

Welcome to FairosRx

Effective January 1, 2025, the prescription benefits for **GoMacro LLC** will continue to be administered by **FairosRx**. Please see an overview below of your prescription benefits, information about our convenient member tools, and answers to frequently asked questions.

New ID Card

Enclosed in this packet are **New ID Cards** from Vault Admin Services (TPA) that includes both medical and FairosRx pharmacy information for your plan.

To fill any new or existing prescriptions, please present your new ID card at a participating FairosRx pharmacy. Pharmacies will need the information from your ID card to process prescription claims through your plan.

Member Portal

Registering for a FairosRx **Member Portal** account at www.FairosRx.com or downloading our mobile app is a simple and easy way to obtain information about your pharmacy benefits.

The portal will give you access to features such as:

- ❖ Rx Benefit Documents
- ❖ Copay Calculator
- ❖ Deductible & Out of Pocket Amounts
- ❖ Formulary
- ❖ Prescription History
- ❖ Mail Order Prescriptions
- ❖ Virtual ID Card
- ❖ Pharmacy Locator

FairosRx Member App

Scan the **QR Code** with the camera on your smart phone or search for "FairosRx" in the app store or google play to download the member app.



Contact Us

Please contact **FairosRx Member Services** for any questions related to your FairosRx prescription benefits. Our team is available 24/7 to answer your questions and to deliver personalized, expert service.

FairosRx Website
FairosRx Email
FairosRx Member Services

www.FairosRx.com
ContactUs@FairosRx.com
833-464-9600

Formulary

The **FairosRx Select Formulary** will be used for your pharmacy benefits. The formulary is a list of generic and preferred brand name medications used to help determine your copay based on the drug classification.

The formulary can be accessed by logging into your FairosRx member portal account and selecting *Benefit Documents*.

Some medications listed on the formulary may not be covered under your pharmacy benefits or may have certain restrictions that apply such as prior authorization requirements, step therapy criteria, or quantity limits.

Drug Coverage

For information regarding coverage of specific drugs under your plan, use the **Drug Search** tool on the FairosRx member portal.

Examples of excluded items are appetite suppressants, cosmetic drugs, experimental drugs, growth hormones, impotence drugs, blood products, devices, vitamins (other than prenatal), hair loss medications, anti-aging products, and over-the counter (OTC) medications.

This is not intended to be a complete listing of drug coverage or exclusions. For additional coverage information, refer to your Schedule of Benefits or contact FairosRx Member Services.

Pharmacy Network

FairosRx has over **67,000 Pharmacies** in its nationwide network including national chain pharmacies and most independent pharmacies.

To access the full pharmacy network, please visit the FairosRx member portal and select *Pharmacy Locator* or call FairosRx Member Services at 833-464-9600.

Specialty Pharmacy

Specialty medications are typically high-cost medications prescribed for complex medical conditions and may require a Prior Authorization to be processed for clinical approval. This does not guarantee coverage under the plan.

Certain specialty medications must be filled through **Walmart Specialty Pharmacy**. To identify medications on the FairosRx Specialty Medication List, please use the FairosRx Member Portal and select Benefit Documents or call FairosRx Member Services.

Mail Order Services

Mail order is available for maintenance medications that are used to treat long-term chronic conditions. You may fill up to a 90-day supply through **WellDyne Mail Order** pharmacy.

To register for mail order, simply do one of the following:

1. Go to www.FairosRx.com to create a Member Portal account. Select the *My Prescriptions* feature and click on *Visit Mail Order* under the Mail Order Prescriptions tab.
2. Print, complete and mail your Mail Order Registration Form to WellDyne. The form can be found under Benefit Documents within the FairosRx Member Portal.
3. Contact WellDyne Mail Order at 877-216-2482 to register via phone.

Refills for Mail Order prescriptions can be ordered online by using the FairosRx portal, mobile app or by calling the automated mail order phone system at 877-216-2482.

Prescription Copays

PPO Plans

Drug Classification	\$	Retail Pharmacy 30-Day Supply	Retail Pharmacy 90-Day Supply	Mail Order 90-Day Supply
ACA Preventive	\$	\$0	\$0	\$0
Generic	\$	\$10	\$25	\$25
Preferred Brand*	\$\$	\$35	\$87.50	\$87.50
Non-Preferred Brand*	\$\$\$	\$70	\$175	\$175
Specialty	\$\$\$\$	20% up to max \$200	N/A	N/A
Deductible: There is no Rx deductible for either the PPO Buy-up Plan or the PPO Base Plan.				
Out-of-Pocket Maximum: The out-of-pocket limit is the most you would have to pay in a year for covered prescriptions. There is a combined Medical/Rx calendar year maximum out of pocket amount of \$2,000 per individual and \$4,000 per family (PPO Buy-up Plan) and \$4,000 per individual and \$8,000 per family (PPO Base Plan).				

HDHP/HSA Plan

Drug Classification	\$	Retail Pharmacy 30-Day Supply	Retail Pharmacy 90-Day Supply	Mail Order 90-Day Supply
ACA Preventive	\$	\$0	\$0	\$0
Generic	\$	20% (after deductible)	20% (after deductible)	20% (after deductible)
Preferred Brand*	\$\$	20% (after deductible)	20% (after deductible)	20% (after deductible)
Non-Preferred Brand*	\$\$\$	20% (after deductible)	20% (after deductible)	20% (after deductible)
Specialty	\$\$\$\$	20% (after deductible)	20% (after deductible)	20% (after deductible)
Deductible: The deductible is the amount you would pay in a year before copays or coinsurance would apply. There is a combined Medical/Rx calendar year deductible of \$1,650 per individual and \$3,300 per family.				
Out-of-Pocket Maximum: The out-of-pocket limit is the most you would have to pay in a year for covered prescriptions. There is a combined Medical/Rx calendar year maximum out of pocket amount of \$3,000 per individual and \$6,000 per family.				

*If you request a brand name drug to be filled that has a generic drug or therapeutic equivalent available, a copay penalty will apply. The brand/generic cost difference is added to the applicable brand copay and the cost difference does not apply to the deductibles or out-of-pocket maximums.