

Member Portal User Guide

This guide will help you use the member portal features and functions needed to manage your pharmacy services.

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GET THE MOST OUT OF THIS GUIDE

We know health care can be overwhelming.

As your pharmacy benefit manager, Express Scripts by Evernorth® helps you stress less and save more. We take care of you, so you can focus on what really matters. Your family, friends and colleagues count on you to be there for them, and that's why Express Scripts is here for you.

Have your pharmacy benefits right within reach.

Access important pharmacy benefits information anywhere, anytime with an online account at express-scripts.com.

- Can't-lose-it digital ID card. Keep your ID card on you 24/7 with an online account at express-scripts.com. Download it to your phone, print a copy or do both.
- Money-saving recommendations. Don't pay more than you need to for your medication. Log in and check money-saving recommendations as soon as your doctor prescribes your medication, so you can get the right medication, supply and pharmacy for you.
- Prescription and claims history. Review important pharmacy info all together in one place. Check the price of a medication before and during a doctor's visit. It's all possible with an online account at express-scripts.com.
- Coverage review updates. Does a medication need to be reviewed before you receive it? Check its status with an online account at express-scripts.com.

We are committed to meeting the needs of all members using our digital tools and resources, including those with accessibility needs such as, but not limited to, vision, hearing, cognitive or physical disabilities. Please learn more about how Express Scripts by Evernorth is a champion for accessibility at express-scripts.com/accessibility.

While this guide is an expansive look into the website, we recommend registering or logging in to explore your own pharmacy benefits.

Create your online account today with Express Scripts, your AM/PM/PBM. Visit express-scripts.com or scan the QR code below.



Note: The website is subject to change at any time. Not all features listed in this guide are available for all plans; check express-scripts.com for your prescription plan when your coverage begins. For specific questions about your coverage, please click the Contact Us link on the dashboard after logging in to the website.



HOW TO REGISTER

After visiting express-scripts.com or scanning the QR code above, you can register your account in just a few easy steps.

- Click Register in the top right-hand corner or Register Now at the bottom of the home page
- Input your email address and click Get Started
- Submit your first name and last name, then click Next
- Then type your date of birth and ZIP code and click Next
- Choose and confirm your password according to the minimum password requirements
- Finally, connect your prescription benefit by inputting your member ID or prescription number

Express Scripts
By EVERNORTH

Welcome to Express Scripts

Get started in minutes. Manage your prescriptions from anywhere, and know we're in your corner.

Email Address

Get Started

Already have an account? [Login](#)

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Great!
Next, we need your name.

We'll always keep your personal information confidential.

First name

Last name

Next

● ○ ○ ○

LAST UPDATED: 10/11/24

This guide is meant to represent most benefits. There are some features shown that may not apply to your specific benefit



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Thanks, John.

Now, tell us a little about yourself.

We'll use this information to help confirm your identity. Please know we keep your information secure and never share it with other parties.

Date of birth

01/01/2000

ZIP Code

12345

Next

Express Scripts

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It's getting official.

Let's set your password.

You will use test@gmail.com as your username when you log in.

New Password

.....

Show

Minimum password requirements

✓ Password must be 8-127 characters

✓ Password must contain lowercase letter

✓ Password must contain uppercase letter

✓ Password must contain a number (0-9)

✓ Password must contain a special character (!@#%*&*)

✓ Password must not contain your first name, last name, or any part of your username

Confirm New Password

.....

☒ I have read and accept the [Terms of Use](#) and [Privacy Policy](#)

Next



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Next, let's link to your prescription benefit.

We can find your prescription coverage with just a little bit more information. Then we'll show you your active prescriptions, doctor information, and lowest medication prices.

Enter your member ID

Member ID

1 2 3 4 5 6 7 8 9 0

[What's this?](#)

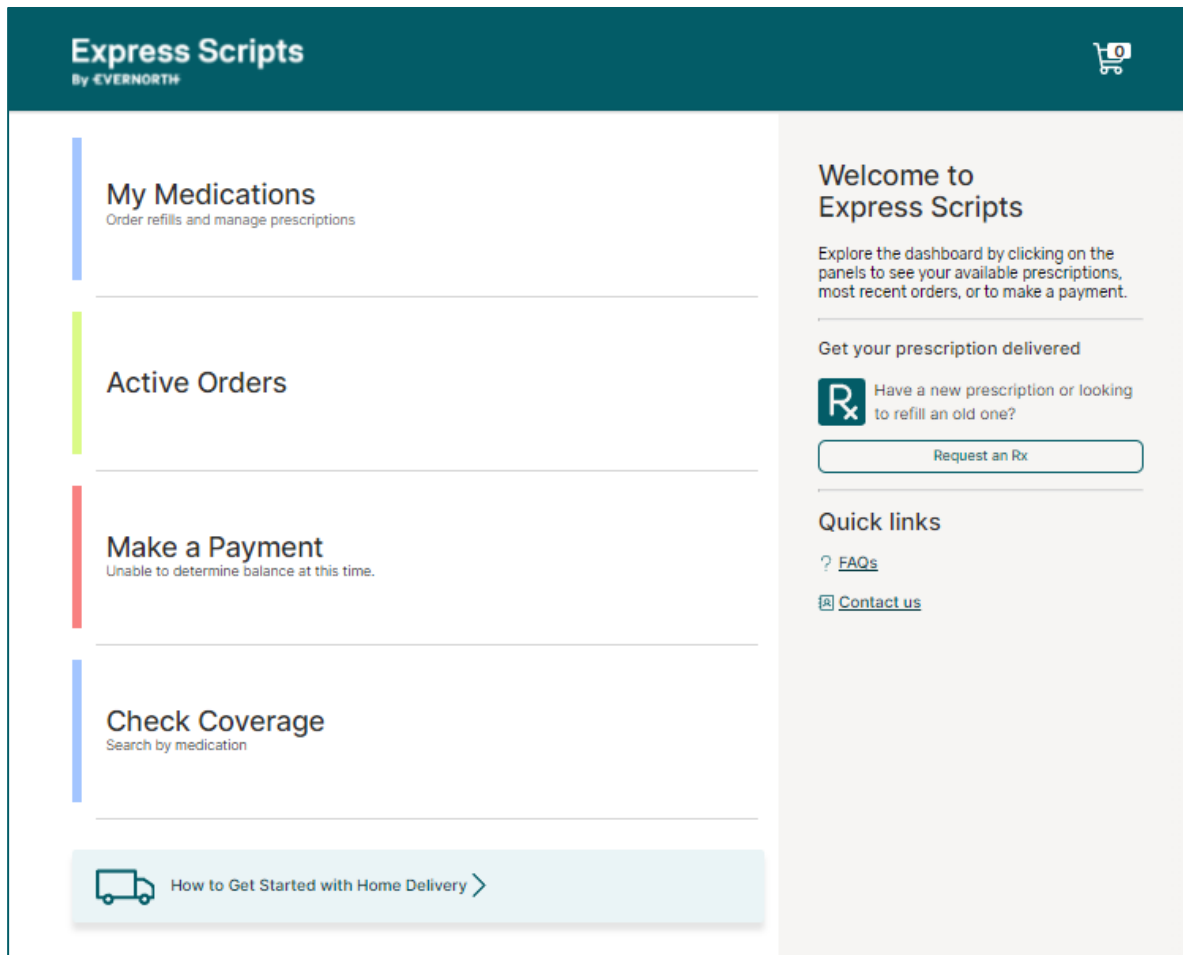
Next

Enter a prescription number



MEMBER DASHBOARD

The first page you see in the Member Portal is the Home page, also called the Member Dashboard. The Home page contains links to the features you will use most – including My Medications, Active Orders and Make a Payment. Return to the Home page at any time by clicking the Home link at the top left of the page.





MEMBER DASHBOARD: AVOID PAYING MORE

Depending on the medications you take, you may have savings opportunities. We ensure that you receive the right medication and an appropriate days' supply at the right pharmacy aligned with your benefit plan. Explore savings opportunities by clicking the yellow Avoid Paying More widget and reviewing them. You can make decisions in accordance with recommendations like:

- Lowest-cost pharmacy
- Switching to a lower-cost generic equivalent medication
- Switching from a 1-month supply to a 3-month supply

Note: Clicking on any "Learn more" links on landing pages will open a pop-up window with helpful tips and information.

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Home Prescriptions Benefits Account Help English Log Out

Avoid Paying More
Review your pharmacy options to avoid paying more.

My Medications
Order refills and manage prescriptions

Active Orders

Make a Payment
Your balance: \$0.00

Check Coverage
Search by medication

Welcome to Express Scripts
Explore the dashboard by clicking on the panels to see your available prescriptions, most recent orders, or to make a payment.

Get your prescription delivered
Have a new prescription or looking to refill an old one?
[Request an Rx](#)

Quick links
[FAQs](#)
[Contact us](#)

[How to Get Started with Home Delivery](#)



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Prescription 1 of 4

Skip for now

Pay less a month

You have 0 courtesy fills left for this medication. [Learn more](#)

Rx

Recent fill

06/27/2024

lamotrigine 100 mg

1-month supply | 30 tablets

Rx Walgreens

8374 Piney Orchard Pkwy

Odenton MD

\$0.00

(1994)

We recommend switching to:

3-month supply

Express Scripts Pharmacy

This recommendation helps you pay less on your next fill.

View Options

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Drug Recalls

Disposal of Medications

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Non-discrimination Notice/Languages

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Log Out

Skip for now

Switch to stay covered

You have 0 courtesy fills left for this medication. [Learn more](#)

Rx

Recent fill

04/03/2024

Mounjaro 7.5 mg/

1-month supply | 1 pen injctr

Rx Marc'S

5123 Tuscarawas St W

Canton OH

\$25.00

(1986)

We recommend switching to:

3-month supply

Maintenance pharmacy

This recommendation allows you to keep filling this medication under your plan.

Select a Pharmacy

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< Back

Prescription Details

Medication

Mounjaro

Day's Supply

3-month supply

Showing 3 of 3 pharmacies for (1986) near 44702

☒

Express Scripts Pharmacy

Home Delivery

\$60.00

Lowest cost

☐

Walgreens

1223 Cleveland Ave Nw, Canton, OH 44703-3101

\$60.00

Lowest cost

☐

Walgreens

4024 Fulton Dr Nw, Canton, OH 44716-2866

\$60.00

Lowest cost

Confirm Pharmacy

Prices may change based on your plan or the date we fill your prescription.

Want to know more about home delivery? [Learn more](#)

Not sure about paying for three months at a time? [Learn about monthly payments](#)

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Disposal of Medications

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Confirm Doctor Information

Please review your doctor's name and address to make sure they are correct. We'll use this information to confirm your prescription changes with your doctor.

Mounjaro 7.5 mg/0.5 - (1986)

Dr. Schield Wikas

4240 Munson St Nw, Canton, OH 44718

[Update doctor](#)

Review Selections

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Your Prescription Selections

Save and print this form

Take this form to your pharmacy or doctor. This form is valid at any in-network pharmacy.

Walgreens

1223 Cleveland Ave Nw

Canton OH 44703-3101

(330) 453-4874

Mounjaro 7.5 mg/ pen injctr

3-month supply

Dr. Wikas

(330) 492-2327

Date of Birth: 02/01/1986

Member ID #:

Next Steps

1. Save and print this form for your records. This form will be unavailable after you leave this page.

2. Bring the form and your insurance card to your pharmacy or doctor.

3. Tell your pharmacist or doctor that you want to order a 3-month supply of your medication.

Save and Print

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Drug Recalls

Disposal of Medications

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Cart (1 item)

Rx

Mounjaro

7.5 MG/0.5 | 4 qty | 90-day supply

Dr. Schield Wikas Update Doctor

Switching to home delivery

We'll reach out to your doctor to send us a prescription.

