

Tips to Reduce Drug Costs



Review Medications Every Six Months

Eliminate unnecessary drugs (and lower your risk of side effects and drug interactions) by reviewing medications with your physician or pharmacist.



Talk with Your Doctor about Cost

Let your doctor know that cost and therapeutic effectiveness both matter. Ask if there is a generic or lower-cost substitute available.



Shop around and Compare Prices

Look in supermarket pharmacies, chain pharmacies, independent pharmacies, and Sav-Rx mail order pharmacy.



Avoid Free Samples

Free samples are usually brand name and more expensive in the long run.



Ask for Smaller Amounts of New Meds

Consider asking your doctor for a smaller quantity of a new medication until you know it is right for you. This is especially helpful if you are paying cash or have a high copay.



Ask your Pharmacist for Guidance

Pharmacists can be helpful in guiding you and identifying other options if you are unable to afford your medications.



Call Sav-Rx at 1-866-233-IBEW (4239)

Call Sav-Rx for assistance in reducing your overall drug costs. There will be a live representative available to take your call 24 hours a day, 7 days a week, and 365 days a year.



Download the Mobile App!

Find us on the Apple Store or on Google Play

Use the Sav-Rx App to:

- View prescriptions on file
- Order multiple refills at once
- View your mail order history
- View current order status
- Track your orders
- Update your profile



For more information, visit
www.savrx.com



Call 1-866-233-IBEW

To speak at any time 24/7/365 with a live, union Sav-Rx representative.

IBEW Local 38 Health and Welfare Fund



**Medicare Retiree Secondary
Prescription Drug Plan
Administered by:**



**1-866-233-IBEW
1-866-233-4239**



Your Prescription Benefit

IBEW Local 38 Health and Welfare Fund works with Sav-Rx to provide you with the most cost-effective and powerful prescription solutions.

RETAIL PHARMACY (UP TO 90 DAYS' SUPPLY)

Generic	\$10.00 (per 30 days' supply)
Preferred	\$25.00 (per 30 days' supply)
Non-Preferred	\$40.00 (per 30 days' supply)
Specialty	\$50.00 (Limited to 30 days)

SAV-RX MAIL ORDER PHARMACY (UP TO 90 DAYS' SUPPLY)

Generic	\$20.00
Preferred	\$50.00
Non-Preferred	\$80.00
Specialty	\$50.00 (Limited to 30 days)

How the Benefit Works

- The Sav-Rx Prescription Plan works in combination with your UnitedHealthcare (UHC) Primary Prescription Plan. The Sav-Rx plan is used as secondary coverage. It covers the \$505 annual prescription (Part D) deductible and some out-of-pocket expenses not covered by your UHC Primary Prescription Plan.
- To access the benefit, take your UHC Primary Prescription Plan card and your Sav-Rx card to your pharmacy along with your prescription. You must use your UHC Primary Prescription Plan first, and the Sav-Rx card may only be used as your secondary coverage.

Where to Use Your Benefit



Sav-Rx Retail Pharmacy Network:

How to Make Use of the Network

- To locate a pharmacy near you, visit www.savrx.com and enter the Group on your ID card and your zip code.
- To access the benefit, present both your UHC and Sav-Rx ID cards at your pharmacy



Sav-Rx Mail Order Pharmacy:

Benefits

- Cost-effective option for long-term maintenance and specialty medications
- All orders shipped directly to your door for no additional charge

How It Works

- Send in prescription
- Pay at the time of order
- Orders shipped to you
- Convenient refills by phone, the Sav-Rx website, or the Sav-Rx App

How to Send in Prescriptions (3 Options)

1. Ask your doctor to send the prescription electronically to Sav-Rx in Fremont, NE.
2. Ask your doctor to fax us the prescription at 402-753-2890.
3. Call Sav-Rx with your prescription drug names and your physician's contact information, and we will do the rest!

Covered Medications

- Most maintenance medications are covered by your plan. If your medication is covered by your Primary Medicare Part D Plan through UnitedHealthcare, it will be covered through your secondary plan under the IBEW Local 38 Health and Welfare Fund unless specifically excluded such as medications used for weight loss and cosmetic purposes.
- Medications not covered under your primary plan will be excluded from coverage under this prescription benefit except for erectile dysfunction.
- Please refer to your Summary Plan Description for specific coverage rules.

For Additional Questions:

- For questions about your prescription coverage or assistance with your prescriptions, contact Sav-Rx at 1-866-233-4239. Or find us online at www.savrx.com.
- For more information about your primary coverage, please contact UnitedHealthcare at 1-844-481-8820.

