical costs and will count towards one total amount. If a plan setup has a separate prescription deductible, only drug costs will count towards this amount.

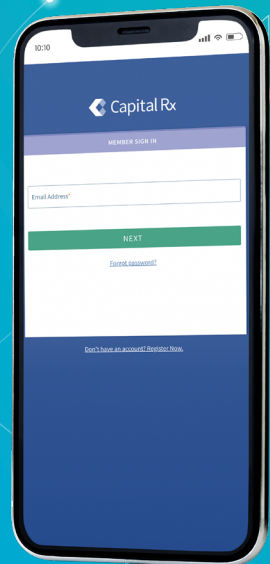
**Maximum Out-of-Pocket (MOOP):** A maximum out-of-pocket (MOOP) is the most you will pay for your covered medications each year. This typically includes your deductible, coinsurance, and copay amounts. How or what costs apply to your MOOP is specific to each plan setup.

***Please note:** Not all plans are set with these features. Please refer to your summary of benefits to review your plan in detail.*

### WHAT RESOURCES ARE AVAILABLE TO HELP ME MANAGE MY PHARMACY BENEFIT?

To track progress with all applicable deductible or MOOP amounts, log into the member portal and view your 'Benefit Information'. The member portal can also help you estimate cost at a network pharmacy with our 'Find Best Price' tool. Use the 'Nearby Pharmacies' search to locate a pharmacy convenient for you.

Download the Capital Rx app or visit <https://app.cap-rx.com/login> to view all resources available.



Simply put, a formulary is another name for a drug list. A formulary is a list of generic and brand-name drugs typically covered by your pharmacy benefit plan. The primary purpose of a formulary is to promote the most safe and effective use of medications while delivering value.

At Capital Rx, your health is our top priority. We prepare formularies to ensure that you have access to a robust offering that meets your needs and lowers your overall prescription drug cost.

Your pharmacy benefit covers many prescription drugs, but some exclusions may apply. If a drug is not covered, an alternative covered drug will be available.

### WHAT ARE TERMS COMMONLY USED WHEN TALKING ABOUT FORMULARY?

**Tier:** Formularies are organized into categories called tiers. Each prescription drug is placed in a tier depending on the type of drug. Formularies are commonly divided into three tiers. Some plans may have more or less than three tiers, but how tiers are managed is the same.

**Please note:** *Drugs that are newly approved by the Food and Drug Administration (FDA) may not be covered until they have been fully evaluated.*

**What is a Prior Authorization (PA):** Approval may be required before your pharmacy benefit plan will cover certain drugs. This process ensures you receive a prescription that is safe and is the most cost effective. Once notified by the pharmacy, your doctor will work with Capital Rx to complete paperwork to submit a prior authorization.

**What is a Quantity Limit (QL):** There is a limit on the maximum dosage or quantity for certain medications that are covered per prescription, or within a specific time frame. If you require a dose or quantity beyond what the limit allows, please work with your doctor to submit a prior authorization for approval.

**What is Step Therapy (ST):** You may be required to try another medication (usually a generic) prior to starting the medication your doctor prescribed (usually a brand). If a medication you are prescribed has a step therapy program in place, please discuss your options with your doctor.

### FORMULARY RESOURCES FOR YOU & YOUR DOCTOR

To review if your medications have prior authorization, step therapy, and/or quantity limit requirements, log into the member portal and use the 'Lookup Formulary' tool.

Your doctor can work with Capital Rx to complete paperwork needed for prior authorization requests. They can refer to [www.cap-rx.com/prescribers#prescriber-forms](http://www.cap-rx.com/prescribers#prescriber-forms) to download a fillable form and more.





## FACTS ABOUT GENERIC DRUGS

- FDA requires generic drugs to have the same active ingredient, strength, dosage form, and route of administration as the brand-name drug.
- All manufacturing, packaging, and testing sites must pass the same quality standards as those of brand-name drugs.
- Generic drugs tend to cost less than their brand-name counterparts because they do not have to repeat clinical studies that were required of the brand-name drugs to demonstrate safety and effectiveness.

ON AVERAGE GENERIC  
DRUGS COST

**80-85%**

less than the  
brand-name equivalent



— **GENERIC  
DRUGS**

**9 in 10**

PRESCRIPTIONS FILLED IN  
THE U.S. are for generic drugs



**GENERIC AND BRAND-NAME DRUGS HAVE THE SAME:**

Active  
Ingredients

Safety

Effectiveness

Strength

Quality

Benefits

# OUR DIGITAL APP HAS ALL OF THE INFORMATION YOU WOULD EXPECT WITH ADDED FEATURES!

The Capital Rx suite of digital tools includes an online member portal and mobile app, giving you a personal advisor for your prescriptions in the palm of your hand.

