

AdventHealth Rx Plus Pharmacy Welcome Packet



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Dear New Patient,

We would like to welcome you to **Rx Plus Pharmacy**, a member of the **AdventHealth** family of care. In this packet, we will answer some commonly asked questions to help you maximize your health-plan pharmacy benefits provided through AdventHealth. If at any time you have further questions, please contact the pharmacy directly.

Rx Plus Pharmacy Contact Information

5050 Wesley Road, Suite 110, Apopka, FL 32712

Business Hours: Monday - Friday, 8 am to 8 pm EST*

Toll-Free: 1-866-943-4535 | Fax: 1-407-805-8545

Website: MyAdventHealthRX.com | Email: RxPlus.Pharmacy@AdventHealth.com

Thank you for choosing Rx Plus Pharmacy. It is our honor to provide you with the best possible service.

Sincerely,

The Rx Plus Pharmacy Team

**We are closed on weekends and all major holidays, including New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.*





Maintenance Prescription Drug Program

What is CVS/Caremark and AdventHealth Rx Plus Pharmacy?

The pharmacy benefit portion of your health plan is provided by Rx Plus Pharmacy and CVS/Caremark. Rx Plus Pharmacy is a department within AdventHealth that manages your health-plan pharmacy benefits and your mail-order pharmacy program. Rx Plus Pharmacy helps lower your costs by using the purchasing power of our large health system to purchase drugs in bulk.

CVS/Caremark is a third-party pharmacy benefit management company. It helps develop the formulary and determine which drugs will be in the generic, most-preferred brand and less-preferred brand tiers. CVS/Caremark also provides the infrastructure to help manage the prescription drug benefits, making it possible for your benefit card to be recognized and used at retail pharmacies across the country.

How do pharmacy benefits work?

The pharmacy benefit component of your health plan allows AdventHealth to provide prescription drug benefits to covered employees and families, while also managing benefit costs for you and for AdventHealth. We encourage the use of effective, lower-cost drugs through a copay structure that results in lower out-of-pocket costs for members when you use generics and preferred name-brand drugs. The plan is also structured to encourage the use of mail order through Rx Plus Pharmacy for maintenance medications.

What do I do when I am prescribed a new medication?

Any NEW medication initially can be filled at your local pharmacy for up to a 30-day supply. If the prescription is for a SHORT-TERM medication that does not have any refills, such as antibiotics or cough and cold medications, no further action is needed. Prescriptions for a MAINTENANCE medication and prescriptions that have refills will need to be transferred to Rx Plus Pharmacy for coverage after the initial 30-day fill. A maintenance medication is taken on a regular basis or filled more than once per 365 days. Rx Plus Pharmacy can transfer qualifying prescriptions from a local retail pharmacy and fill for up to a 90-day supply. All maintenance drugs must be filled through AdventHealth's Rx Plus Pharmacy. This enables us to deliver significant cost savings to you and also save money as an organization. Additionally, it gives us the opportunity to invest those savings in other areas, keeping health insurance costs down. After you fill the first 30-day supply of your medication, you will need to use AdventHealth Rx Plus Pharmacy for all refills. Our team will help you transfer your prescription ([Prescription Transfer Request Form](#)) or contact your physician if needed. Providers can e-scribe new prescriptions to Rx Plus Pharmacy. (Retail NCPDP#: 1086671, Rx Plus Adventist Health Group) or fax to 407-805-8545.

How do I get my prescriptions transferred to Rx Plus Pharmacy?

Qualifying prescriptions include maintenance medications with refills available. If you have a qualifying prescription you want to have transferred, please contact Rx Plus Pharmacy to initiate the request. Rx Plus Pharmacy will work with you and your provider to get your medication set up through the mail for up to a 90-day supply. You can request to have your maintenance prescriptions transferred from your local pharmacy, utilizing this [Transfer Request Form](#), by contacting via email at RxPlus.Pharmacy@AdventHealth.com, or by calling 866-943-4535 and selecting option 3 to connect directly with a member of our Transfer Department. Exceptions include CII narcotics and CIII-CV controlled prescriptions that have not been filled or have already been transferred once before. Note that controlled medications CII-CV can be filled at a local pharmacy for up to 30 days at a time and are not required to go through mail order.

What happens with my prescription once Rx Plus Pharmacy has it?

