



WELCOME TO YOUR CAPITAL RX PHARMACY BENEFITS!

This member booklet is customized for

WELCOME TO CAPITAL RX

WellSpan Health partners with Capital Rx to administer your prescription drug benefit program. When it comes to your health, we at Capital Rx 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.

You may see our name from time to time regarding periodic formulary updates or other information as we work to get you the right medications at the best costs.

For specific drug coverage questions, please call Capital Rx's Customer Service at (844) 306-5008.

Mandatory Maintenance Program

As part of your continuing prescription drug benefit program with your employer, please also remember that all maintenance medications must be filled via WellSpan Pharmacy on an ongoing basis. For new maintenance medication prescriptions, you will be permitted up to two (2) refills of a medication classified as a maintenance medication at your current pharmacy, if you do not already utilize WellSpan Pharmacy. After that, they must be filled through a WellSpan Pharmacy to be considered under your plan.

Maintenance medications will be filled as 90 or 100-day supplies.

The Maintenance Medication Mail Order Request Form must be completed prior to any medications being dispensed via our convenient mail-order option. Please scan the QR code to find a nearby WellSpan Pharmacy. Additional information and forms are at www.wellspanbenefits.org.



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.

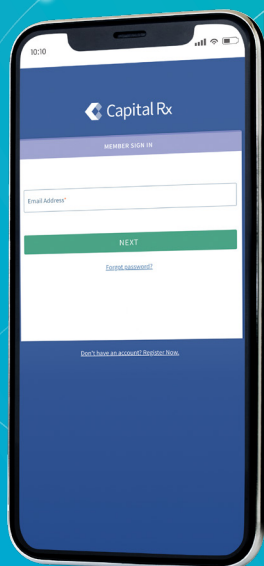
Maximum Out-of-Pocket (MOOP): A maximum out-of-pocket (MOOP) is the most you will pay for your covered medications each year. This typically includes your deductible, coinsurance, and copay amounts. How or what costs apply to your MOOP is specific to each plan setup.

***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.



FORMULARY

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 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

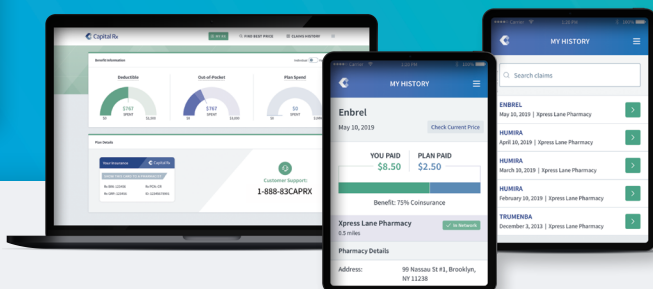
View your claims history

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

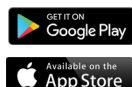


HOW TO REGISTER:

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.



RECEIVE PERSONALIZED CARE WITH WELLSPAN PHARMACY.

Capital Rx and WellSpan Pharmacies are working together to provide you with safe and cost-effective ways to get your medications when you need them. At WellSpan Pharmacy, we work as your partner in providing prescriptions, immunizations, medication reconciliation and more.

Get Started with a WellSpan Pharmacy at:

WellSpan Ephrata Community Hospital

2183 N. Reading Rd.

Ephrata, PA 17522

Phone: 717-721-5784

WellSpan York Hospital

1001 S. George St.

York, PA 17403

Phone: 717-851-2712

WellSpan Pharmacy - Apple Hill

25 Monument Rd.

York, PA 17403

Phone: 717-741-8150

WellSpan Adams Health Center - Mail Order

40 V-Twin Dr.

Gettysburg, PA 17325

Phone: 717-339-2600

WellSpan Good Samaritan

252 S. 4th St.

Lebanon, PA 17042

Phone: 717-639-3005

WellSpan Pharmacy - Specialty

4910 Fairfield Rd.

Fairfield, PA 17320

Phone: 717-642-8812

To ask questions or get started with a new prescription, call your preferred WellSpan pharmacy location for assistance or scan the QR code to visit the website to learn more!





IMPORTANT REGULATORY INFORMATION

Capital Rx protects your health information and complies with HIPAA standards. For more information, please visit 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
- **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/office/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 a language other than 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:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 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 1-888-832-2779 (TTY: 711)

Russian:

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

Haitian Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed 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 (ATS: 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)

Farsi:

توجه: اگر به زبانی غیر از زبان فارسی صحبت می‌کنید، خدمات پشتیبانی زبان به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره 1-888-832-2779 (تله‌تایپ: 711) تماس بگیرید.

Arabic:

تنبيه: إذا كنت تتحدث لغة أخرى غير العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل على الرقم 1-888-832-2779 (الهاتف النصي: 711).

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: CVS | <input type="checkbox"/> | <input checked="" 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: 1-844-306-5008

Rx Bin: 611790

Rx PCN: COMM

Rx Group: AL03

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
to learn more.

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