\$60.00

Remove

02/01/1986

Order Summary

1 item

Prescription Total: \$60.00

Shipping: --

Estimated Total: \$60.00

Proceed to Checkout

Back to Top

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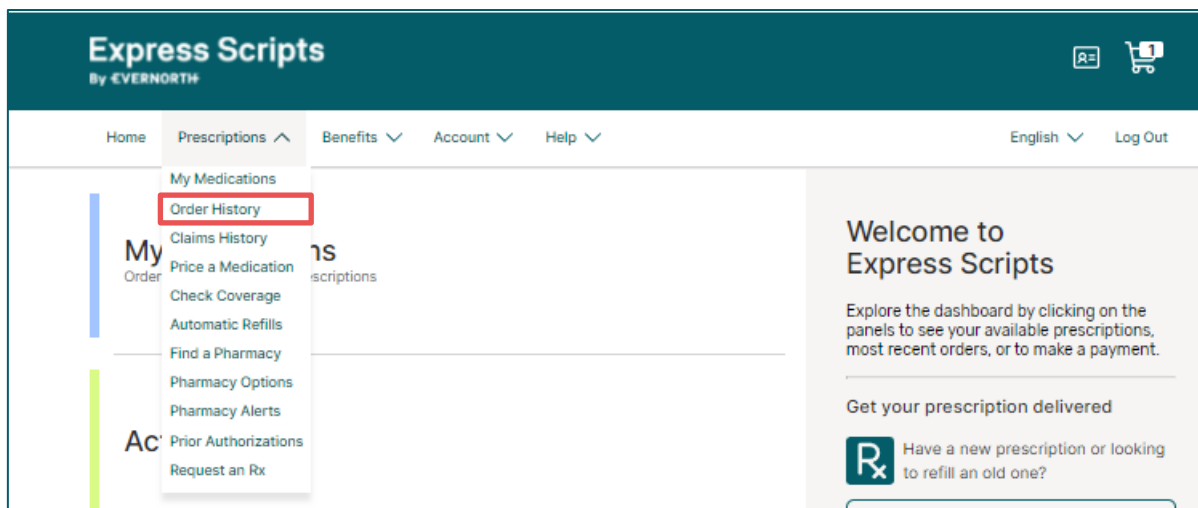
10

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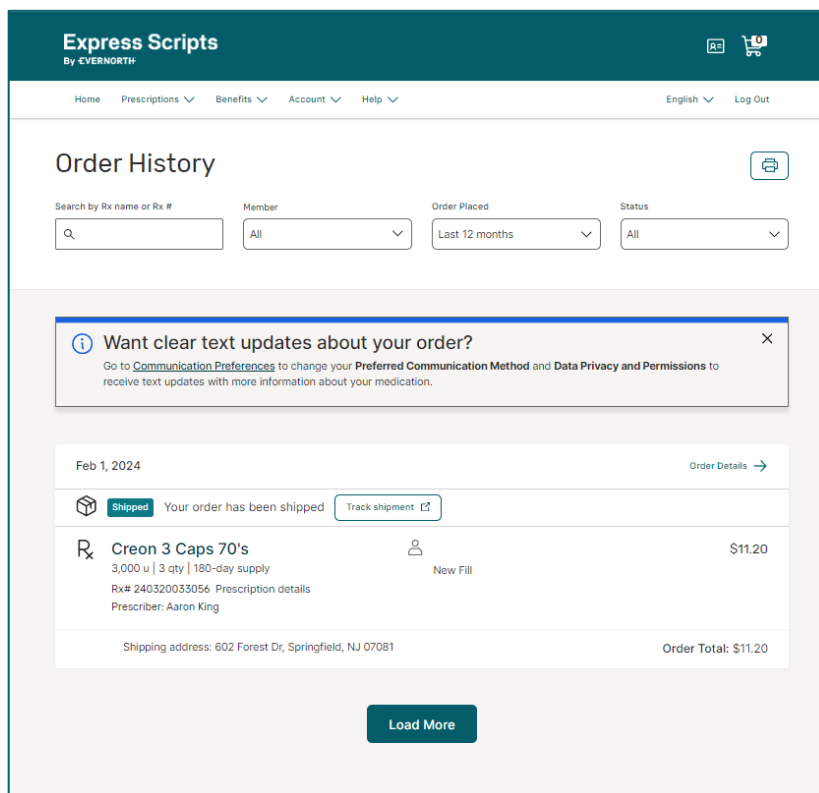
ORDER HISTORY

The Member Portal makes seeing your past orders easy! To find a searchable list of your full order history, follow these simple steps:

- Click on Prescriptions below the colored bar at the top.
- Click on Order History in the drop-down menu under Prescriptions.



If you need help narrowing your search, there are several filters along the top of the Order History page. You can use these filters to help you find the order you are looking for.



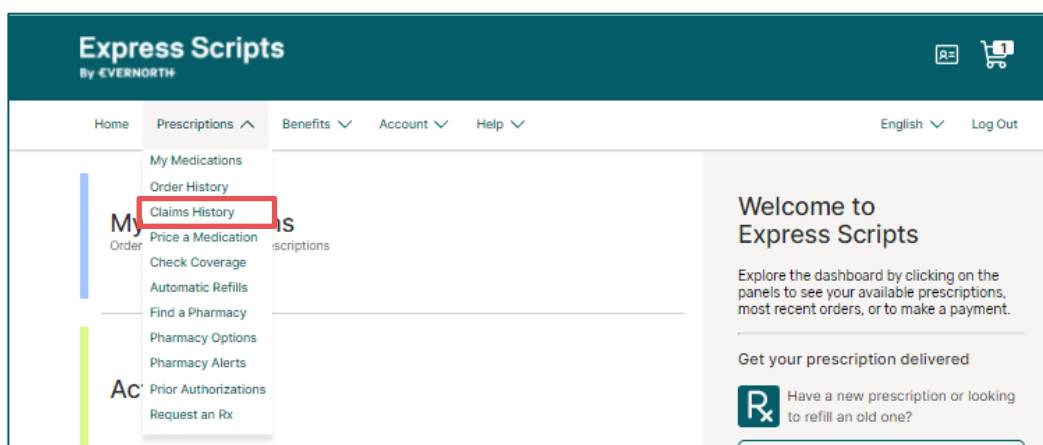


CLAIMS HISTORY

Our Claims History area can show you a list of all your current and past claim data. It also provides cost information for your prescriptions. You can also download a record of your prescription spending in one convenient spot.

To see a list of your claims history, follow these steps:

- Click on Prescriptions below the colored bar at the top.
- Click on Claims History in the drop-down menu under Prescriptions.
- To see more information about your claim or claim status, click on the View Details button to the right in the claim row.



The 'Prescription Claims History' page displays the following information:

- Date range:** Last 12 months
- Member:** (02/24/1957)
- Summary Statistics:**
 - 1 Total claims
 - \$344.58 Total cost
 - \$11.20 Your total costs
- Table of Claims:**

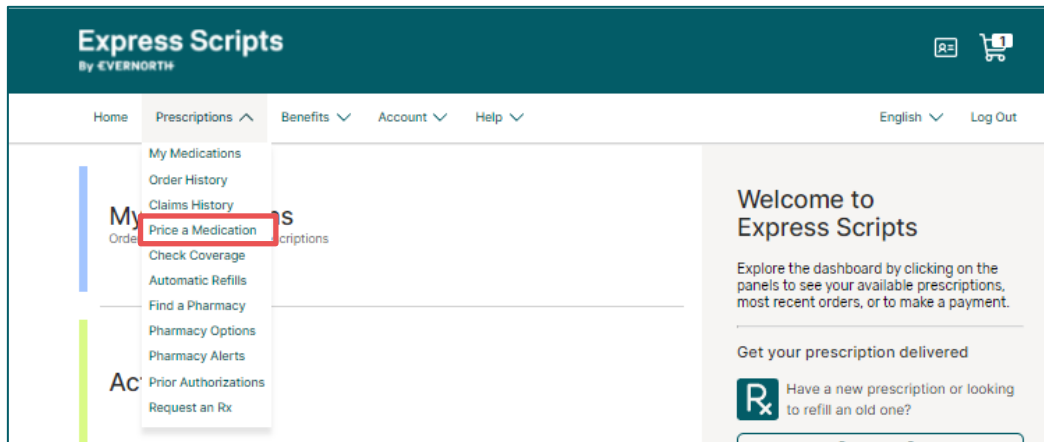
Medication	Status	Service Date	Total Cost	Your Cost	
Creon 3-9.5-15K 180 day supply 210 capsule dr Express Scripts #8000062	✓	02/01/2024	\$344.58	\$11.20	View Details
- What's not included in your cost:**
 - Claims that are still being processed or adjusted
 - Non-prescription items
 - Additional service fees
 - Shipping
- For more information about other healthcare claims, please contact your medical provider**
- *Additional info required to process**



PRICE A MEDICATION

To search for a medication's price, follow these steps:

- Click on Prescriptions below the colored bar at the top.
- Click on Price a Medication in the drop-down menu under Prescriptions.
- Type the name of the medication into the Medicine Name field.
- Using the 'Medicine for' menu, select the person on your plan who will be receiving the medication.
- Enter your ZIP code in the 'Zip code' field.
- Click Get Prices to see the pricing information for the medication



The screenshot shows the 'Price a Medication' page. The header includes the Express Scripts logo and navigation links. The main heading is 'Price a Medication' with the subtext 'Search for the lowest prices available for your medicine'. Below this is a search form with a 'Medicine Name' field (containing 'Example: Lipitor 20 Mg Tablet'), a 'Medicine for' dropdown menu, and a 'Zip code' field. A 'Get Prices' button is located to the right of the 'Zip code' field. The results section is titled 'Medicine prices that work for you' and contains three icons with corresponding text: a magnifying glass icon for 'Find medicine covered by your plan', a prescription symbol 'Rx' for 'Compare current prices at local pharmacies', and a pill bottle icon for 'See pricing for short and longer-term supplies'. At the bottom, there is a disclaimer: 'Estimated pricing is based on your plan design and is not available for all medications. Medication prices, individual retail pricing and individual copayments may vary. Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive. Medication costs outside of your prescription program, and sales tax, where applicable, are not included. The coverage and pricing terms of the prescription benefit are subject to change.'

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Each medication you search for will have a details page. The details page lists pricing, coverage status and pharmacy contact information.

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Medicine for

Start a new search

Atorvastatin Calcium

Generic drug name for Lipitor

Alternate drug options

Drug details

Generic

Brand

Dosage information

Medicine form

Medicine strength

I take or use

Frequency of use

Edit Details

Tablet

20 Mg

1 each

Daily

Pricing results for Atorvastatin Calcium 20 Mg Tablet

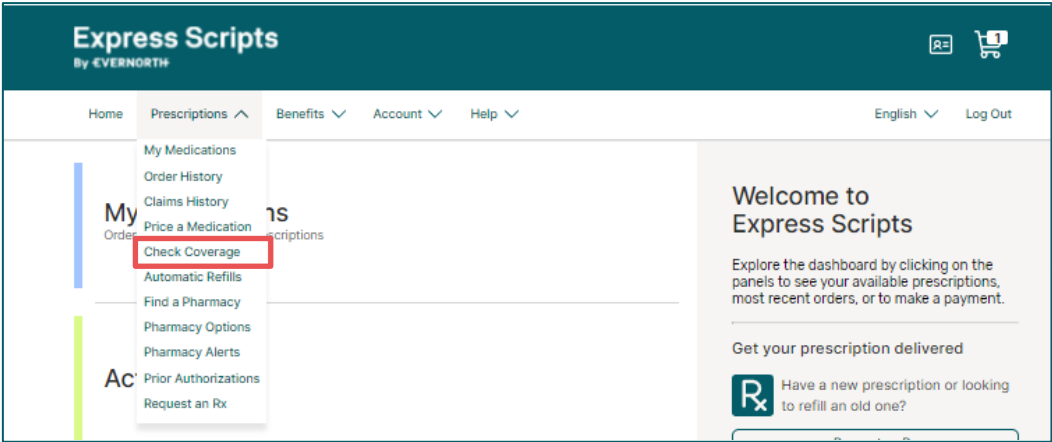
Showing 6 of 26 pharmacies for 63150

Pharmacy	Coverage	1-month	3-month
Home Delivery Pharmacy	Covered	--- Not available	\$0.00 Price details Request RX
Cvs #18070 315 N 9th St Saint Louis, MO 63101-1460 (314) 436-7491	Covered with limitations Limited Fills	\$0.00 Price details	\$0.00 Price details
Genoa Healthcare 1430 Olive St Rm P Saint Louis, MO 63103-2360 (314) 338-3744	Covered with limitations Limited Fills	\$0.00 Price details	--- Not available
Walgreens #11711 1530 Lafayette Ave Saint Louis, MO 63104-3323 (314) 678-1039	Covered with limitations Limited Fills	\$0.00 Price details	--- Not available

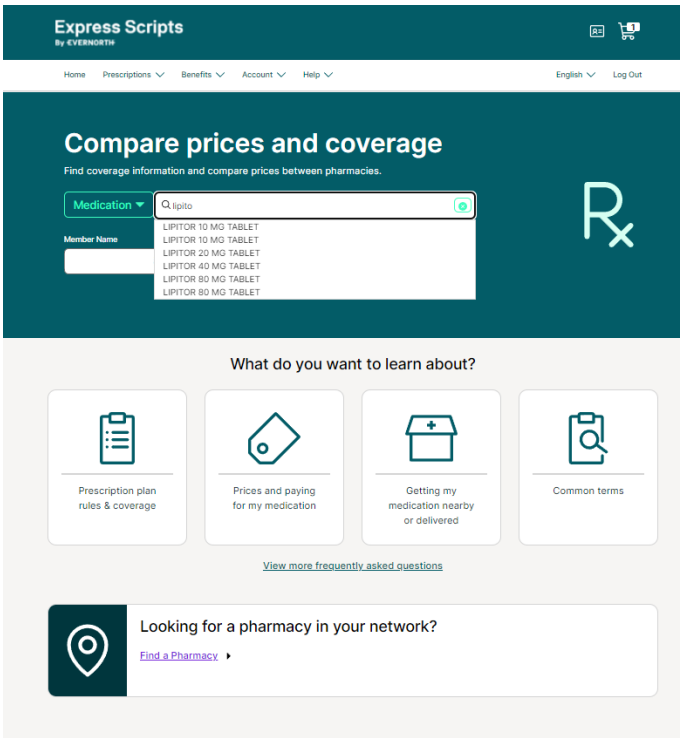
Three-month supply not available for all products in all states.

CHECK COVERAGE

Easily verify your coverage details for medications to ensure clarity and confidence in your medication and pharmacy decisions by clicking on Check Coverage in the Prescriptions drop-down menu.



On the landing page, start typing the name of your desired medication and select the appropriate one based on the predictive search feature.



CHECK COVERAGE (CONTINUED)

Choose different medication forms, strengths, or alternatives if they are available. You can also get more information on the medication by clicking ‘Learn more.’

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< Back to search

Lipitor

BRAND

Generic equivalent: [atorvastatin calcium](#)

Form: Tablet

Drug type: Antihyperlipidemic-Hmgcoa Reductase Inhibitors(Statins)

Atorvastatin is used along with a proper diet to help lower "bad" cholesterol and fats (such as LDL, triglycerides) and raise "good" cholesterol (HDL) in the blood. It belongs to a group of drugs known as "statins." It works by reducing the amount of cholesterol made by the liver. Lowering "bad" cholesterol and triglycerides and raising "good" cholesterol decreases the risk of heart disease and helps prevent strokes and heart attacks. In addition to eating a proper diet (such as a low-cholesterol/low-fat diet), other lifestyle changes that may help this medication work better include exercising, losing weight if overweight, and stopping smoking. Consult your doctor for more details.