Once a new prescription has been received, Rx Plus Pharmacy will begin processing your order. Prescriptions are processed in the order in which they are received. Once the order has shipped, Rx Plus can send you an email with the tracking information that will inform you about when you can expect your medication to arrive. Please make sure that Rx Plus Pharmacy has your email address on file for this notification to reach you. We may contact you during the processing of your order to request additional information such as drug allergies, shipping address, payment method, etc. Please note that unless there is information missing or a clarification is needed to process your prescription, we will not contact you on every order.

How do I pay for my prescriptions?

Acceptable payment methods include credit card processing, personal check, or money order. We accept most major credit cards as well as your HSA/flex spending cards. If you choose to use a personal check or money order as your method of payment, this will add to your expected order delivery time, because we must receive the check or money order prior to shipment. Credit cards on file will be charged automatically before shipping. For co-payment amounts over \$100, Rx Plus will contact you to approve the charge the first time the medication is shipped. If you need to update your method of payment at any time, please visit MyAdventHealthRX.com and submit the [Update Information Form](#) found under Contact Us.

When can I expect to receive my prescription?

Rx Plus Pharmacy will deliver your medications within 8 days (excluding weekends and shipping). We use several shipping carriers to help ensure that your orders are delivered in a safe and timely manner. Standard shipping is at no cost to you, but we do offer expedited options for an additional cost. Order status can be viewed online by registering for the web refill portal at [Rx Plus Pharmacy Web Refill](#). Tracking information is sent via email directly from the shipper if we have an email address on file. Note that this email will be coming from a third party and not directly from the pharmacy. Please make sure to check your junk mail if you have not received an email.

How do I refill my prescription?

Automatic refills are now available, and you can enroll by calling customer service at 866-943-4535. If you do not wish to enroll in automatic refills, refills must be initiated by you or your prescriber. Refills can be submitted up to 30 days in advance, depending on the medication and refill history. To request a refill, select your refill through the online web refill portal at [Rx Plus Pharmacy Web Refill](#), or call the automated phone system at 866-943-4535 and punch in your prescription number. Additional options include emailing the refill request to the pharmacy at rxplus.pharmacy@adventhealth.com or calling customer service. If the prescription does not have any refills remaining and there are no changes in the strength or dose, Rx Plus Pharmacy can contact the prescriber requesting a refill authorization. You also can contact the prescriber for a new prescription.

What about controlled substances?

Medications that are designated Class II-V are considered controlled substances. These medications are closely regulated by state and federal laws. Because of these additional guidelines, there are a few things to keep in mind when filling these types of medications. Per plan design, Class II-V medications can be filled for up to 30 days at a time at a local pharmacy. If the prescriber writes a prescription for a 90-day supply of a Class II-V medication, Rx Plus Pharmacy can fill the 90-day supply. We cannot combine refills on Class II-V medications to dispense a 90-day supply. Once the refill request is submitted, law requires a pharmacist's review. Additional limitations may apply based on review.

How do I properly dispose of sharps?

Place all needles, syringes, and other sharp objects into a sharps container. This can be provided by our pharmacy team, for a fee, if you are prescribed an injectable medication. Several drug manufacturers may also supply sharps containers. If applicable, the pharmacy staff will help you coordinate this service.

How do I dispose of unused and expired medications?

If you have a question about your medication, please ask your health care provider or pharmacist.

For medication disposal guidelines, refer to the governmental recommendations below:

[Drug Enforcement Agency](#)

[Environmental Protection Agency](#)

[Food and Drug Administration](#)

What are deductibles and out-of-pocket pharmacy costs?

The Health Savings Plan

Members on the Health Savings Plan, also known as the High Deductible Health Plan (HDHP), have a deductible that must be met before the prescription drug copay structure takes effect. The amount of this deductible depends on the specific plan selected for the benefit cycle, and it can be met with contributions from medical and pharmacy.

Once your deductible has been met as an individual (for the employee-only plan) or as a family (for the employee-plus spouse and dependent(s)), the standard copay structure will take effect. Copay amounts paid once the deductible is met will contribute to the annual out-of-pocket accumulator. Exceptions include third party copay assistance cards provided by manufacturers as well as any costs paid toward 'dispense as written' (DAW) medications. While copay cards help to save money, their funds do not count toward your deductible or out-of-pocket maximum. DAW costs do not apply toward deductibles OR out-of-pocket accumulators. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay for the remainder of the eligible benefit year.

