



Dear United Workers Health Fund Member:

Welcome to Broadreach Medical Resources, Inc. (BMR), the program administrator for the United Workers Health Fund prescription drug benefit. At BMR we recognize the importance of your prescription benefit and are dedicated to providing exceptional service to you and your family. The table below provides a brief description of your prescription drug program. Additional details about your plan can be found at www.BMR-INC.com or by speaking to one of BMR's highly trained Customer Service/Pharmacy Technicians or Pharmacy Doctors at (866) 718-2375.

Prescription Drug Benefits - Plan C

If you need drugs to treat your illness or condition	Your cost if you use:	
	Retail Pharmacy	Mail Order Pharmacy
Generic Drugs	\$15	\$30
Preferred Brands	\$35	\$70
Non-Preferred Brands	\$75	\$150
Specialty Drugs	Not Available	Not Available
Plan has a \$200 Individual/\$600 Family deductible		
Days Supply	30-day Retail / 90-day Mail Order	
Clinical Programs	There may be Prior Authorization, Quantity Limitations & Step Therapy on some medications	
Summary Plan Description	Please consult your Summary Plan Description for additional information on your prescription program	
Provided by	RESTAT (Retail)	Affordable Scripts (Mail Order)

Please refer to Search Drug List and Plan Highlights information at the BMR Website to confirm which copay applies to your specific medication and if Clinical Programs or Prior Authorization apply.

If you do not have the ability to access BMR's Member Website, you may also contact our team of Member Services Representatives referenced in your Welcome Kit who will assist in answering your questions. When you call, you can either provide your member ID or SSN for identification.

Broadreach Medical Resources, Inc.



When to use the BMR Website and Member Services

The best place to go for Prescription Drug Plan information is the BMR Website at www.BMR-INC.com on the Internet. This Website not only provides an overview of the services and tools available to you; it's also the place to get answers to your questions. The Website should be your first stop for information, personalized reports on your benefit history and much more. Please refer to this overview for guidelines on how to make the most of this valuable resource and when you should call the BMR Member Services Center.

<i>If You Need to...</i>	<i>Then Use...</i>
<ul style="list-style-type: none">> View your current plan coverage> Find a participating pharmacy> View your claims history information> Look up medications on the Search Drug List> Search Frequently Asked Questions> Learn how to use the MedVantx Pharmacy Service	<p>Your BMR Website This comprehensive, secure Website offers everything you need to view essential information regarding your Plan and understand how to get the most from your Prescription Drug Plan. The Website is available virtually 24 hours per day. Just log on to www.BMR-INC.com, register and find out how easy it is to use.</p>
<ul style="list-style-type: none">> Resolve an issue for which you need assistance> Request replacement and/or additional ID cards> Ask for Prior Authorization	<p>BMR Member Services 1-866-718-2375 ext 4 Your BMR Service Representative is dedicated to resolving any concerns or questions you may have. 8:00 AM to 7:30 PM, M-F (EST)</p>
<ul style="list-style-type: none">> Register for Mail Service for the first time> Refill maintenance medications> Check on order status> Update your patient profile	<p>Affordable Scripts Mail Service 1-516-561-6480 Your Affordable Scripts Service Representative can assist you in filling your mail order prescription.</p>
<ul style="list-style-type: none">> Ask about eligibility and enrollment> Update your address or dependent changes	<p>The Dickinson Group 1-877-347-7225 Your Dickinson Representative can assist you with questions you may have about your Plan.</p>

Important Message

Penalty for Member Requesting Brand Medication

When a physician writes a prescription, they will either indicate "**Dispense as Written**" which means that, even if a generic is available, they are not authorizing substitution, or, they will not permit substitution.

If, for example, the price of the Brand medication is \$150 at a retail pharmacy, and the Generic medication costs \$15, then the out-of-pocket expense will be \$150 less \$15 or \$135 that you'll be responsible to pay. If you get a covered Generic medication instead of a Brand medication, your cost will be just the Generic copay which is \$15.