Find low cost medications at a pharmacy near you

Find a pharmacy

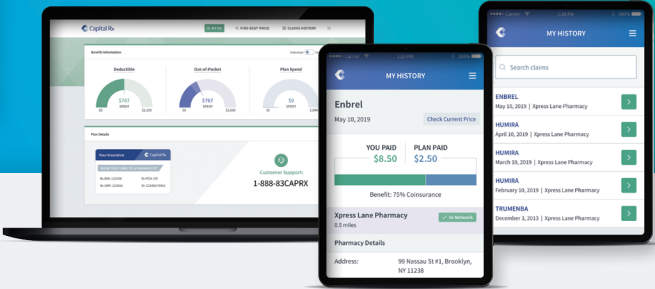
View your claims history

Download a digital pharmacy ID card

View which medications are covered under your plan

Track how much money you have paid towards your out-of-pocket obligations

View or download member documents and plan forms



## HOW TO REGISTER:

1. Visit <https://app.cap-rx.com/register>
2. Fill in your personal information and click **VALIDATE**
3. Complete credentials form and click **CREATE ACCOUNT**
4. Check your email and locate the verification code sent from Capital Rx
5. Enter the code provided to validate your email address

**Registration is complete!** You can now login using the credentials established during registration!

SEARCH "CAPITAL RX" TO  
DOWNLOAD ON THE APP STORE.



## SAVING TIME AND MONEY ON YOUR PRESCRIPTIONS HAS NEVER BEEN EASIER.

Capital Rx and Costco Mail Order are working together to offer you affordable prescription medications delivered right to your home.

### Getting started with Costco Mail Order:

Please reach out to your prescriber and update your mail order pharmacy provider to Costco.

**Online:** Go to [pharmacy.costco.com](https://pharmacy.costco.com) and create a patient profile.

**Phone:** Call Capital Rx and follow the prompts for medications delivered to your home to provide patient and payment information.

### Choose one of the following options to request refills of current prescriptions or send new prescriptions to Costco Mail Order:

**Mail:** Go to [pharmacy.costco.com](https://pharmacy.costco.com) and access your patient account. Select refill prescriptions or new prescriptions. Follow the prompts to complete the request and mail your paper prescription to Costco Pharmacy, 260 Logistics Ave, Suite B, Jeffersonville, IN 47130.

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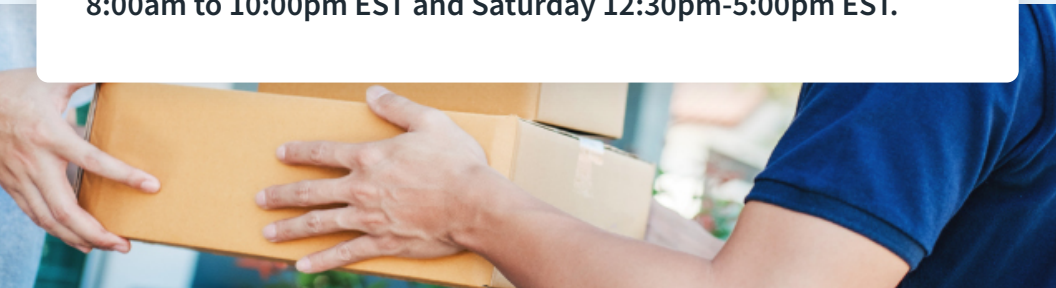
**E-prescribe:** Have your prescriber electronically send your prescription to Costco Pharmacy, #1348, Zip Code 47130.

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**Fax:** Have your prescriber fax your prescription to 1-877-258-9584. Faxed prescriptions may only be sent by a doctor's office and must include patient information.

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Mail Order Customer Support is available Monday-Friday 8:00am to 10:00pm EST and Saturday 12:30pm-5:00pm EST.





## MEET YOUR NEW SPECIALTY PHARMACY TEAM!

Costco Specialty Pharmacy provides a patient-centric model that drives improved clinical outcomes, positive experiences and saves money. Our personalized and caring approach is designed to empower and inspire patients to choose healthy behaviors and live better.

### Getting started with Costco Specialty:

Please reach out to your prescriber and update your specialty pharmacy provider to Costco Specialty Pharmacy.

- 1 Have your prescriber e-prescribe to Costco Specialty Pharmacy #1349, Zip Code 47130 or fax your prescription to 1-800-644-1180. Make sure your prescriber includes your contact information. If prior authorization is required, your prescriber may need to take extra steps to submit your prescription. To review more information related to prior authorizations, visit <https://cap-rx.com/members/> or call Capital Rx Customer Care.
- 2 A representative from Costco Specialty Pharmacy will call you to obtain more information and schedule your first delivery. Additionally, you may call Capital Rx Customer Care to confirm receipt of the prescription from the prescriber. When calling, please follow the prompts for specialty pharmacy.
- 3 Your prescription will arrive when and where you've requested.