[Learn more](#)

Compare prices and coverage for this medication

Choose the medication form and strength

Form

TABLET

Strength

20 MG80 MG10 MG80 MG40 MG10 MG

Compare Prices

Coverage shown is based solely on your plan design. Your coverage may change depending on medication form, strength, or your selected pharmacy.

Covered alternatives

Other options covered by your plan:

[atorvastatin calcium](#)

About this medication

Disclaimer

Common Brand Name

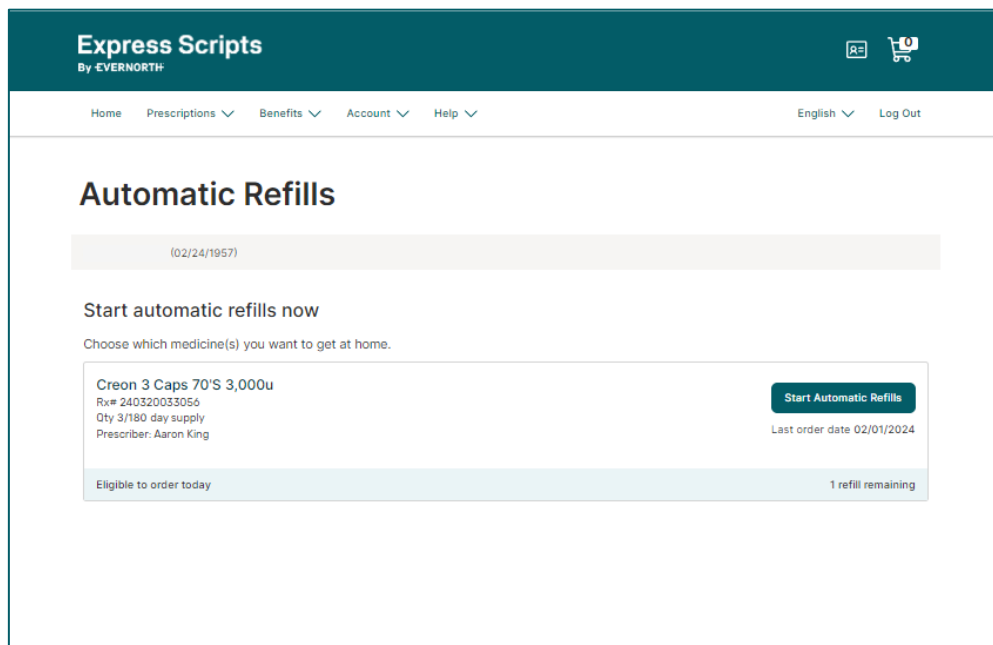
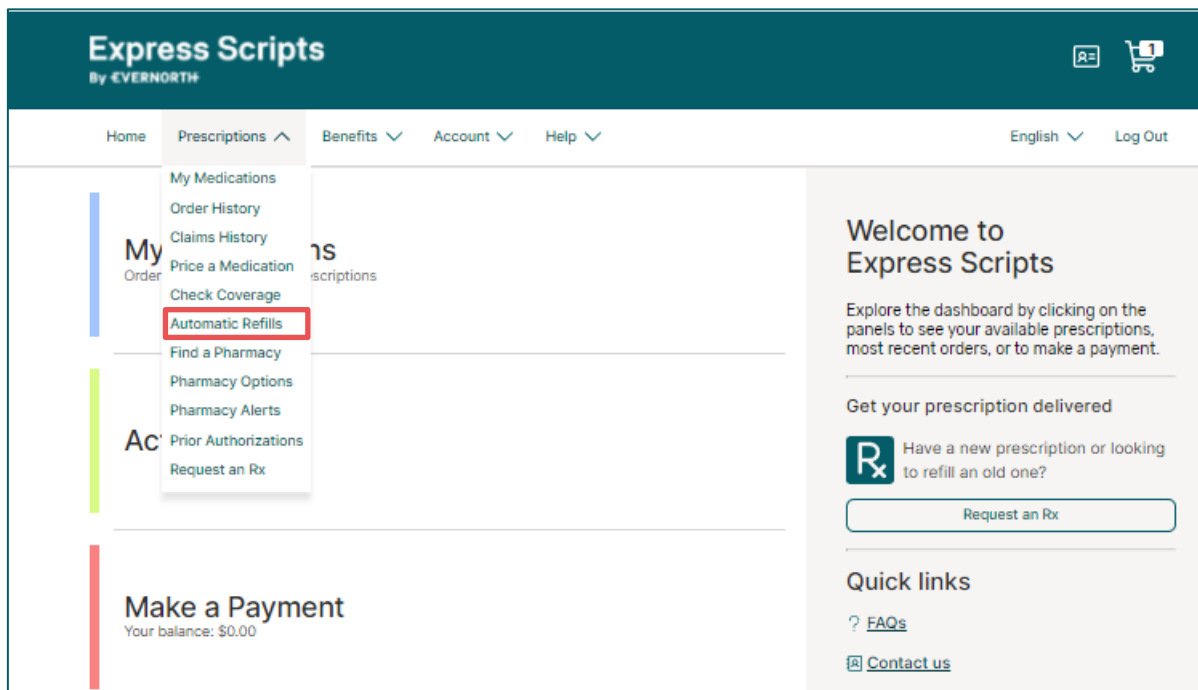
Uses

You can view all pharmacy options, pricing and coverage. To narrow your results, you can filter between pharmacy categories, sort by distance or price, and search for specific pharmacies by keyword. By clicking on ‘Price details,’ you can then see estimates of the medication cost, what the plan pays and what you pay.

AUTOMATIC REFILLS

To have your medications refilled automatically without any further action by you, follow these steps:

- Click on Prescriptions below the colored bar at the top.
- Click on Automatic Refills in the drop-down menu under Prescriptions.
- Click on the Start Automatic Refills button next to the medication you want to refill.



Your Automatic Refills settings can be changed at any time.

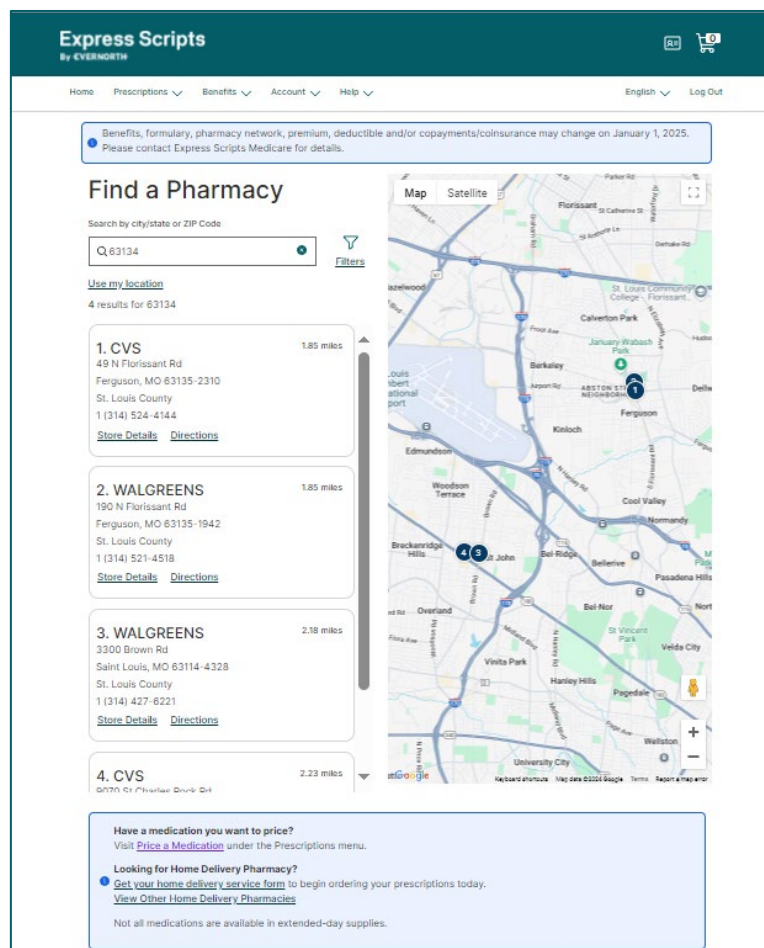
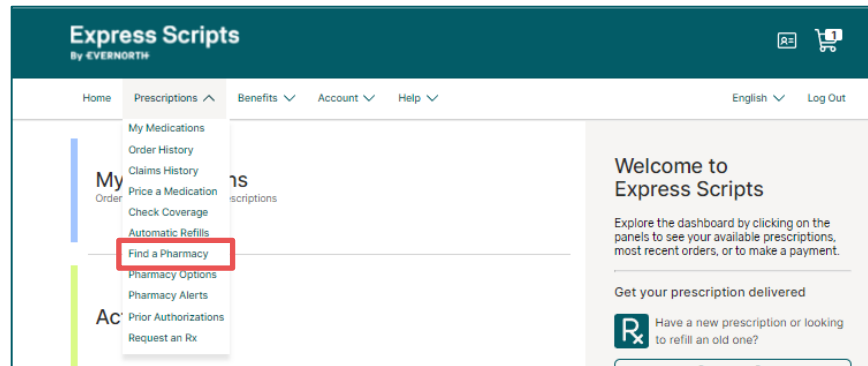


FIND A PHARMACY

We've made it easy for you to find a pharmacy in your network. To find a pharmacy, follow these steps:

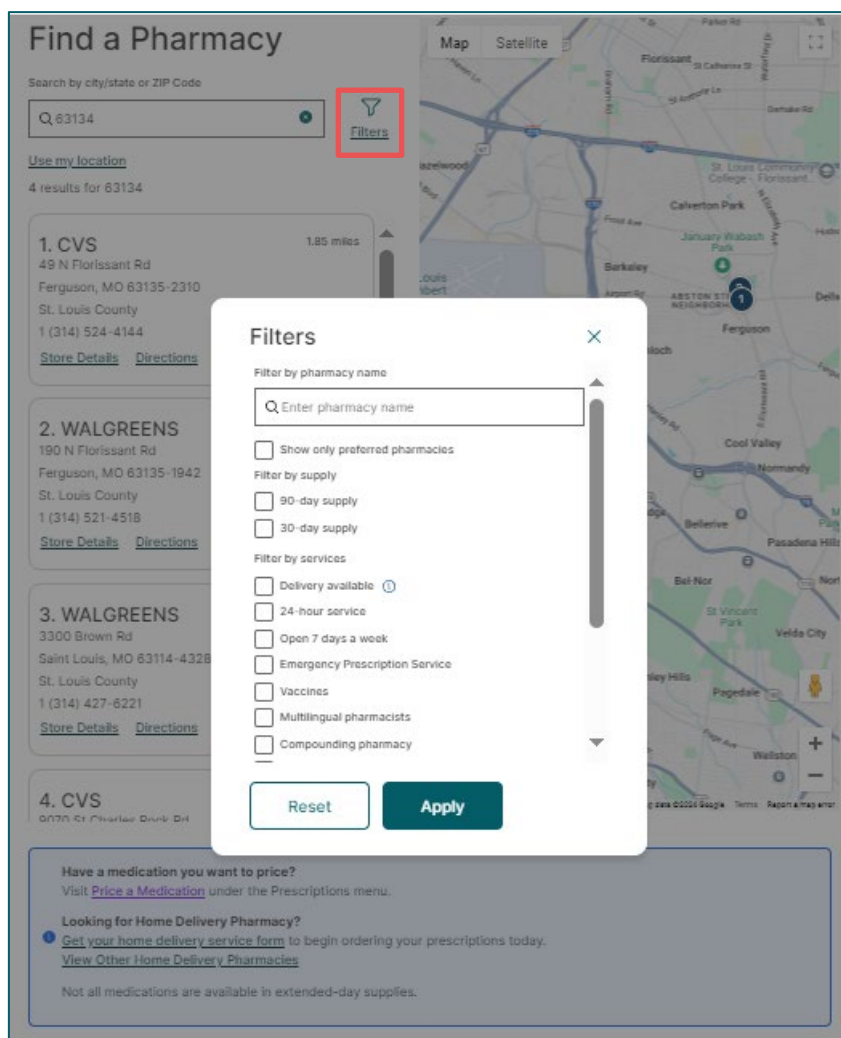
- Click on Prescriptions below the colored bar at the top.
- Click on Find a Pharmacy in the drop-down menu under Prescriptions.

Once you are on the Find a Pharmacy page, enter your ZIP code and press the Enter key to see the in-network pharmacies nearest to you.





To fine-tune your search, click on Filters to narrow down your results by pharmacy name, medication days' supply, available services and recommended pharmacies.



PHARMACY OPTIONS

Depending on their benefit, some members may be able to save money by having medication delivered by mail. To learn more, visit our Pharmacy Options page.

Find the Pharmacy Options page by following these steps:

- Click on Prescriptions below the colored bar at the top.
- Click on Pharmacy Options in the drop-down menu under Prescriptions.

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Stress-free prescription delivery.

No waiting at a pharmacy.

Save time with home delivery. [Learn more](#)

Choose the medicine you want us to deliver in up to a 3-month supply†

— Collapse all (3 medicines)

— (0 medicines)

No eligible long-term medicines available for this member.