What you need to know about using your Prescription Drug Plan

Your Prescription Drug Plan is administered by BMR. We offer online and telephone support that can help you get the most out of your coverage during the year. Here are some important things you need to know about how to use your Prescription Drug Plan and how services are provided.

Retail Pharmacy

Finding a participating local Pharmacy

Your plan provides you with prescription drugs through RESTAT's national network of 64,000 pharmacies.

- > Go to BMR's Website at **www.BMR-INC.com** and log in using your secure ID and Password.
- > If you are a first time user, follow the instructions for registering as a new user.
- > Click the "Find a Pharmacy" button.
- > If you do not have access to the Internet, contact BMR Member Services at 866-718-2375.

What you need to know

- > Present your BMR Drug Card along with your prescription at a participating pharmacy.

To transfer a prescription

- > You can transfer a prescription from a local retail pharmacy that is **NOT** on the new network list to a RESTAT pharmacy that **IS** on the list, by following these steps:
 1. Go to a listed RESTAT pharmacy with your prescription or medication bottle that shows your prescription refill information along with your new Prescription ID Card.
 2. Request that your prescription be transferred to the RESTAT network pharmacy.

Mail Order Service

Affordable Scripts Inc. provides your Plan's prescription

How to use Affordable Scripts Pharmacy Services

- A. By mail
 1. Fill out the order form included in your Welcome Kit.
 2. Mail the order form along with your original prescription(s) from your doctor and your check or money order (if not paying by credit card) to:
 - Affordable Scripts Inc.
 - 177 Rockaway Ave.
 - Valley Stream, NY 11580-5823

- C. Questions about Mail Services, call:
1-516-561-6840.

Be sure to have your form handy at the time of the call. A Representative will help you through the process of registering and obtaining Mail Order prescriptions by calling your physician.

You will receive your medication 5 to 7 days via USPS First Class mail free of charge.

Understanding your Prescription Drug Program

Prescription benefit costs are rising dramatically each year. Employers and employees are seeking new solutions that contain and lower plan costs, but still being able to provide access to the latest advances in drug therapies. BMR has designed clinical programs to manage and contain rising costs while, at the same time, providing access to appropriate medications.

For more information visit the BMR Member Website www.BMR-INC.com or call BMR Member Services at 1-866-718-2375 to identify which specific medications are included in these programs.

Quantity Limitations - QL

QL applies to some medications that are used per episode rather than on a daily basis. The quantity you receive has been determined from medical findings, manufacturer information and FDA guidelines. See if this applies to your prescription.

Prior Authorization - PA

This program includes medications that have clear clinical criteria to identify who will utilize them. They also may have laws controlling their distribution, such as a controlled substance.

Non-Maintenance Medications

Your Plan has designated certain categories of medication as Non-Maintenance Medication. These drugs can ONLY be filled initially through a Retail Pharmacy. A list of these categories can be found on your company's intranet site or at BMR's Website, www.BMR-INC.com

Step Therapy - Step

This program establishes a sequence within selected drug categories, which involve drugs that are equally as effective as others, but less costly. "Step" may require you to use a "first line" medication before being authorized to use a second-line drug.

Example: Treatment for ACE/ARB

- > Step 1 - ACE (Benazepril, Lisinopril)
ARB (Losartan, Irbesartan)
- > Step 2 - (After trying Step 1 product with little relief):
Brand ARB (Non-preferred copay)

Step Therapy Drug Classes include:

- > GI/Ulcer
- > Statins (Cholesterol lowering drugs)
- > ACE/ARB's
- > Migraine

If you are a candidate for Step Therapy, you will receive information about the program and how it may affect your medication needs. The Step Therapy Drug Classes are subject to change based on market introductions or changes.



