

Secondary Prescription Drug Plan Administered by:



Pharmacy Benefit Management Guide

NECA-IBEW
Family Medical
Care Plan



Where to Use the Benefit

Your Prescription Benefit

Retail Pharmacy

Generic	\$0
Formulary Brand	20%
Non-Formulary Brand	30% (Min. \$40)
Brand w/ Generic	\$0 + Diff in Cost

Sav-Rx Mail Order & Walk-In Mail Order

Generic	\$0
Formulary Brand	20%
Non-Formulary Brand	30% (Min. \$40)
Brand w/ Generic	\$0 + Diff in Cost

Maximum Out of Pocket

Individual	\$1,000
Family	N/A

Deductible

Individual	N/A
Family	N/A

- Coordination of your benefits will result in these copays.
- This Sav-Rx Secondary Prescription Drug Plan works with the UnitedHealthcare Primary Prescription Drug Plan to assist with some expenses not covered by the primary plan.
- The Sav-Rx Plan is secondary coverage.
- To access the benefit, present both your UHC Primary ID card and Sav-Rx Secondary ID card at the pharmacy.

Sav-Rx Retail Pharmacy Network

How to Make Use of the Network

- Present your card at any of over 72,000 retail network pharmacies nationwide to purchase your prescription medication.
- To locate a pharmacy near you, visit www.savrx.com and enter the Group on your ID card and your zip code.
- Walmart and Sam's Club are excluded from this union friendly network.

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!**

Medication Coverage

Your Prescription Medication Benefits Explained

- Most maintenance medications are covered by your plan. It is important to note that any medications covered by your primary UnitedHealthcare (UHC) benefit will be covered through this secondary prescription benefit.
- Certain products are excluded from prescription coverage. Medications not covered under your primary UHC benefit will be excluded from coverage under this secondary prescription benefit, unless they were previously covered under your union plan.
- Some medications may be subject to quantity limitations or require prior authorization for coverage.

Call 866-233- IBEW (4239)

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

RetireeFirst

For all other plan questions please
call RetireeFirst at:

855-220-9437

Patient Portal



Use the QR code or visit
app.savrx.com/login to use our
secure patient portal!