The Traditional Plan

The Preferred Provider Organization (PPO) Plan does not have a deductible amount to be met before the prescription drug copay structure takes effect. Copay amounts paid will contribute to out-of-pocket accumulators except for 'dispense as written' (DAW) costs. DAW costs do not apply toward out-of-pocket accumulators. While third-party copay assistance programs help to reduce costs, any savings or rebates you receive from the manufacturer do not count toward your out-of-pocket accumulator. Once your out-of-pocket accumulator has reached its maximum, eligible prescriptions have a zero-dollar copay for the remainder of the eligible benefit year.

Standard Copay Structure:

To view the most up-to-date copay structure, access The Hub>My Benefits>Benefits Resource Dashboard.

Dispense As Written (DAW)

If you or your provider requests a brand-name drug be dispensed when a generic is available, you will incur a higher cost. When a generic is available and you choose to use the brand-name drug, you will pay 80% of the total cost. DAW costs do not apply to annual deductibles (HDHP) or out-of-pocket accumulators (PPO and HDHP).

When should I use generic substitutions?

Consult your pharmacist concerning the availability of a less expensive generically equivalent drug and the requirements of your state law.

What are my ongoing responsibilities?

- Ask your doctor's office to send your maintenance prescriptions to Rx Plus Pharmacy.
 - Electronic prescribing information: Retail NABP# 1086671, RxPlus Adventist Health Group
- Comply with your physician's orders and plan of care.
- To avoid delays in your medication delivery, please ensure we have a valid method of payment on file. [Update Information Form](#)
- Contact Rx Plus Pharmacy utilizing this online form with changes in your phone, shipping address, payment, allergy, or insurance information. [Update Information Form](#)
- Contact Rx Plus Pharmacy to have your maintenance prescriptions transferred from your local pharmacy, but utilizing this [Transfer Request Form](#), by contacting via email at RxPlus.Pharmacy@AdventHealth.com, or by calling 866-943-4535 and selecting option 3 to connect directly with a member of our Transfer Department.
- Contact Rx Plus Pharmacy utilizing our [Online Web Refill Portal](#) when your medication supply is down to 30 days to avoid delays in obtaining your refill(s).
- Contact your doctor or pharmacist if you experience any side effects or complications.

Rx Plus Pharmacy Patient Bill of Rights

As a consumer you have rights you need to know regarding your pharmacy and prescriptions. Read the Rx Plus Pharmacy Patient Bill of Rights [here](#).

AdventHealth Joint Notice of Privacy Practices

You have the right to privacy about how your medical information may be used and disclosed. Read the AdventHealth Joint Notice of Privacy Practices [here](#).



Rx Plus Pharmacy Privacy Form

5050 Wesley Road, Suite 110
Apopka, Florida 32712
866-943-4535
RxPlus.Pharmacy@AdventHealth.com

The HIPAA regulations went into effect on April 14, 2003, and as a retail pharmacy, we are required **by law** to provide you with a notice of our [Privacy Practices](#). We must have your signature on file to state that you have received the attached notice. **After you have read the notice, please sign and mail this card back to Rx Plus Pharmacy.** We appreciate prompt return of your signature.

Thank you for your cooperation in this matter.

Sincerely,
Rx Plus Pharmacy

Print Name: _____

Signature: _____
I confirm that I have received a copy of the notice of privacy practices for Rx Plus Pharmacy.

Date: _____



HIPAA Right of Access / Personal Representative Form for Family Member/Friend

By signing below, I understand that I am identifying, authorizing, and granting permission to the Personal Representative identified below to have authority to access my protected health information (PHI) and to assist in my treatment by Rx Plus Pharmacy as described below:

Representative's Name: _____ Relationship to Patient: _____

Address: _____ Telephone #: _____

Health Information to be Disclosed to the Personal Representative upon Request:

- I understand that by completing this form I am allowing the release of any and all information held by Rx Plus Pharmacy (including, but not limited to information about my medications, medical condition, billing records, and drug handouts) to be shared with and disclosed to my Personal Representative.
- I understand the information released could relate to the following: Family Planning/Abortion, Alcohol, Drug, or Substance Abuse information, AIDS, HIV-related information (including AIDS related testing and results), Mental Health, Sexually Transmitted Disease/Venereal Disease information, Genetic information, and Tuberculosis.
- I understand that any information disclosed pursuant to this form may be redisclosed to other parties and no longer protected by the privacy regulations.

