

American Maritime Officers Medical Plan bulletin: important information when acquiring prescription medication

If you have any questions regarding prescription drug coverage, you may contact Envision/Rx Options' customer service at (800) 361-4542 or, as always, you may contact the AMO Medical Plan Participant Services at (800) 348-6515.

FREQUENTLY ASKED QUESTIONS

How soon can I call in a refill?

You may not refill a prescription until at least 80% of the days supplied have passed (i.e. if you have a 30-day supply of a medication, you cannot refill that prescription until at least 24 days have passed).

Is there a maximum supply of medication that I can obtain with a prescription?

Yes. The maximum supply is as follows:

- 30-day maximum supply on all acute medications purchased at the retail pharmacy
- 90-day maximum supply on maintenance medications purchased at the retail pharmacy (unless working at sea, then a maximum of a 180-day supply)

How can I get an override for my prescriptions when I am working at sea for an extended period of time?

Contact Envision/Rx Options' customer service at (800) 361-4542 or the AMO Medical Plan at (800) 348-6515 no sooner than 7 days prior to departure and provide the following information:

- The medication and quantity required
- The date of departure
- The name of the vessel

Contact AMO Medical Plan at (800) 348-6515 ext. 13 if you need authorization for Injectable or Specialty Drugs.

GENERIC VS. BRAND

Should my prescription be filled with a generic drug?

Under the Rules and Regulations of the AMO Medical Plan, all prescription drugs are required to be filled as generic (if available), unless the physician specifically requires a brand drug based on medical necessity and it is approved by the Plan office. When your physician writes you a prescription, ask him/her if the medication is available as a generic. If so, ask him/her to sign the prescription allowing for generic substitution. When your prescription is signed allowing generic substitution, your pharmacist can fill your prescription with a generic drug. If you have any questions concerning your medications, always ask your doctor or pharmacists. Please note: If a generic drug is available and you request the brand name medication, you will be responsible for the difference between the generic medication cost and the brand medication cost.

How can I reduce costs when obtaining prescription drugs?

The Envision Rx Options Web site www.envisionrx.com is extremely informative and can help you make cost saving decisions for you and your family. Under Resource Tools you can locate

the 2008 National Prescription Drug List. This list can help you compare and determine the most cost-effective medication decisions. The medications listed in Tier 1 are considered Generic and should be the least costly medication. The Medications listed in Tier 2 are considered Preferred Brand Name prescriptions and are discounted to reduce out-of-pocket expenses. Preferred Brand Name drugs should be considered if a generic equivalent drug is not available. The medications listed in Tier 3 are considered Non-Preferred Brands and do not have the most favorable discounted rate. Therefore, they may be the most costly. Generally, your out-of-pocket costs will be greater when filling medications from the Tier 3 Non-Preferred Brand List.

How can I find a network pharmacy and determine the cost of a prescribed drug?

The Envision Rx Options Web site also contains a directory of network pharmacies and drug and coverage pricing information.

OUT-OF-NETWORK PHARMACY INFORMATION: DIRECT REIMBURSEMENT

Should you decide to purchase your prescription drugs through a non-participating pharmacy, Envision/Rx Options will process the claim for direct reimbursement to you. Please note that you must comply with the following rules and guidelines in order to receive direct reimbursement for prescription drugs obtained through a non-participating pharmacy:

- You will be required to pay the pharmacy full price for the prescription drug.
- In order to receive reimbursement, the drug must be a covered drug under the AMO Medical Plan.
- A Direct Member Reimbursement Form must be completed by the Plan participant and submitted to Envision/Rx Options along with the pharmacy receipt showing name of drug, date of service, dosage, supply quantity and NDC #. Direct Member Reimbursement Forms are available through Envision/Rx Options' toll free number, via their Web site or through the AMO Medical Plan office.
- Reimbursements will be processed according to the negotiated discounts arranged by Envision/Rx Options and are subject to any co-payment or deductibles in accordance with the Rules and Regulations of the Plan.
- PLEASE BE AWARE THAT PURCHASING PRESCRIPTION DRUGS AT NON-PARTICIPATING PHARMACIES MAY RESULT IN A GREATER OUT-OF-POCKET EXPENSE.

IMPORTANT INFORMATION FOR CIGNA NETWORK SAVINGS

How can I utilize CIGNA providers most effectively?

You can search CIGNA's provider directory at www.cigna.com/SA-PPO2 or you may contact CIGNA's Care Allies at (800) 768-4695. Remember: Using participating providers offers you the highest level of benefit payment while reducing out-of-pocket expenses. Participating providers will file claims on your behalf and have agreed to receive payment under CIGNA's contractual discounted payment arrangement. You are responsible for paying any deductibles, co-payment and co-insurance amounts in a timely manner to the provider. Non-participating providers are not required to accept CIGNA's contractual discounted payment. You may be responsible for the difference between the billed amount and the eligible amount payable under the Medical Plan.

What steps can I take to ensure CIGNA In-Network discounts and providers are utilized for my medical services?

IMPORTANT: When scheduling In-Patient or Out-Patient Procedures in advance, request that the referring physician specifically schedule providers that are contracted with CIGNA. This may include the anesthesiologist, assistant surgeon, pathology, radiology and diagnostic services.

Most CIGNA physicians are familiar with this In-Network referral process. If you need further assistance with obtaining In-Network providers you may always contact the AMO Medical Plan at (800) 358-6515.

If you have a medical emergency, please attend to the treatment immediately. You should contact the Plan office as soon as reasonably possible.