— (3 medicines)

Rx Number: 000001489505

Fluticasone Propionate

(16 Units)

50 mcg Spray Susp

Packaged medicine

Pharmacy: Rite Aid #5754

No Doctor on file

[Add Doctor](#)

Courtesy Fills Remaining: 1

Current Retail Pharmacy

\$5.00/30 days

Rx price: \$5.00

Supply: 30 days

Quantity: 1 package

Cost after courtesy fills: \$5.20

Express Scripts Pharmacy

\$3.33/30 days

Rx price: \$10.00

Supply: 90 days

Quantity: 3 packages

Choose Express Scripts Pharmacy for Delivery

Save \$1.67 a month

☐ \$10.00 3-month supply†

• Standard shipping at no extra cost

• [Extended Payment Program Information](#)

INFORMATION LISTED ABOVE TO BE USED AS EXAMPLE ONLY.

Three-month supply not available for all products in all states.

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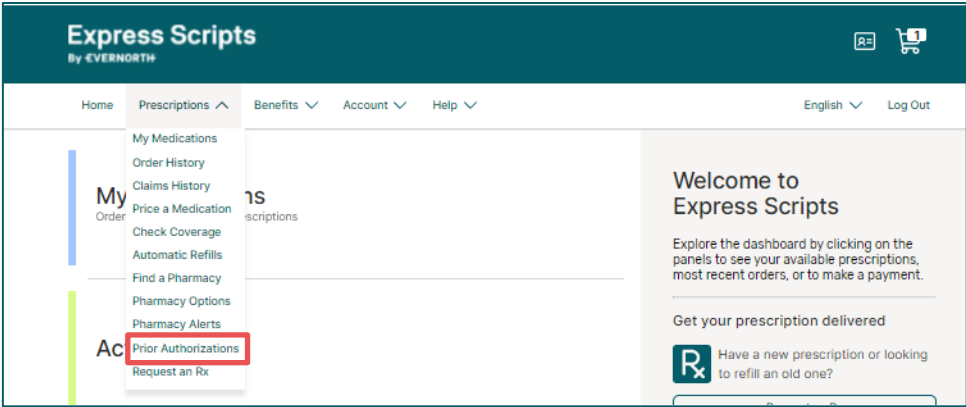
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PRIOR AUTHORIZATIONS

This feature allows you to check the status of coverage reviews, like prior authorizations (PAs), for you and any of your dependents. To find the Prior Authorizations section on your member web account:

- Click on Prescriptions below the colored bar at the top.
- Select Prior Authorizations in the drop-down menu under Prescriptions.
- Once on the Prior Authorizations page, you will find an overview of the four-step PA process. When you click on a specific PA, it will display more information, such as a description of the status and which step your PA is in. All PA statuses and related information such as Case IDs and documents will be listed in the Details & Documents section within the View Details link on the right-hand side.



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Prior Authorizations

To ensure you're receiving the treatment plan that is right for you, certain medications require a prior authorization before they are filled. Prior authorization is an approval from your doctor, confirming that the medication prescribed is both appropriate for your condition and cost effective for you. The prior authorization is facilitated through a four-step process: Please Note: In some cases you may see more than one document per Case ID. Please view the details.

Step 1 Inquiry Received: The prior authorization case request for your medication has been received and is currently being processed.

Step 2 Outreach to Prescriber: There are additional questions regarding this prior authorization and your prescriber has been contacted to discuss further.

Step 3 In Review: Everything needed to make the best decision for your condition and your benefit plan has been collected. Review is pending for a final decision (This typically takes 24-48 hours.)

Step 4 Approved, Denied, Withdrawn or Other: Determination on the outcome of your prior authorization request is reached. Additional info can be found below in Details & Documents.

Patient: Henry (10/22/1989)

Case ID	Medication	Quantity	Status	Coverage Expires	Activity	Step	Details & Documents
2418426	Humira(®) Pediatric C 80 Mg-40mg SyringeKit	1	Denied	---	Primary	4 of 4	View Details
2417900	Humira 40mg/0.8ml SyringeKit	3	Dismissed	---	Primary	4 of 4	View Details
2417899	Humira 40mg/0.8ml SyringeKit	1	Dismissed	---	Primary	4 of 4	View Details
2417520	Mayzent 1 Mg Tablet	2	Inquiry Received	---	Appeal	1 of 4	View Details
2417520	Mayzent 1 Mg Tablet	2	Denied	---	Appeal	4 of 4	View Details
2417557	Urbexvy 50 Mg Tablet	30	In Review	---	Primary	3 of 4	View Details



Step 1 Inquiry Received: The prior authorization case request for your medication has been received and is currently being reviewed.

Step 2 Outreach to Prescriber: There are additional questions regarding this prior authorization and your prescriber has been contacted to discuss further.

Step 3 In Review: Everything needed to make the best decision for your condition and your benefit plan has been collected and is pending for a final decision (This typically takes 24-48 hours.)

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Patient: Henry (10/22/1989)

Case ID	Medication	Quantity	Status	Coverage Expires	Activity	Step	Details
2418426	Humira® Pediatric C 80 Mg-40mg Syringekit	1	Denied	---	Primary	4 of 4	View
2417900	Humira 40mg/0.8ml Syringekit	3	Dismissed	---	Primary	4 of 4	View
2417899	Humira 40mg/0.8ml Syringekit	1	Dismissed	---	Primary	4 of 4	View
2417520	Mayzent 1 Mg Tablet	2	Inquiry Received	---	Appeal	1 of 4	View
2417520	Mayzent 1 Mg Tablet	2	Denied	---	Appeal	4 of 4	View
2417557	Urbelvy 50 Mg Tablet	30	In Review	---	Primary	3 of 4	View
2417520	Mayzent 1 Mg Tablet	2	Denied	---	Primary	4 of 4	View
2417516	Mayzent 1 Mg Tablet	2	In Review	---	Primary	3 of 4	View
2417484	Mayzent 1 Mg Tablet	2	Denied	---	Primary	4 of 4	View
2417464	Tricor 48 Mg Tablet	1	Dismissed	---	Primary	4 of 4	View
2417343	Humira 40mg/0.8ml Syringekit	1	Awaiting Response	---	Primary	1 of 4	View
2417244	Humira® Pediatric C 80 Mg-40mg Syringekit	1	Inquiry Received	---	Primary	1 of 4	View

Prior Authorization Details

Mayzent 1 Mg Tablet

Prior Authorization Status

Denied

Your authorization request did not meet the criteria for approval. Reason: As defined by Medicare regulations under section 1927 (k) (6), a drug being used for an off-labeled indication that is not [See #0000](#).

Please click the View Document link(s) below for more details.

Member

(10/22/1989)

Case ID

2417520

Documents

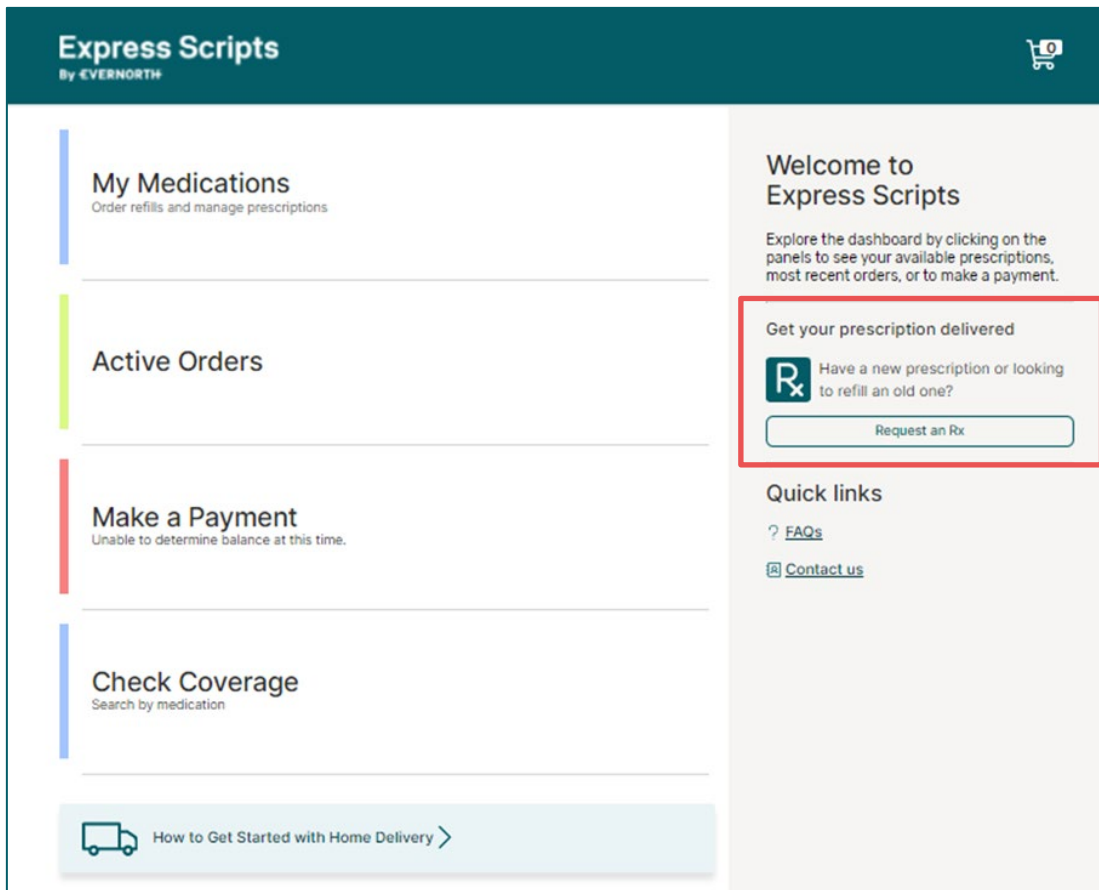
Document Type	Document Date	
Case Denial	09/17/2024	View Document
Appeal Denial	09/17/2024	View Document

Close



NEW PRESCRIPTIONS

To start a new prescription or refill an old one through our home delivery pharmacy, you can use the Request an Rx button on the home page of the Member Portal. Please consult with your doctor before starting this request.





To start a new request, follow these steps:

- Type in the medication you are requesting.
- Let us know if you have talked to a doctor about this request.
- Click the Start Prescription Request button.

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Request to have an Rx delivered by Express Scripts® Pharmacy

Whether starting a new prescription or refilling an old one, it's easy to get medication with home delivery. Please consult with a doctor before starting this request.

What medication would you like delivered?

ex. Lipitor 20mg tablet

Have you talked to a doctor about this medication?

☐ Yes

☐ No

☐ No, but I'd like to connect with a doctor through MD Live by Evernorth

Login or create an account on MD Live to schedule an appointment. With MD Live, you can request to have your prescription delivered by Express Scripts Pharmacy or sent to a pharmacy near you.

Start Prescription Request

*Your benefit plan may also offer other virtual care providers. Check your plan's website to view all of your virtual care options.

Frequently Asked Questions

- Do I need a prescription to request a medication?
- How long will this take?
- Can I request a prescription for someone else?

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How does this work?

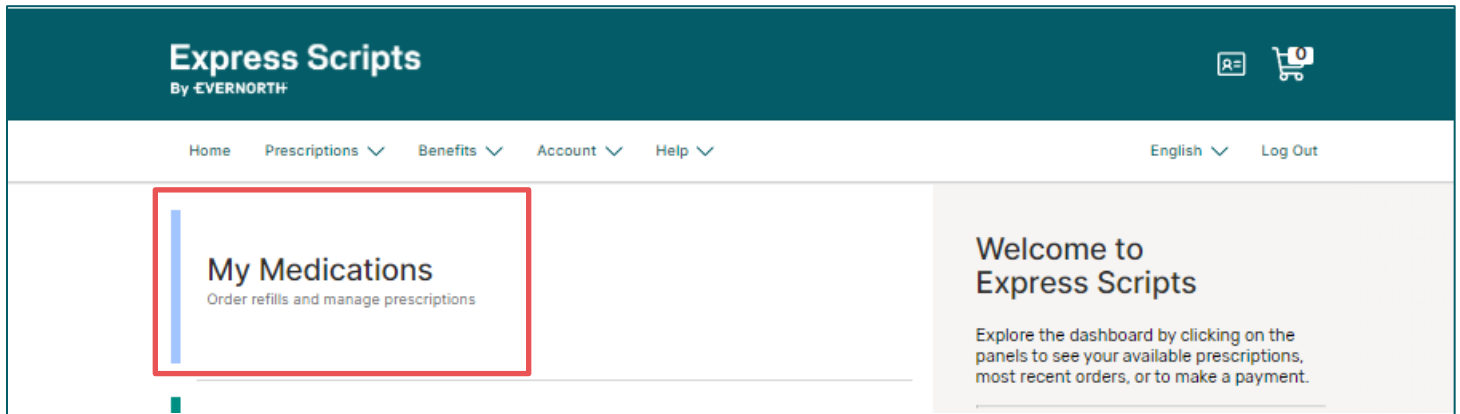
- You'll request to have the medication delivered
- We'll contact the doctor to get the prescription. For faster service, ask your doctor to send your prescription electronically to Express Scripts® Pharmacy home delivery.
- Our pharmacists fill the prescription and ship it to you

[Learn more about our pharmacy](#)

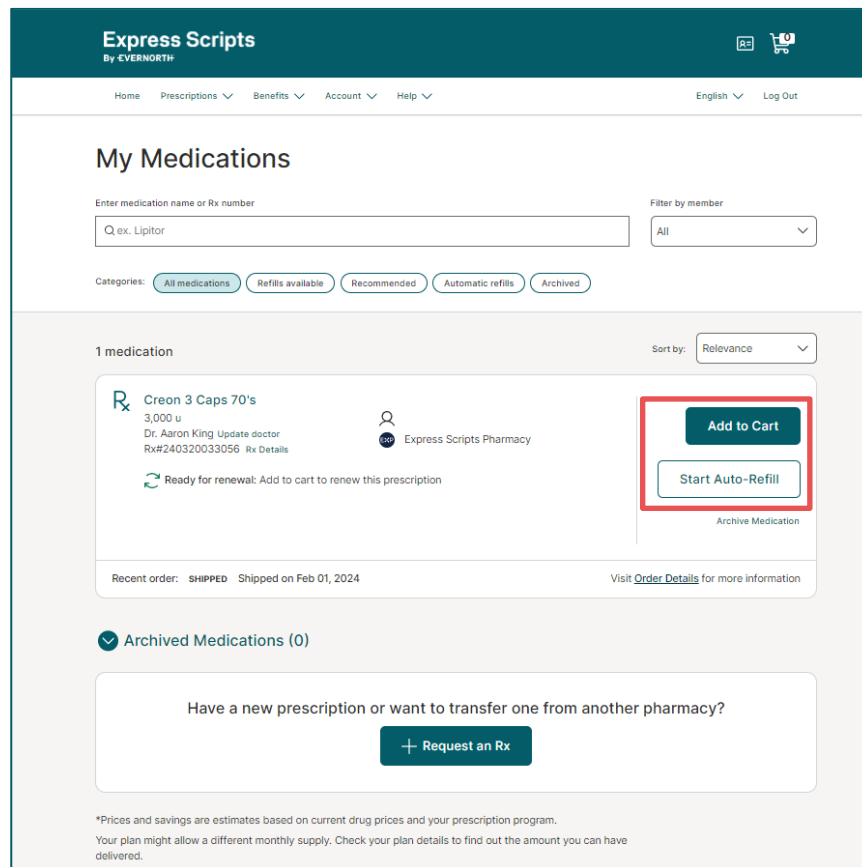


REFILL A PRESCRIPTION

To begin a refill request, click the My Medications link near the top of the Member Portal Home page.