Duration of Access:

- I understand the designated Personal Representative will have access to my information unless and until access is revoked by me.
- I understand that I may revoke this form and designation at any time by notifying Rx Plus Pharmacy in writing. If the authorization is revoked, it will not have any effect on any actions taken by Rx Plus Pharmacy prior to their receipt of the revocation.

I understand that signing this form is voluntary and that I do not have to sign this form. I understand that signing this form will not affect my ability to obtain treatment from Rx Plus Pharmacy, any payment for treatment or enrollment or eligibility for benefits.

Completed forms may be mailed to:

5050 Wesley Road, Suite 110

Apopka, Florida 32712

866-943-4535

RxPlus.Pharmacy@AdventHealth.com

Rx Plus Pharmacy *Credit Card Authorization*

Please visit our secure [website](#) to file your credit card information with Rx Plus Pharmacy.

Pharmacy Record Release Form

To request a Pharmacy Record Release of Information, please contact the pharmacy at 866-943-4535 or via email: rxplus.recordsrequests@adventhealth.com or FAX: 407-805-8545.

Mailing Address:

Rx Plus Pharmacy, ATTN: Records Custodian

5050 Wesley Road, Suite 110

Apopka, FL 32712

Phone: 866-943-8545

You have the right to complain to the Office of Civil Rights.

The following is the contact information:

Office of Civil Rights | U.S. Department of Health and Human Services

61 Forsyth Street, SW. Suite 3B70 Atlanta, GA 30323

Phone# 404-562-7886; 404-331-2867

Patient Concern and Complaint Form

If you are not completely satisfied with the care or services we have provided, we want to know about it. Call our Call Center with any concerns or problems with your medications or services at **866-943-4535**. If you wish to file a written complaint, you may do so using this form. If a complaint cannot be resolved verbally over the phone, it will be addressed via our company's policies and procedures regarding complaints through a formal process.

If you have a complaint or concern, don't hesitate to reach out to us. Simply fill out the [customer complaint form](#) on our website.

Our Health Equity Promise

Patient Protection and Affordable Care Act: Section 1557

Health Equity Promise

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Read our [Health Equity Promise](#) online.

AdventHealth provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call 407-303-5600

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or fh.risk.management@adventhealth.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

The statements below direct people whose primary language is not English to translation assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

注意: 如果您使用中文, 您可以免费获得语言协助服务。请拨打下面电话号码。

Atansyon: Si ou pale kreyòl Ayisyen, gen sèvis asistans nan lang ou ki disponib gratis pou ou. Rele nimewo ki anba an.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 아래의 번호로 전화하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany poniżej.

ملحوظة: إذا كنت لإتحدث اللغة الانجليزية فإن خدمات الترجمة متوفرة لك مجاناً. الرجاء الإتصال بالرقم أدناه.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro ci-dessous.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero sa ibaba.

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Для этого позвоните по нижеуказанному номеру.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die untere Nummer an.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. નીચેના નંબર પર ફોન કરો.

ATENÇÃO: Se você fala português, disponibilizamos serviços lingüísticos gratuitos. Ligue para o número abaixo.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। नीचे लिखे नम्बर पर सम्पर्क करें।

اگر شما فارسی زبان هستید، خدمات کمکی زبان بطور مجانی در دسترس شما قرار دارد. تو شماره زیر زنگ بزنید.

توجہ فرمائیے۔ اگر آپ اردو بولتے/بولتی ہیں تو آپ کے لئے لسانی خدمات مفت میسر ہیں۔ ذیل میں دئیے گئے نمبر پر کال کریں۔

注意: 日本語でお話になりたい場合には、無料の通訳サービスをご利用いただけます。下記の番号にお電話してください。

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໄດ້ອໍສ້າງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ນໍ້າເບີຢູ່ຂ້າງລຸ່ມ

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu tus xojtooj hauv qab no.

ATTENZIONE: Se parlate italiano, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero sotto indicato.

407-303-5600 📞 407-303-3025

