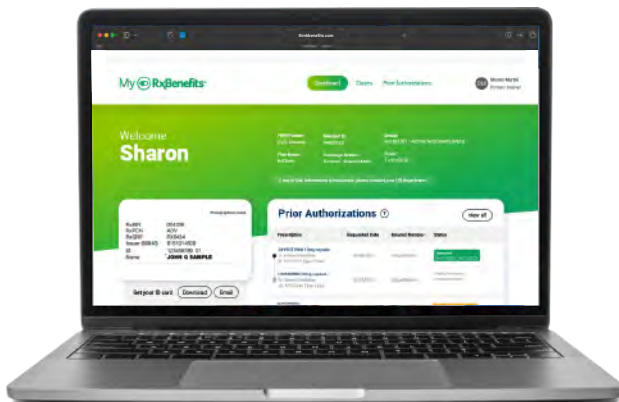


Online Access to Your Pharmacy Benefits



By registering for My RxBenefits, you'll gain access to robust information related to your pharmacy benefits.

Access your information when it's convenient for you, **24 hours a day, 7 days a week.**



My RxBenefits will allow you to:

- Chat with a live agent Monday - Friday, 9 a.m. to 6 p.m. CT
- Access real-time prior authorization status, including explanations of determinations, and view 18 months of prior authorization activity
- View, download and email copies of ID cards
- View 18 months of pharmacy claims (including claims for eligible dependents)
- Access your account across multiple devices, including computers, tablets, and phones
- Manage your communication preferences
- View pharmacy benefits coverage information

Sign up for the portal at:
<https://member.rxbenefits.com>





RxBenefits' Pharmacy FAQ

Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 1,000 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are a component of your company's insurance coverage plan and are designed to help you access your prescriptions at the right time and the best cost. Simply present your benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan and, if so, your co-payment or co-insurance.

Details of your benefits plan, including drug coverage, can be found in your Prescription Benefits Coverage (PBC) which provides a snapshot of your prescription plan's co-pays, benefits and coverage, and other features that are important to you and your family. You can access your PBC from the member portal.

How Do I Access the Member Portal?

The My RxBenefits member portal gives you 24/7 online access to your account information, ID card, and prescription details. You can also chat with our Member Services team to address any questions. Register for the member portal [here](#). You can also register for the portal by visiting [RxBenefits.com](https://www.rxbenefits.com) and clicking on 'Member Portal'.

Where Can I Get My Prescriptions Filled In-Person?

Your pharmacy benefits give you access to a large retail pharmacy network that includes thousands of pharmacies throughout the U.S. That means you have convenient access to your prescriptions wherever you are – at home, at work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your pharmacy benefits manager's (PBM's) website for more information. You can find a link to your PBM's website on the member portal.

Note: If you choose a non-network pharmacy, you'll pay the full cost of your prescription upfront. Then, you'll need to submit a claim to your PBM for reimbursement. You can do this on your PBM's website, which you can access through a link on the member portal.

What Is A Drug List/Formulary?

All prescription benefits plans, including yours, use a "formulary" that may also be referred to as a drug list. The formulary/drug list contains brand name and generic medications that are covered by your plan. All medications on the formulary have been approved by the U.S. Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors, including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the formulary/drug list instead.

Please visit the member portal or call the Member Services number on the back of your ID card to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. You can also refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

What Is A Prior Authorization?

Certain prescription drugs may require to be reviewed and receive a "prior authorization" (PA) before you can fill the prescription. This is to ensure every patient receives the safest, most effective, and most up-to-date medications at the right dose and the most reasonable out-of-pocket cost. When a medication requires a PA, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will ensure the medication is a good fit for you and your benefits coverage. If you use home delivery, it is important that your prescriber obtain a PA before you can fill your prescription.

We never want you to go without appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires a PA, please contact Member Services via the member portal or by calling the number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the PA processed promptly.

What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on the original drug. You can typically save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA and must be therapeutically equivalent to their brand-name counterparts. They must have the same active ingredients, dosage, and strength.

Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent on its brand-name counterpart has expired. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

Can My Prescription Be Switched To A Drug With A Lower Co-Payment?

If your current prescription medication is not generic, call your healthcare provider and ask if switching to a lower-cost generic drug is appropriate. The decision is up to you and your healthcare provider.

You can also select lower-cost options from your PBM's website where you manage your current prescriptions. There, you'll find information to discuss switching your prescription with your healthcare provider and the tools to get started.

How Do I Order Medications Using Home Delivery?

Home delivery is a convenient service that brings drugs directly to your door so members who take medications to treat a chronic condition never miss a dose. Examples of conditions that may require ongoing maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, and arthritis. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery compared to a retail pharmacy.

I Am Going To Be Out Of Town For An Extended Period.

How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?

If you are going to be out of town for an extended period and need extra medication, contact Member Services either through the member portal or by calling the number on the back of your member ID card to request a vacation override. You must provide the Member Services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system, and you can pick up your medication at your local pharmacy.

Who Do I Contact With Questions About My Specific Plan and/or Medications?

Your RxBenefits Member Services Team is available to answer your questions. You can reach them via live chat in the [member portal](#) Monday – Friday from 9:00 a.m. to 6:00 p.m. CT, by emailing CustomerCare@rxbenefits.com, or by calling one of our live agents Monday – Friday from 7:00 a.m. to 8:00 p.m. CT at **800-334-8134**.



Member Services Quick Reference



Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

**800.334.8134 or
CustomerCare@rxbenefits.com**
7:00 AM to 8:00 PM CT
Monday – Friday

OR

Live Chat
My RxBenefits Member Portal
<https://member.rxbenefits.com>
9:00 AM to 6:00 PM CT
Monday - Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.