Employee/Retiree Information

Check One: Employee Retiree COBRA

LOCAL UNION		GROUP #		EMPLOYEE/RETIREE SOCIAL SECURITY NUMBER		
LAST NAME			FIRST NAME		D.O.B.	INITIAL
SHIP TO THE ADDRESS BELOW. <input type="checkbox"/> Please check here if this is a change of address.						
STREET			APT. #	CITY		
STATE	ZIP CODE	DAYTIME PHONE ()				
AUTHORIZED RELEASE: I certify that information on this form is correct, and have received notice of the Hippa Privacy Act. <input type="checkbox"/>						
X _____				_____		
Employee/Retiree Signature				Date		

Patient No. 1 Information

LAST NAME		FIRST NAME			INITIAL
DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SPONSORED DEPENDENT		IS THIS YOUR FIRST AFFORDABLE SCRIPT MAIL ORDER PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRUG ALLERGIES: <input type="checkbox"/> NONE <input type="checkbox"/> ASPIRIN <input type="checkbox"/> CODEINE <input type="checkbox"/> PENICILLIN <input type="checkbox"/> SULFONAMIDES <input type="checkbox"/> OTHER _____					
PHYSICIAN INFORMATION					
LAST NAME		FIRST NAME		INITIAL	PHONE NUMBER ()

Patient No. 2 Information

LAST NAME		FIRST NAME			INITIAL
DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SPONSORED DEPENDENT		IS THIS YOUR FIRST AFFORDABLE SCRIPT MAIL ORDER PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRUG ALLERGIES: <input type="checkbox"/> NONE <input type="checkbox"/> ASPIRIN <input type="checkbox"/> CODEINE <input type="checkbox"/> PENICILLIN <input type="checkbox"/> SULFONAMIDES <input type="checkbox"/> OTHER _____					
PHYSICIAN INFORMATION					
LAST NAME		FIRST NAME		INITIAL	PHONE NUMBER ()

Patient No. 3 Information

LAST NAME		FIRST NAME			INITIAL
DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RELATIONSHIP TO EMPLOYEE <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SPONSORED DEPENDENT		IS THIS YOUR FIRST AFFORDABLE SCRIPT MAIL ORDER PRESCRIPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRUG ALLERGIES: <input type="checkbox"/> NONE <input type="checkbox"/> ASPIRIN <input type="checkbox"/> CODEINE <input type="checkbox"/> PENICILLIN <input type="checkbox"/> SULFONAMIDES <input type="checkbox"/> OTHER _____					
PHYSICIAN INFORMATION					
LAST NAME		FIRST NAME		INITIAL	PHONE NUMBER ()

Affordable Script Patient Profile & Order Form

Welcome to the mail service prescription program **Affordable Script** is providing to your company. This program offers a convenient, less expensive way to order prescribed maintenance medication for direct home delivery. We are pleased to extend this service to you and look forward to fulfilling your prescription needs in the future.

Instructions For Use

- For New Orders or Patient Information Changes, complete one Patient Information Section for each person.
- For Refills, complete one Patient Information Section for each person and indicate Prescription Numbers to be refilled.
- Mail at least 21 days prior to your needs to allow sufficient time to process your order.

It's Important! Have You...

- Included Employee/Retiree Social Security Number?
- Enclosed your check, VISA, Discover or MasterCard number if applicable?
- Enclosed original prescription(s)?
- Signed where appropriate?

INCOMPLETE ORDER FORMS WILL BE RETURNED TO YOU.

Questions?

CALL TOLL FREE

1-800-325-7995

Monday through Friday 9:00-4:00

Number of Prescriptions Enclosed

New _____

Affordable Script Refills _____

Total Number _____

Co-Pay Amount (If applicable) \$ _____

To Be Completed For Refills

(Print Affordable Script Prescription Numbers in the spaces provided.)

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If your label reads "NO REFILLS REMAIN—CALL YOUR DOCTOR," you should contact your doctor and request a new prescription.

Method of Payment (If Applicable)

Check (Payable to **Affordable Script Inc.**) Money Order or Cashier's Check

VISA MasterCard Discover

_____ Credit Card Number

_____ Exp. Date

X _____
Cardholder's Signature



AFFORDABLE SCRIPT INC.

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(516) 561-6480 • Fax (516) 561-6483 • Website www.affordablescript.com

