

Mail Order Prescriptions

MAIL ORDER

Members may purchase up to a 90-day supply through mail order services

Mail order prescriptions are available for members who live in Alaska through Alaska Managed Care Pharmacy.

Alaska Managed Care Pharmacy

P.O. Box 200347
Anchorage, AK 99520
Phone: (800) 730-2627
Fax: (907) 339-2919

Mail order prescriptions are available for members who live outside Alaska through Wellpartner Pharmacy.

Wellpartner Pharmacy

P.O. Box 5909
Portland, OR 97228-5909
Phone: (866) 888-6150
Fax: (866) 624-5797
www.wellpartner.com

- 1) Have your doctor write your prescription for up to a 90-day supply, plus refills.
- 2) Complete the mail order form. If you do not have a form, call the appropriate Mail Order Pharmacy, or provide the following information and mail directly.
 - a) Employee name
 - b) Patient name
 - c) Avia Partners ID card number
 - d) Birth date of the patient
 - e) Employee's mailing address
 - f) Employee's home/work phone numbers
 - g) Original written prescription*
 - h) Co-paymentYou may charge your order to a major credit card, a debit card or write a check. If paying by credit card, indicate type (VISA, Mastercard, Discover, etc.). Include credit card number and expiration date.
- 3) For faster service, have your doctor fax your prescription directly to the appropriate Mail Order pharmacy.

*If transferring your prescription, list the pharmacy name and phone number, drug name and quantity, and your doctor's name and phone number.

Excluded Items

Below are examples of items and/or categories excluded from the prescription drug benefit plan. Refer to the plan booklet for a complete list.

- Birth Control (diaphragms, devices, implants, patches, rings)
- Cosmetic drugs
- Fertility drugs
- Impotence agents
- Over-the-counter medications
- Rx smoking deterrents
- Prescriptions filled at Hospital/Outpatient/Nursing Home
- Surgical/Medical supplies/devices (except Blood glucose meter)
- Weight loss drugs
- Drugs labeled "Caution: Limited by Federal Law to Investigational Use"

Need Prior Authorization:

- Growth Hormones
- Oral Contraceptives
- Multi Vitamins
- Multi Vitamins w/Fluoride
- Prenatal Vitamins



PRESCRIPTION DRUG PROGRAM FOR ALASKA UFCW



Avia Partners Prescription Benefits

The Alaska UFCW Health & Welfare Trust, as the sponsor of your Health Plan, has chosen to use Avia Partners as the administrator of your prescription drug plan.

Generally, your plan covers all Federal Legend prescription drugs, unless specifically excluded (refer to "Excluded Items"). Please see your Plan booklet for details.

If you have a question about a specific medication, you may call the Avia Partners Member Services Help Desk toll free at (800) 273-9166.

Avia Partners

20427 N 27th Ave
Phoenix, AZ 85027
Phone: (800) 273-9166
Fax: (623) 869-4300

Hours of Operation:

M-F: 8am - 7pm (MST)
Sat: 8am - 4pm (MST)

Our Mission

To provide unparalleled customer service to our members, clients and providers

Participating Pharmacies

The Avia Partners Network of Pharmacies has convenient locations for you.

AK UFCW Health & Welfare Trust/Avia Partners participating pharmacies inside Alaska:

- Carrs Pharmacies
- Downtown Drug
- Eagle Pharmacies
- Petersburg Rexall Drug
- Safeway Pharmacies
- Ulmer Drug & Hardware

AK UFCW Health & Welfare Trust/Avia Partners participating pharmacies outside Alaska

- Albertson's Pharmacies
- Bartells Drug Stores
- Dominick's Pharmacies
- Eckerd Drug Stores
- Fred Meyer Pharmacies
- Genuardi's Pharmacies
- Long's Drug Stores
- Medicine Shoppe Pharmacies
- Osco Pharmacies
- QFC Pharmacies
- Raley's Pharmacies
- Ralphs Pharmacies
- Randalls Pharmacies
- Safeway Pharmacies
- Shopko Pharmacies
- Smiths Pharmacies
- Tom Thumb Pharmacies
- Vons Pharmacies
- Winn Dixie Pharmacies
- Over 5000 Independents

Copay Information

RETAIL

Participants may purchase up to a 34-day supply of maintenance and non-maintenance prescriptions.

If a participating pharmacy is used, prescription drugs listed on the Avia Partners Formulary will result in the following copay, paid by the participant to the pharmacy at the time of purchase:

Active Members

Generic drugs	\$5 or 10% \$30 max
Brand drugs	\$15 or 20% \$75 max
Brand drugs when generic available.	\$25 or 30%

Retired Members

Generic drugs	\$10 or 10% \$30 max
Preferred Brand drugs	\$20 or 20% \$75 max
Non-Preferred Brand drugs	\$40 or 35%

MAIL ORDER

Participants may purchase up to a 90-day supply of prescriptions.

Active Members

Generic drugs	\$10 or 10% \$60 max
Brand drugs	\$30 or 20% \$150 max
Brand drugs when generic available.	\$50 or 30%

Retired Members

Generic drugs	\$20 or 10% \$60 max
Preferred Brand drugs	\$40 or 20% \$150 max
Non-Preferred Brand drugs	\$80 or 35%

- If patient requests Brand drug, then they will be required to also pay for the difference in price between the Brand and Generic.
- If doctor requests Brand drug, Brand drug pricing is used.

If a non-participating pharmacy is used, you must pay the full price for the prescription and submit a claim for reimbursement.