

What is a Formulary?

A drug formulary is a list of generic and brand-name prescription medications covered by your prescription insurance plan. Drug formularies vary from plan to plan.

For questions on whether a medication is covered by your plan, please contact our Customer Care Center at 1-855-693-3921 (TTY/TDD call 711) for assistance.

Why do I need to go to a Specialty Pharmacy?

Retiree RxCare partners with specialty pharmacies to minimize prescription costs while improving members' quality of care. Our Specialty Pharmacy program addresses the rising costs of these medications with programs specifically designed to make them more affordable.

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How do I sign up for Mail Order?

Please use the below link for assistance in signing up for Mail Order.
Birdi Mail Order Pharmacy – www.birdirx.com/sign-in

What is a Transitional Override?

Within the first 90 days of coverage with Retiree RxCare, starting from your effective date of coverage, we will provide new enrollees a temporary 30-day fill (unless you present a prescription written for less than 30 days in which case we will allow multiple fills to provide up to a total of 30 days of medication) of non-formulary medication or medications that require Step Therapy, Prior Authorization, or are subject to Quantity Limit restrictions.

How to get a Prior Authorization processed?

If you or your prescriber would like to initiate the Prior Authorization process, please contact our Customer Care Center at 1-855-693-3921 (TTY/TDD 711).

How to submit Appointment of Representative (AOR)?

If you would like to appoint someone to be able to contact Retiree RxCare and speak on your behalf you can simply fill out and return the Appointment of Representative form and return to Retiree RxCare. Once we receive the signed form your account will be noted and we will assist the person appointed when they contact Retiree RxCare on your behalf. This form is only valid for 1 year from the date of signature. It will need to be renewed yearly.

The form can be printed from by clicking this link: [HIPAA and AOR\)Forms.pdf](#)

Or you can contact our Customer Care Center at 1-855-693-3921 (TTY/TDD call 711) for assistance.

How do I get a replacement Prescription ID Card?

For Prescription ID card, please contact our Customer Care Center at 1-855-693-3921 (TTY/TDD call 711) for assistance.

How do I process a Paper Claim/Direct Member Reimbursement Request (DMR)?

You can fill out the form online and submit via member portal or print form and mail to address on form with all claim information required.

How do I find a Pharmacy in my plans Pharmacy Network?

You can find a Pharmacy by clicking on the Find pharmacies link on the home page. Once you get to the page you can search by Zip Code to see all pharmacies in your area.

How can I find out if a drug is covered by my plan?

You can find a Drug by clicking on the Drug lookup link on the home page. Once you get to the page you can search by drug name.

How do I check what my drug cost will be for any drug?

You can find a Drug by clicking on the Drug lookup link on the home page. Once you get to the page you can search by drug name. You see all information regarding cost on your plan.

What is a Therapeutic Alternative?

Prescription drugs are organized into classes according to the therapeutic impact they have upon a specific disease state. Drugs listed within these specific classes are therapeutically similar, and therefore can be alternatives for one another. (Requires evaluation by your physician).

What is the difference between a Therapeutic Alternative and a generic drug?

Once a brand-name drug “goes off patent”, its chemical make-up can be copied, produced and sold as a generic drug. Therefore, generic drugs are identical (therapeutically equivalent) to brand name drugs, whereas Therapeutic Alternatives are therapeutically similar. Generic drugs are typically sold at a fraction of the brand name drugs retail cost.

How do I contact Customer Service for plan questions?

If you have any questions, please feel free to contact our Customer Care Center at 1-855-693-3921 (TTY/TDD call 711).

What is an Explanation of Benefits (EOB)?

An Explanation of Benefits, often referred to as an EOB, is a document that describes what costs a health insurance or prescription plan will cover for incurred healthcare or prescription and related expenses. EOBs are created when an insurance provider processes a claim for services received.

An EOB is not a bill, but rather a statement of rendered services outlining the provider charges, plan discounts and/or coverages, and the remaining participant responsible balance.

How can I update my demographics?

Please contact our Customer Care Center at 1-855-693-3921 (TTY/TDD call 711) for any updates/changes to your demographics.