On the My Medications page, you will find a list of your prescriptions. Next to each medication on file, you will have the option to order a refill as well as sign up for auto-refills for eligible medications filled through Express Scripts Pharmacy by Evernorth®. You can also archive medications you no longer need to view.

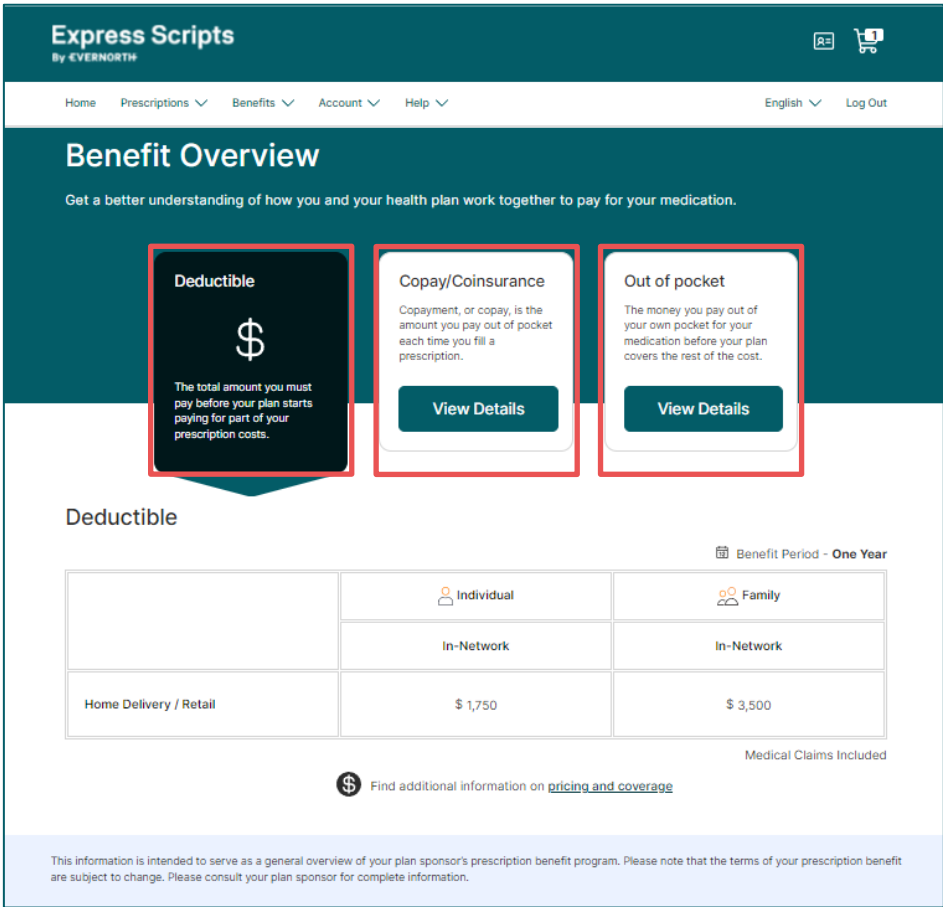
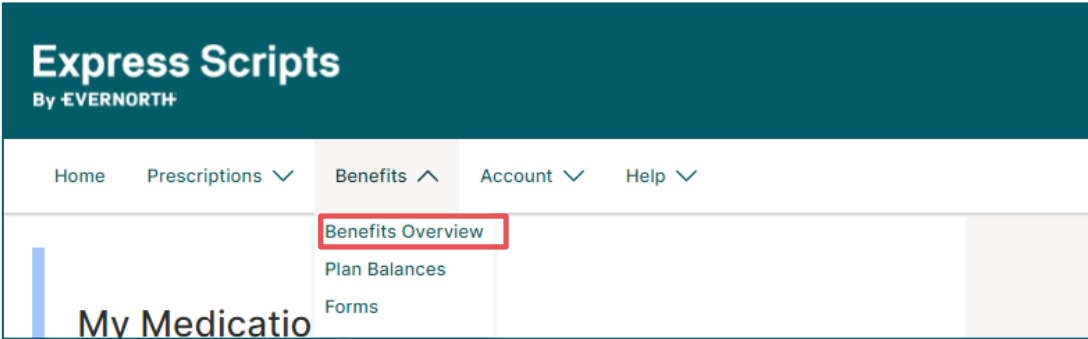


BENEFITS OVERVIEW

You can see the details of your medication benefit coverage in the Benefits Overview section. To get to this page, follow these steps:

- Click on Benefits below the colored bar at the top.
- Click on Benefits Overview in the drop-down menu under Benefits.

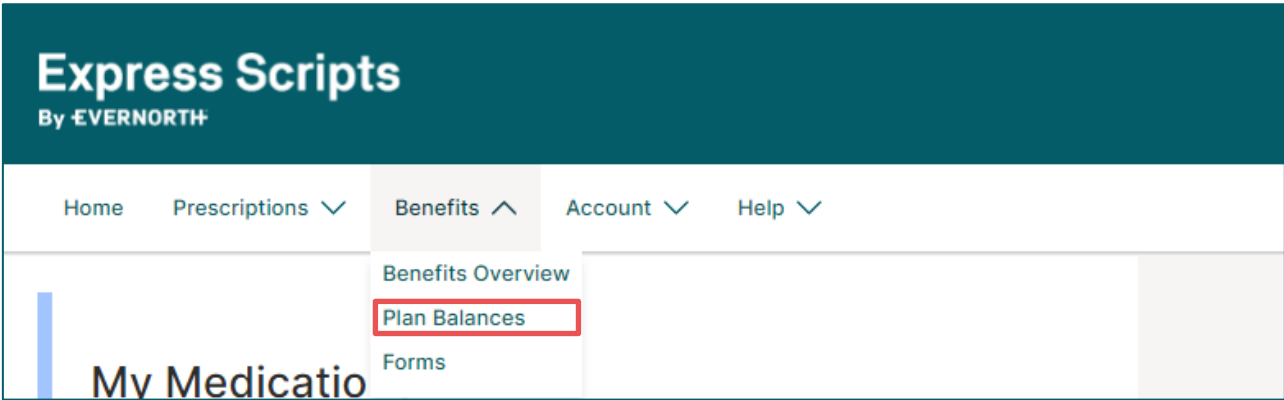
On the Benefits Overview page, you can find simple summaries of your Deductible, Copay/Coinsurance and Out-of-Pocket information.



PLAN BALANCES

By clicking on Benefits below the colored bar at the top and selecting Plan Balances in the drop-down menu, you can review your:

- Total deductible and out-of-pocket costs
- Total amount applied
- Total prescription claims applied
- Total other healthcare claims applied
- Total amount remaining



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Benefit Plan Balances

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Benefit type [what are benefit types?](#)

Deductible

Deductible , ALL MEDICATIONS EXCLUDING PREVENTIVE

Duration: One year

Start date: 01/01/2024

Patient Name	Amount to satisfy	Total amount applied	Total prescription claims applied	Total other healthcare claims applied	Total amount remaining
(D.O.B. 09/01/1956)	\$1,750.00	\$1,750.00	\$746.57	\$1,003.43	\$0.00

Out of Pocket

Out of Pocket , ALL MEDICATIONS

Duration: One year

Start date: 01/01/2024

Patient Name	Amount to satisfy	Total amount applied	Total prescription claims applied	Total other healthcare claims applied	Total amount remaining
(D.O.B. 09/01/1956)	\$4,000.00	\$4,000.00	\$2,879.44	\$1,120.56	\$0.00

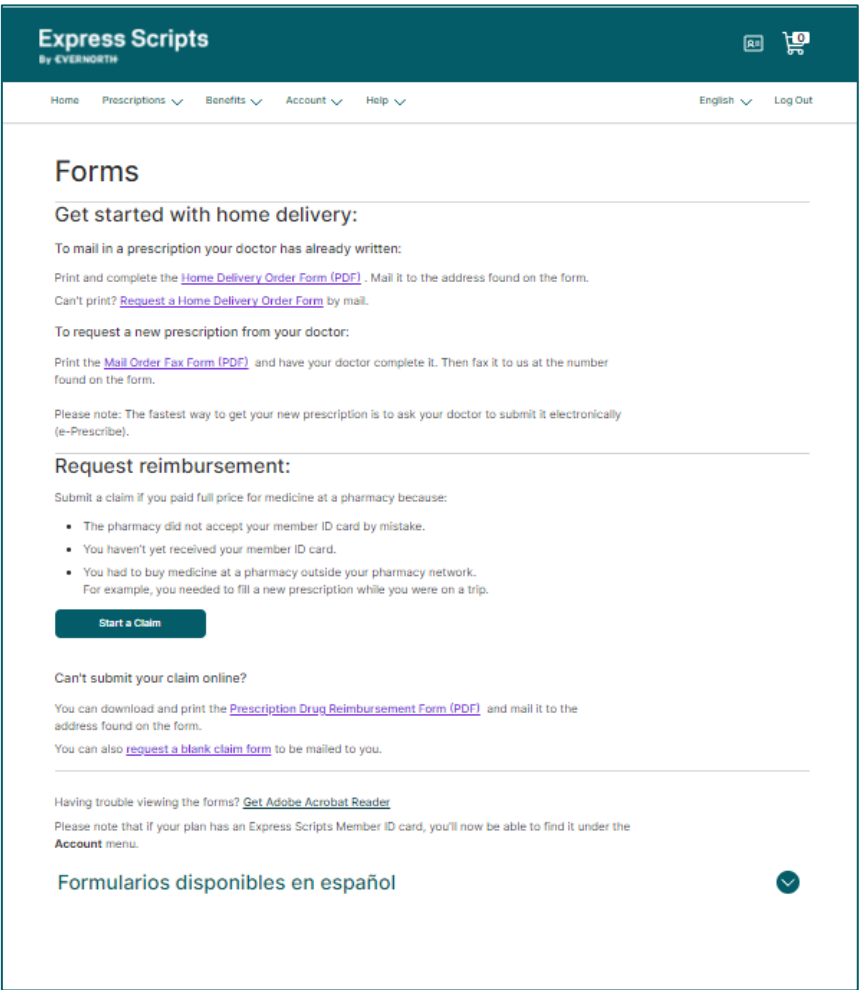
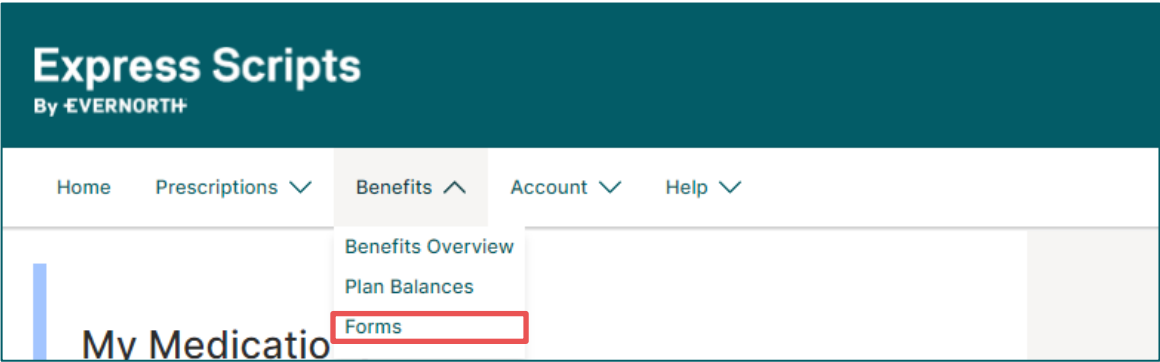
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FORMS

To reach us by mail about getting started with home delivery or to request reimbursement on a claim, visit our Forms page. Follow these steps:

- Click on Benefits below the colored bar at the top.
- Click on Forms in the drop-down menu under Benefits.