### Costco Specialty Pharmacy offers specialty services and programs to support your needs.

- Education and support programs to help manage your condition.
- Delivery to your home or another address within two days of ordering at no cost.
- Highly trained pharmacists and nurses available to answer any questions.
- Insurance specialists to help you get the most out of your benefits.
- Therapy-related ancillary medical supplies provided at no additional cost.

Specialty Pharmacy Customer Support is available Monday-Friday 9:00am to 10:00pm EST and Saturday 9:00am-5:30pm EST. Clinical pharmacists are also available 24 hours a day, 7 days a week for urgent requests.

## IMPORTANT REGULATORY INFORMATION

Capital Rx protects your health information and complies with HIPAA standards. For more information, please visit [cap-rx.com/legal](http://cap-rx.com/legal).

Capital Rx complies with all applicable laws including Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Capital Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Capital Rx is pleased to offer the following language assistance services free of charge:

- Qualified interpreters
- Information that is written in other languages

If you need these services, please call the number on the back of your ID card. (TTY: 711)

If you believe Capital Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by choosing one of the following methods:

- **Mail:** Capital Rx LLC, Attn: Compliance Department, Civil Rights Coordinator, 228 Park Avenue South, Suite 87234, New York, NY 10003
- **Email:** [compliance@cap-rx.com](mailto:compliance@cap-rx.com)
- **Phone:** 1-888-617-6521 (TTY: 711) and follow the prompts for Legal and Compliance concerns

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by choosing one of the following methods:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms available online at: [http://www.hhs.gov/ocr/offi\\_e/file/index.html](http://www.hhs.gov/ocr/offi_e/file/index.html)
- **Mail:** U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)

## LANGUAGE SERVICES AVAILABLE:

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-832-2779. (TTY: 711)

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-832-2779. (TTY: 711)

### Chinese

僑星5グ借厘豆う种芋 | 十1履▽+(+)奉示厘沸乃戌KM厘孺€猝眼楮  
1-888-832-2779 (TTY: 711)

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-832-2779. (TTY: 711)

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-832-2779 (TTY: 711) 번으로 전화해 주십시오.

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-832-2779. (TTY: 711)

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-832-2779. (TTY: 711)

### Arabic

ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالجان. اتصل برقم 9772-238-888-1

### Navajo

D77 baa ak0 n7n7zin: D77 saad bee y1n7[t'i'go Diné Bizaad, saad bee  
1k1'1n7da'1wo'd66', t'11 jii'keh, 47 n1 h0l=, koj8' h0d77lnih 1-888-832-2779.  
(TTY: 711)

### Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-832-2779. (TTY: 711)

### French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-832-2779. (TTY: 711)

### Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-832-2779. (TTY: 711)

### Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-832-2779. (TTY: 711)

### Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。  
1-888-832-2779 (TTY: 711) まで、お電話にてご連絡ください

### Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-832-2779. (TTY: 711)

### German




ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-832-2779. (TTY: 711)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.  
با 1-888-832-2779 تماس بگیرید.





# MY MEDICATION LIST

 Medication Name and/or dosage	 When Do I Take this medication?	 Prescriber/ Doctor name and contact information	 Pharmacy name	 Mail	 Retail
example: Keytruda	example: bedtime	example: Dr. Smith (123)123-1234	example: Costco	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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IF YOU HAVE ANY PROBLEMS WITH YOUR MEDICINE - DO NOT WAIT. TALK TO YOUR HEALTH CARE PROVIDER OR PHARMACIST RIGHT AWAY.

## CAPITAL RX IS HERE TO SUPPORT YOU!

Our customer care representatives are available 24 hours a day, 7 days a week to answer any questions you may have about your prescription drug benefit plan.

**Toll Free Number: 1-833-599-1013**

**Rx Bin: 610852**

**Rx PCN: CHM**

**Rx Group: JD196**

If you don't know your member ID, please call Customer Care for support.

## CAPITAL RX'S MEMBER PORTAL IS THE QUICKEST AND EASIEST WAY TO:



**MANAGE OR VIEW  
YOUR BENEFIT  
INFORMATION**



**ACCESS YOUR  
PRESCRIPTION  
HISTORY**



**TRACK  
OUT-OF-POCKET  
SPEND**



**SCAN HERE TO VISIT OUR WEBSITE  
AND ACCESS A FULL SUITE OF MEMBER  
RESOURCES.**

## ACCESS TO DIGITAL FORMS

- Fill out digital direct member reimbursement or authorized representative forms
- Download Digital Prescription Drug Claim Form
- Complete Authorized Representative Form
- View Patient Rights and Responsibilities
- Learn More with Frequently Asked Questions





Visit [cap-rx.com](https://www.cap-rx.com)  
to learn more.

**FOLLOW US TO STAY  
CONNECTED ON OUR LATEST  
NEWS AND UPDATES!**