You can review the most important aspects of your profile, like your name, date of birth, member ID, username and password, by:

- Express Scripts

By EVERNORTH

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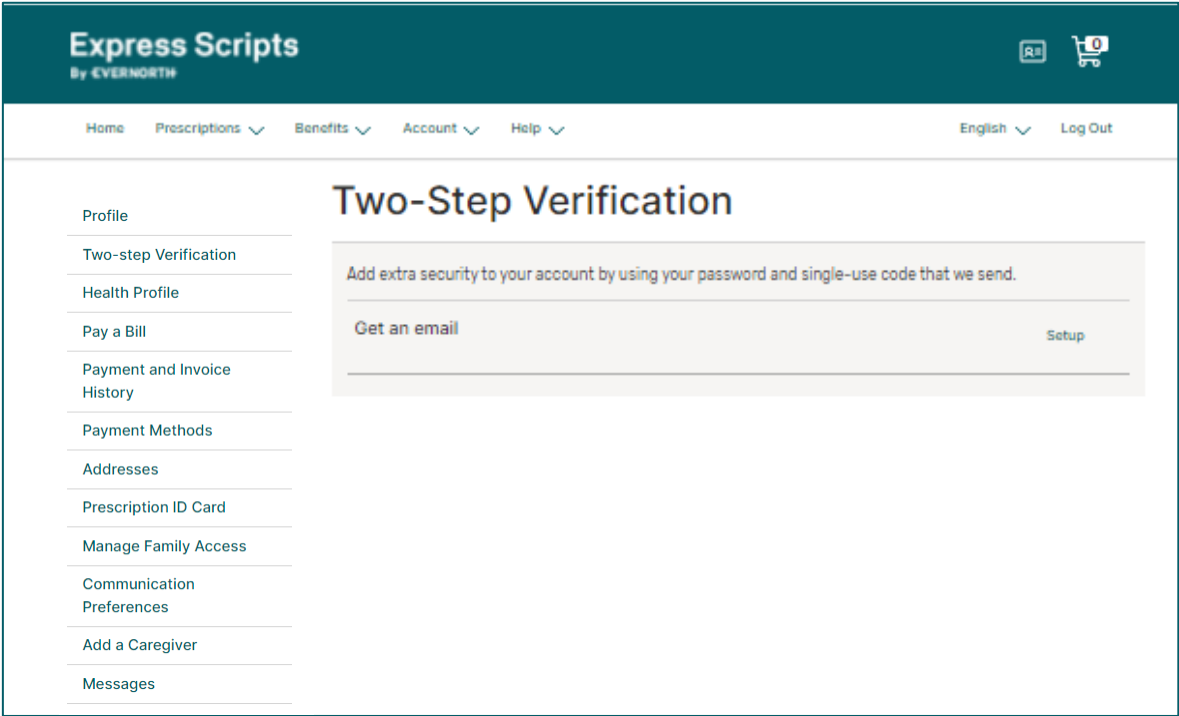
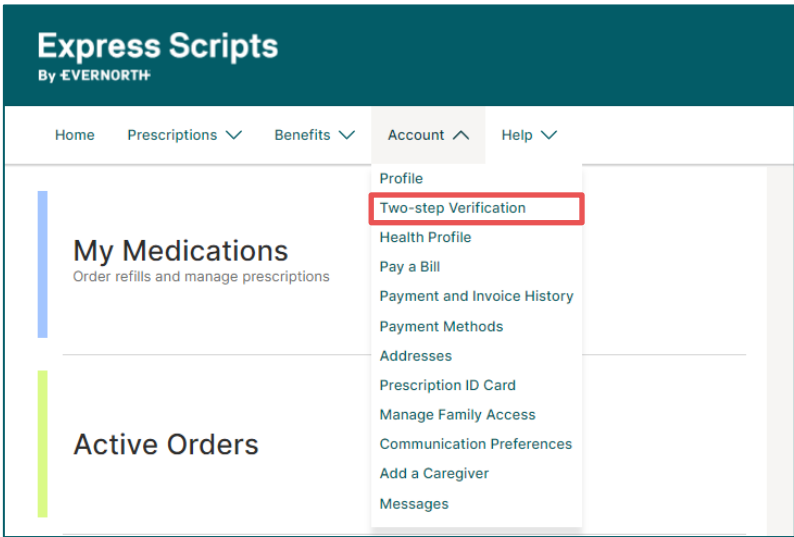
LAST UPDATED: 10/11/24

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TWO-STEP VERIFICATION

We understand that extra security when it comes to your pharmacy benefits account can allow you to stress less and have peace of mind. To set up two-step verification using a single-use code that we send, follow these steps:

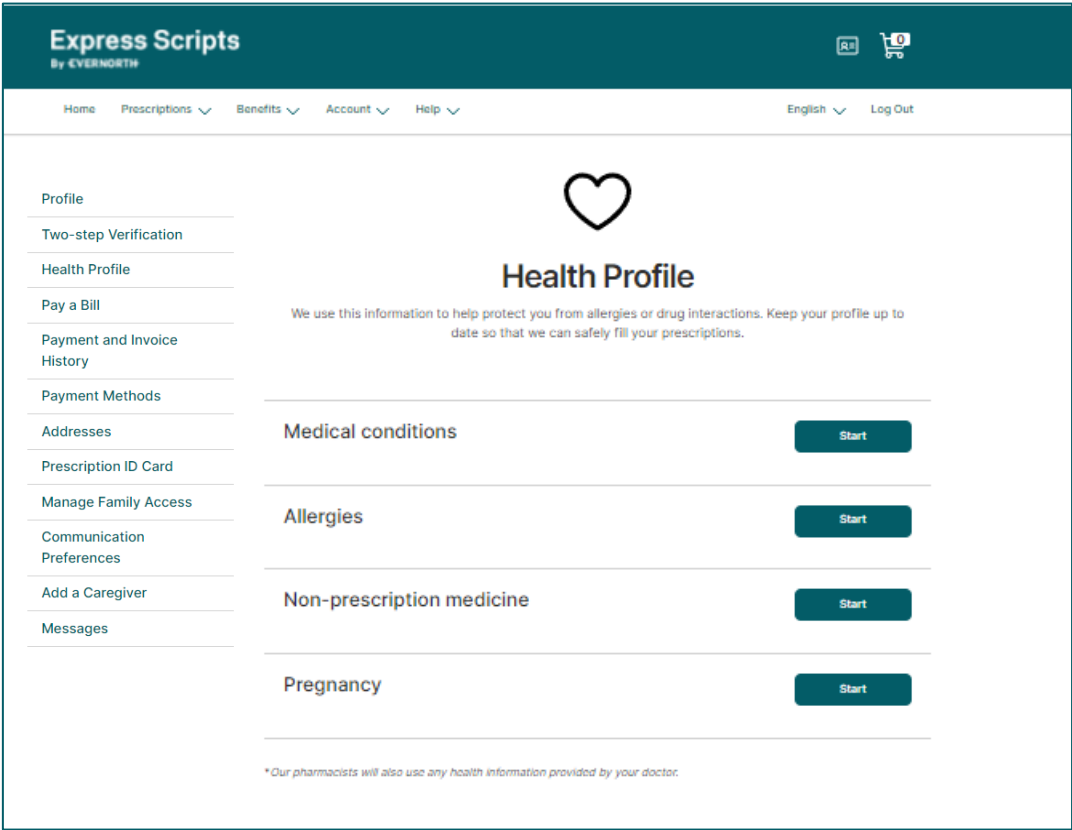
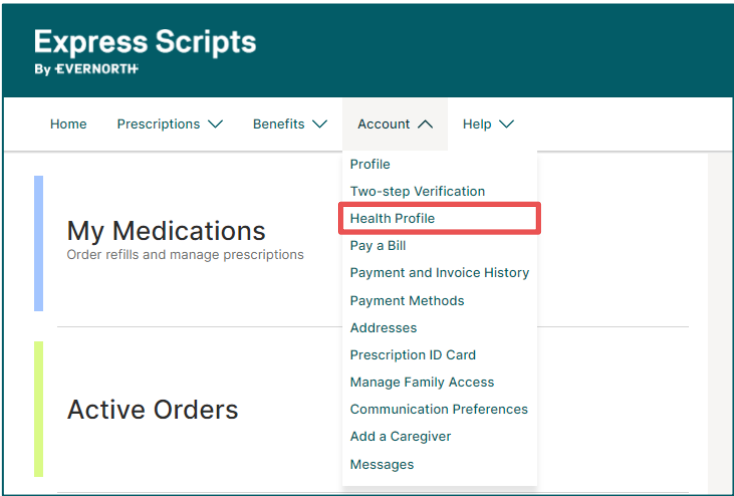
- Click on Account below the colored bar at the top.
- Click on Two-Step Verification in the drop-down menu under Account.
- Click on Setup.



HEALTH PROFILE

We want to ensure that the medications you’re taking continue to be safe. The more health information we know, the better equipped we are to protect you from allergies or medication interactions. To set up your health profile, follow these steps:

- Click on Account below the colored bar at the top.
- Click on Health Profile in the drop-down menu under Account.
- Click Start on the different sections you would like to fill out.



LAST UPDATED: 10/11/24

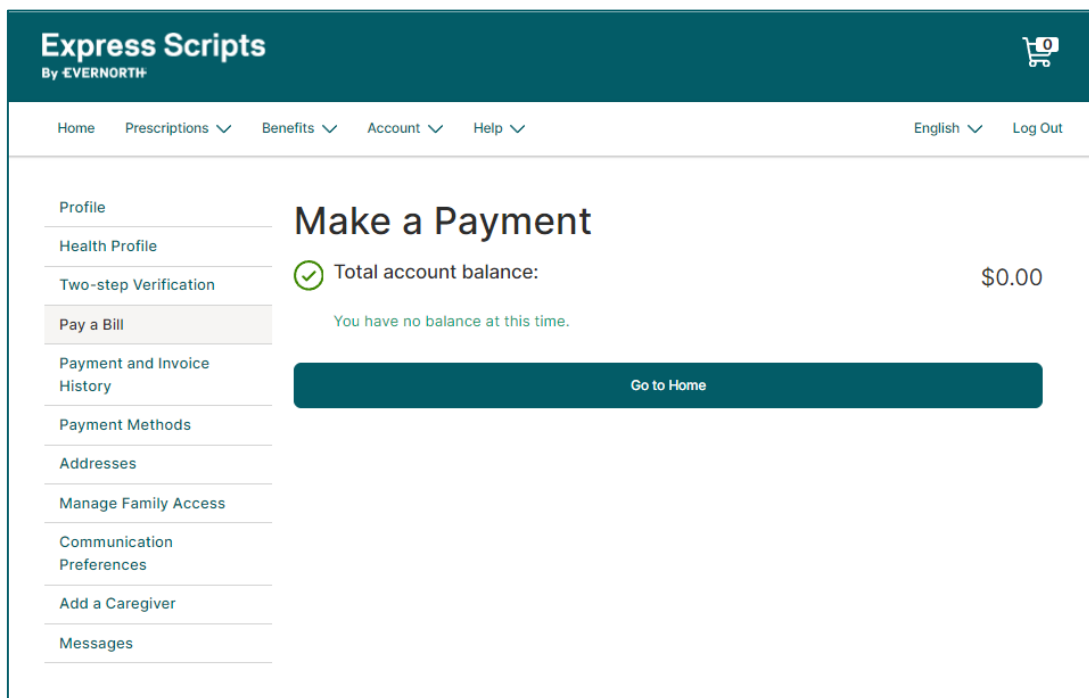
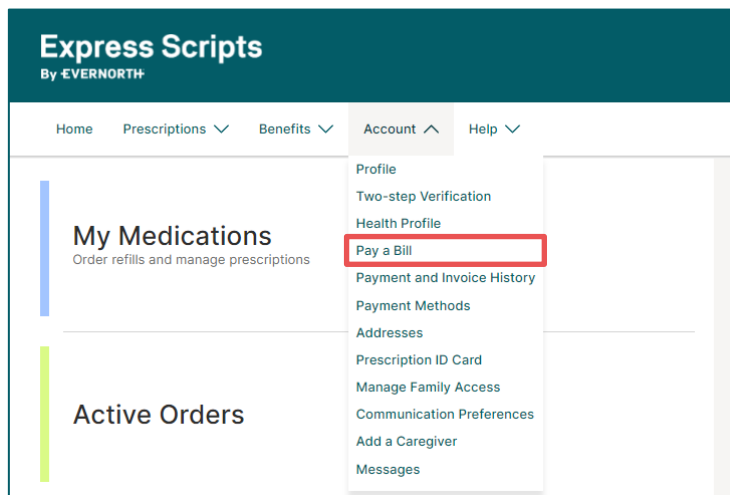
This guide is meant to represent most benefits. There are some features shown that may not apply to your specific benefit



PAY A BILL

To promote easy usability and accessibility, you can make a payment at the click of a button. To pay a bill, follow these simple steps:

- Click on Account below the colored bar at the top.
- Click on Pay a Bill in the drop-down menu under Account.

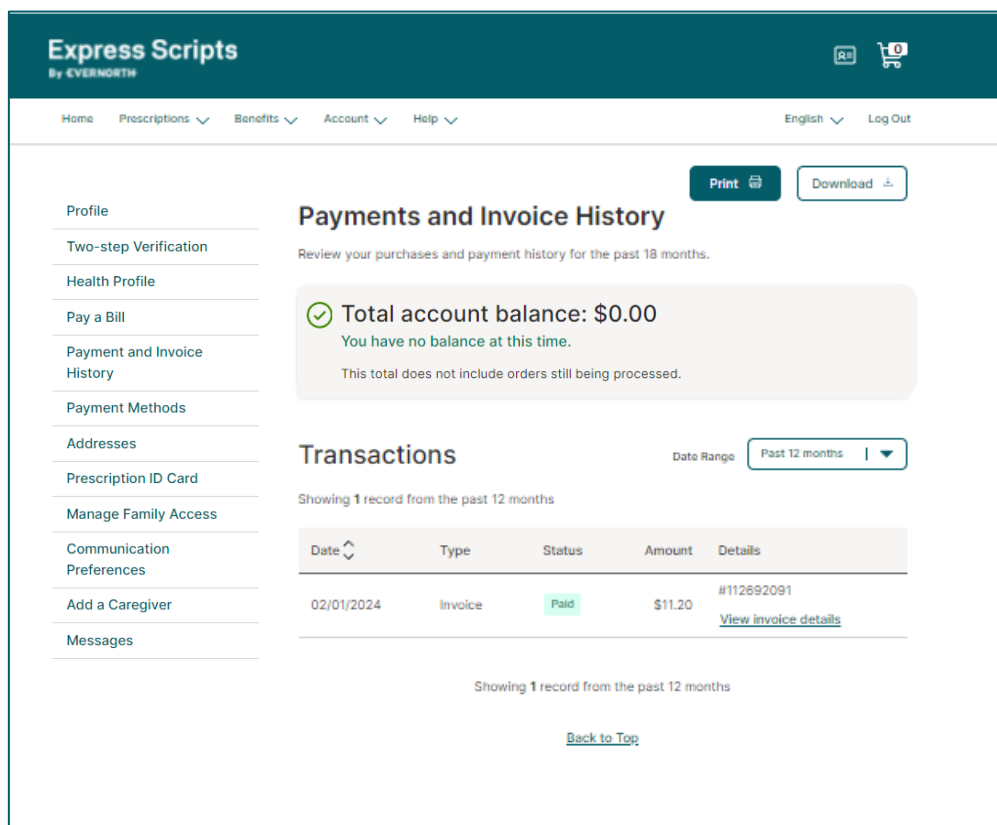
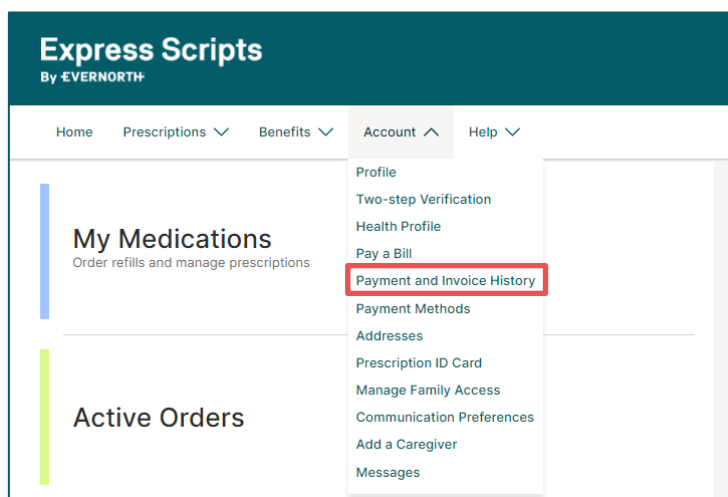




PAYMENT AND INVOICE HISTORY

We believe in making it easy to keep track of your payments and transactions. You can even print or download your payment history. To do so:

- Click on Account below the colored bar at the top.
- Click on Payment and Invoice History in the drop-down menu under Account.
- Select the date range you would like to review and click 'View invoice details' to see more information on a specific record.

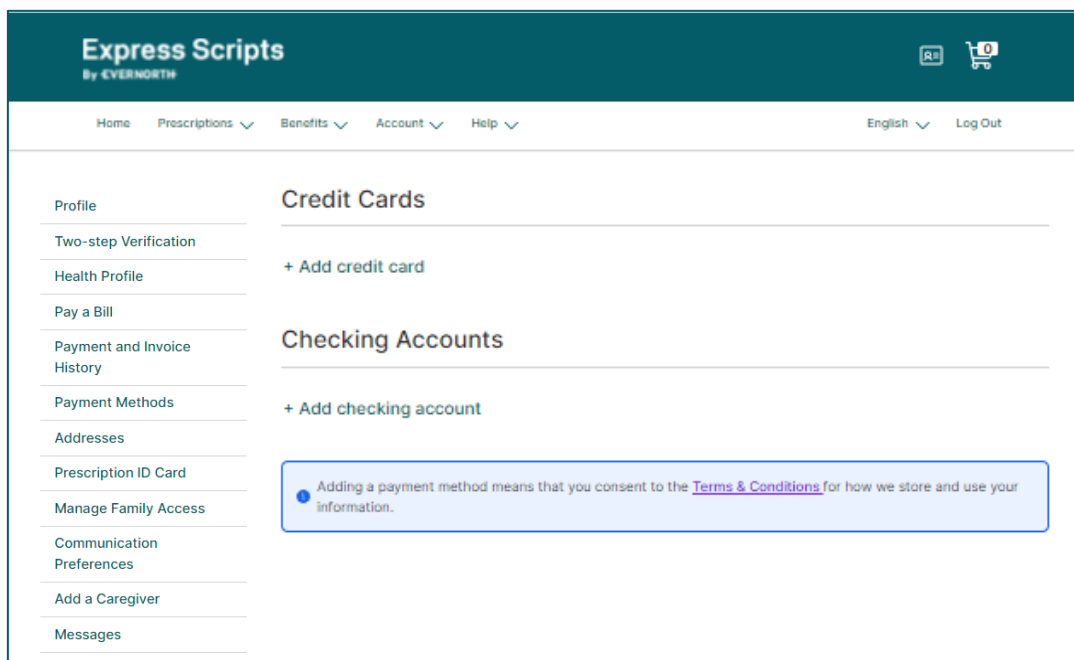
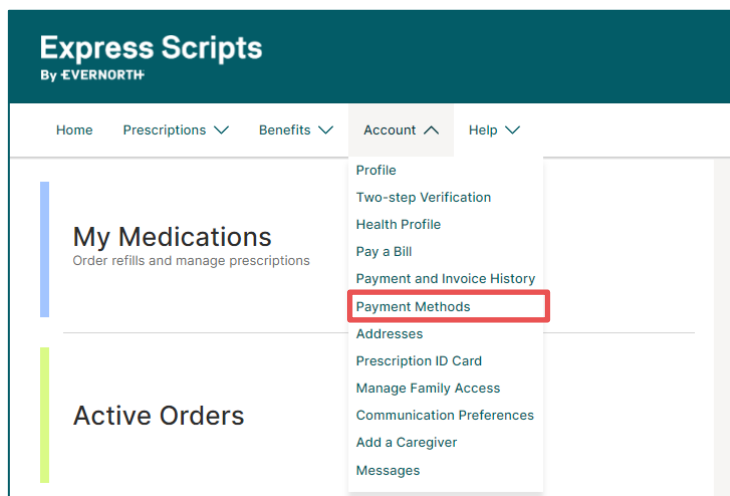




PAYMENT METHODS

To be able to make a payment, you must have a credit card or checking account on file. To add a payment method:

- Click on Account below the colored bar at the top.
- Click on Payment Methods in the drop-down menu under Account.
- Click 'Add credit card' or 'Add checking account' and enter the necessary information.





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+ Add credit card

Checking Accounts

+ Add checking account

Adding a payment method means that you consent to the [Terms & Conditions](#) information.

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Prices and savings are based on current drug prices and your prescription program. For more information about State Boards of Pharmacy visit [State Board of Pharmacy](#).

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< Add Credit Card

Credit card number

Expiration date

ZIP code

Name on card

Authorization limit

Set the maximum amount we can charge without contacting you to authorize a payment. [How it works](#)

\$500

☐ Enroll in autopay

Autopay will make this card your default payment method. We'll only charge your card once your order has shipped. [How it works](#)

Single payment

Your total balance will be charged to this card in a single transaction after your order ships.

3 Monthly payments

Your balance will be split evenly with the extended payment program.

[Learn about the payment program](#)

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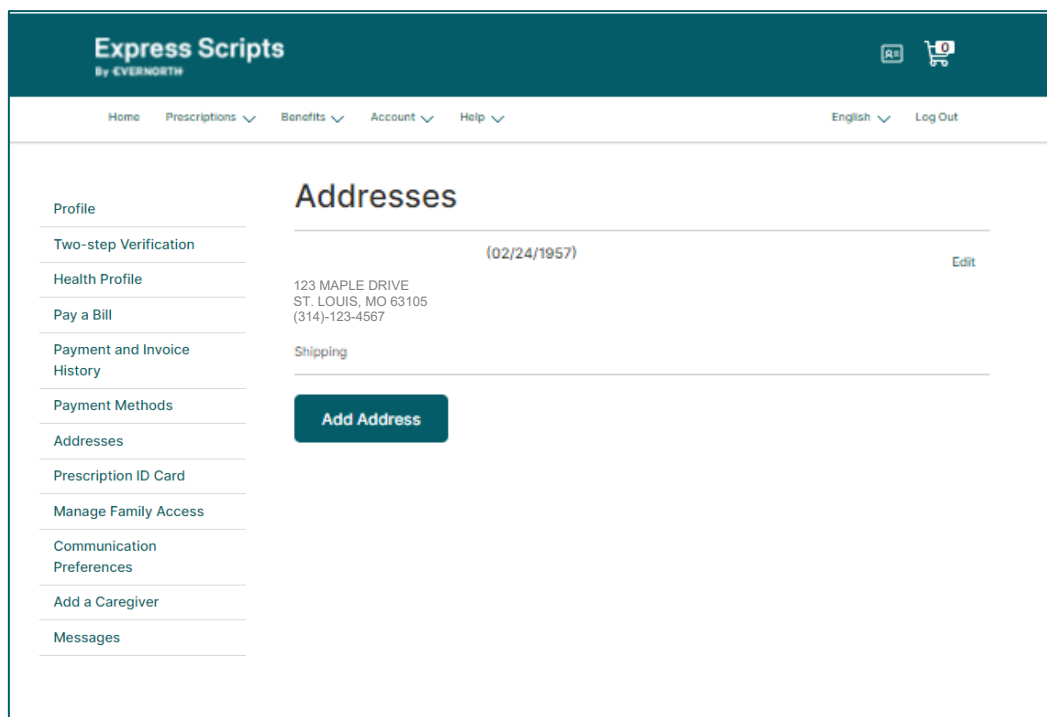
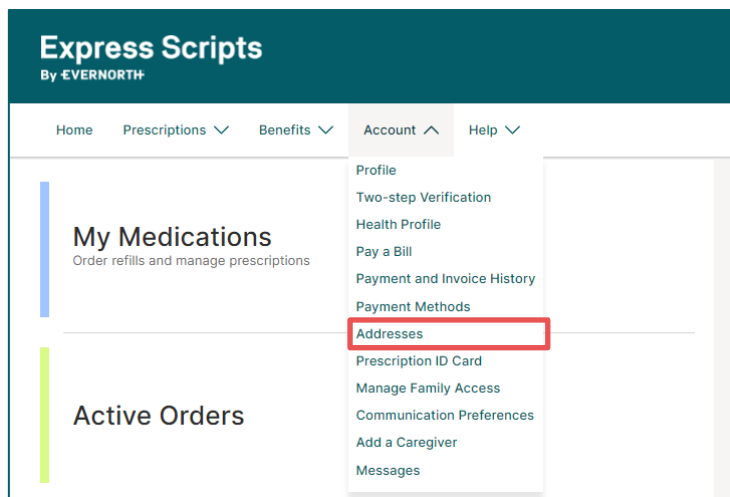
Save



ADDRESSES

It's important that we have your correct address on file for mailing and shipping purposes. To add your address:

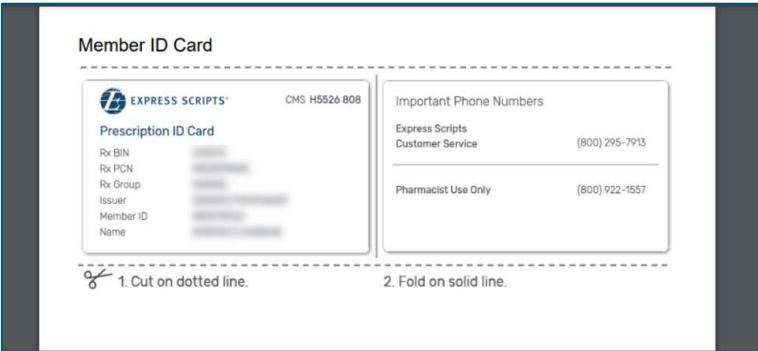
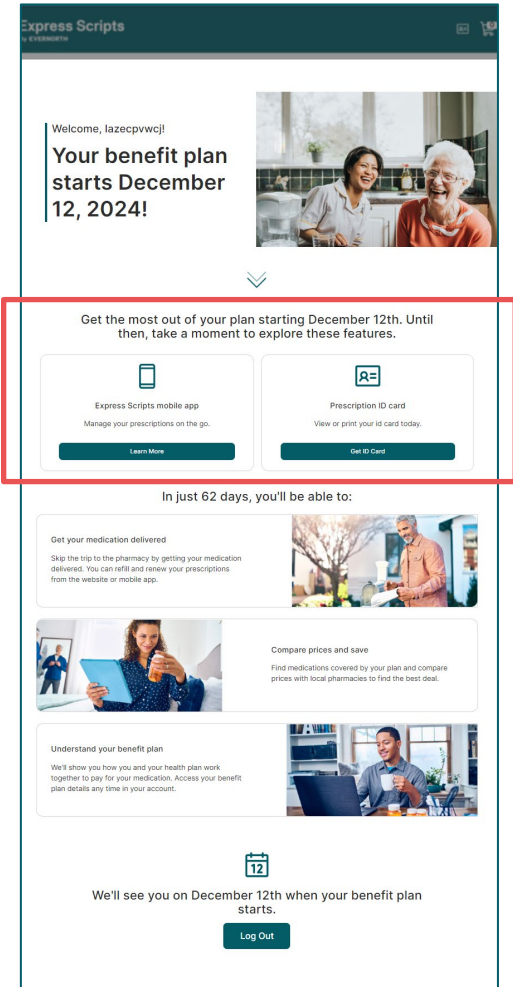
- Click on Account below the colored bar at the top.
- Click on Addresses in the drop-down menu under Account.



ID CARD: PRE-BENEFIT

Even before your pharmacy benefit is active, you can register at express-scripts.com. If you do, you will be able to learn more about:

- The Express Scripts® mobile app
- Your prescription ID card

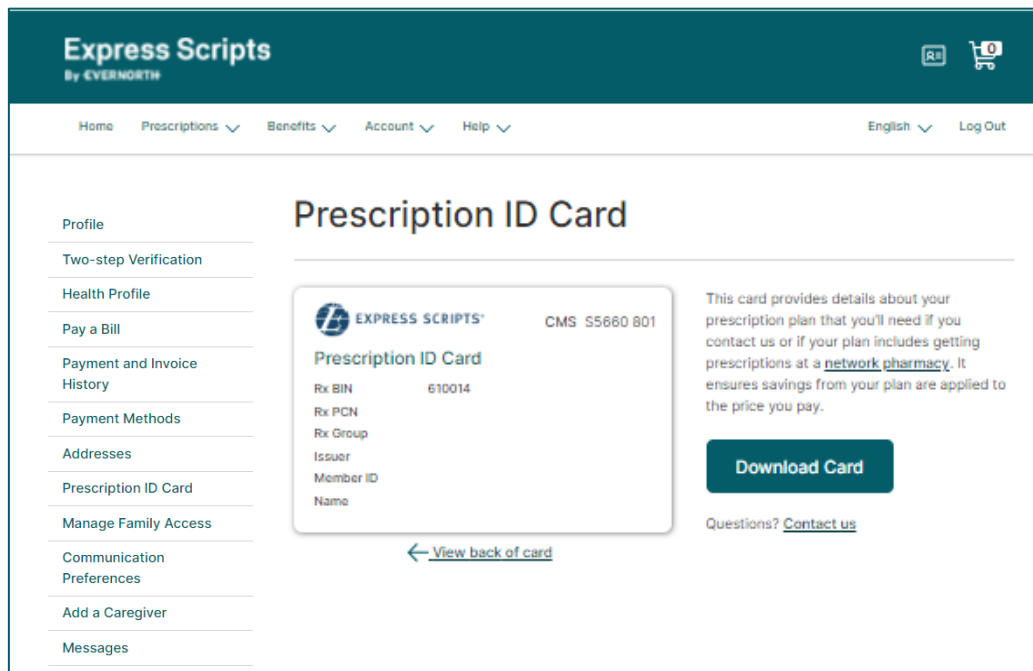
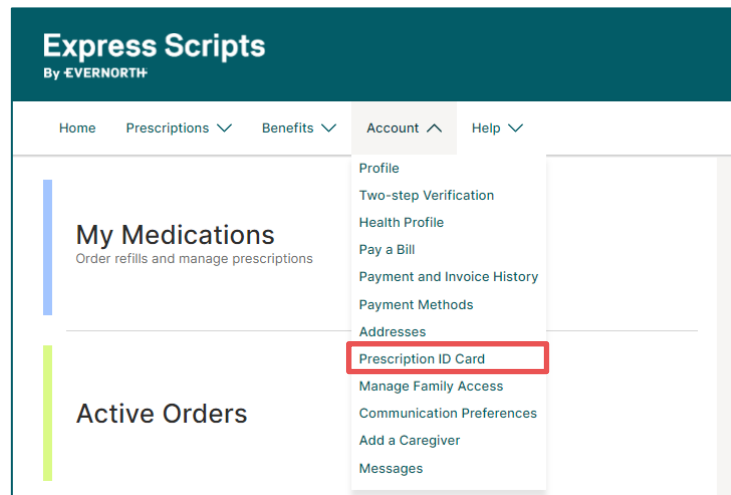




ID CARD

You can access your prescription ID card digitally from express-scripts.com. Having a prescription ID card on hand has never been easier.

- On the website, you can view both sides of the card, download it and print it to have it right within reach the next time you go to the pharmacy. Click on Account below the colored bar at the top, then on Prescription ID Card in the drop-down menu under Account.
- On the app, you can add your prescription ID card to your Apple Wallet or Google Wallet and show it at the pharmacy.
- You can also call our Contact Center to have your prescription ID card mailed to you.



LAST UPDATED: 10/11/24

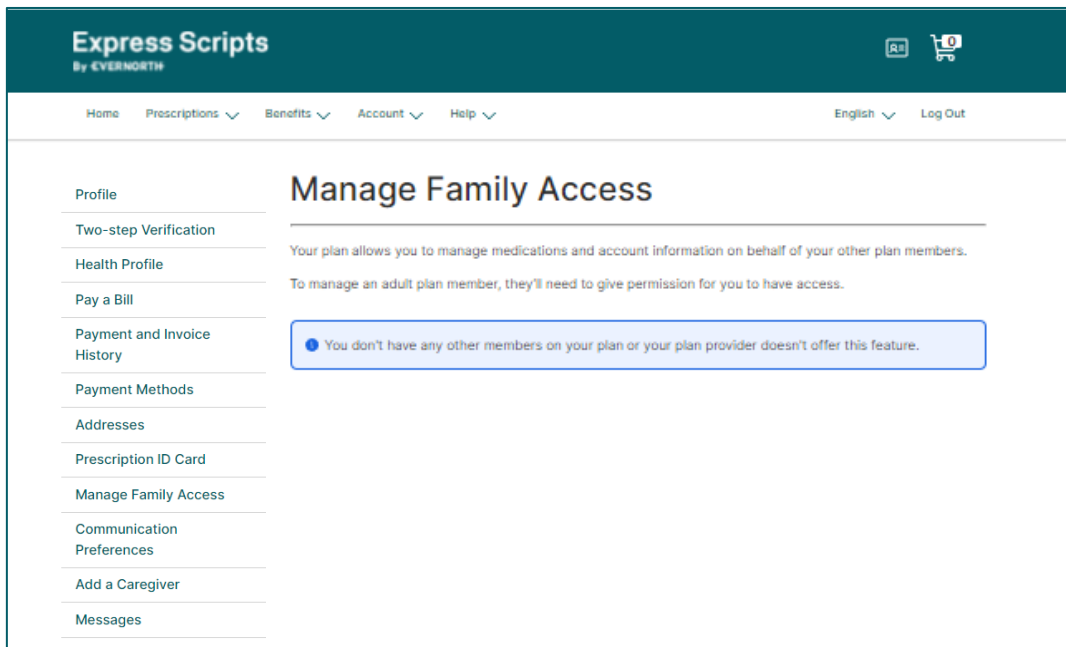
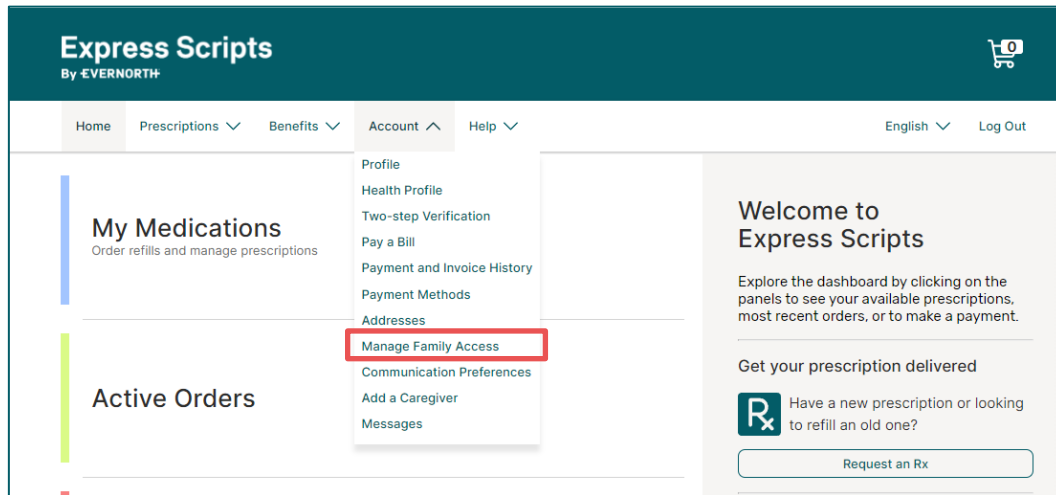
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MANAGE FAMILY ACCESS

Depending on your plan, you may be able to manage medications and account information on behalf of your dependents or other plan members. To do so:

- Click on Account below the colored bar at the top.
- Click on Manage Family Access in the drop-down menu under Account.
- Add your dependent(s) or other plan members whose information you want to manage.



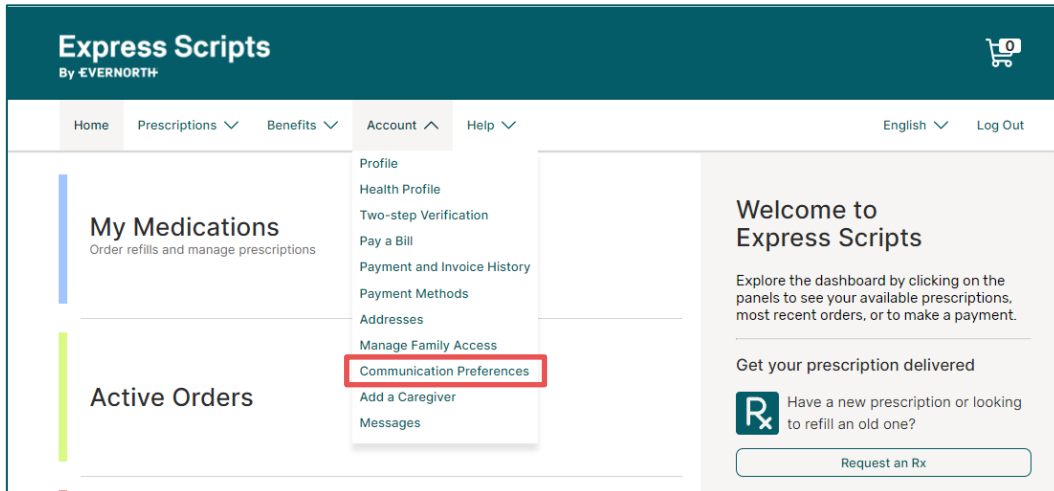
Note: To manage an adult plan member, they will need to give you permission to access their account.



COMMUNICATION PREFERENCES

Communication Preferences allow you to choose how you want Express Scripts to communicate to you. To select your preferences, follow these simple steps:

- Click on Account below the colored bar at the top.
- Click on Communication Preferences in the drop-down menu under Account.



The screenshot shows the 'Communication Preferences' form. On the left is a sidebar with a list of navigation items: Profile, Two-step Verification, Health Profile, Pay a Bill, Payment and Invoice History, Payment Methods, Addresses, Prescription ID Card, Manage Family Access, Communication Preferences (selected), Add a Caregiver, and Messages. The main content area is titled 'Communication Preferences' and is divided into three sections: 'Contact Information', 'Preferred Communication Method', and 'Data Privacy and Permissions'. The 'Contact Information' section has fields for 'Email address' (containing '@test.com'), 'Phone number for voice calls' (containing '(201) 345-6789'), and 'Phone number for texts'. The 'Preferred Communication Method' section has a heading 'Communications include:' followed by a list of items: 'Prescription & order status', 'Savings opportunities', and 'Benefit plan, coverage & safety alerts'. Below this is a paragraph: 'We do our best to honor your communication preference. Occasionally, we may need to send messages that are not available for your preferred communication method. *'. There are three radio buttons: 'Email' (selected), 'Phone Call', and 'Text'. The 'Data Privacy and Permissions' section has a paragraph: 'Would you like to see personal information such as full medication names, patient names, prescription numbers, and shipping addresses in the communications we send you?'. There are four radio buttons: 'Yes, show my information in both emails and texts', 'Yes, show my information in emails only', 'Yes, show my information in texts only', and 'No, don't show my information' (selected). Below this is another paragraph: 'Do you want us to fill new prescriptions when we receive them or get your confirmation first? Please note: Waiting for confirmation may cause shipping delays.' There is an 'Important' warning box: 'Important: Because you previously chose to be contacted to receive new prescriptions, you may have prescriptions waiting to be ordered. Please check your home page.' At the bottom, there are three radio buttons: 'Fill new prescriptions when they're submitted by me or my doctor.' (selected), 'Ask me to confirm only new prescriptions submitted by my doctor.', and 'Ask me to confirm new prescriptions submitted by me or my doctor.'

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You can also choose how you would like to receive documents associated with your prescription plan and medications.

Documents

Literature pack (Litpack) - This will be sent with your medication and includes but is not limited to invoices, payment and refill slips, new prescriptions fax forms, and medication guides.

☐ Receive by email

☐ Receive by mail

Medicare Prescription Payment Plan - This includes any communication around opt-in status, missed payments, or monthly invoices.

☐ Receive by email

☐ Receive by mail

Annual Notice of Change (ANOC) - Your ANOC packet identifies changes to your benefit plan from one year to the next.

☒ Receive by email

☐ Receive by mail

Coverage Review- Also called prior Authorization, this is how your health plan decides if your medication will be covered. We'll notify you if a coverage review is needed and update you when it's complete.

☐ Receive by email

☒ Receive by mail

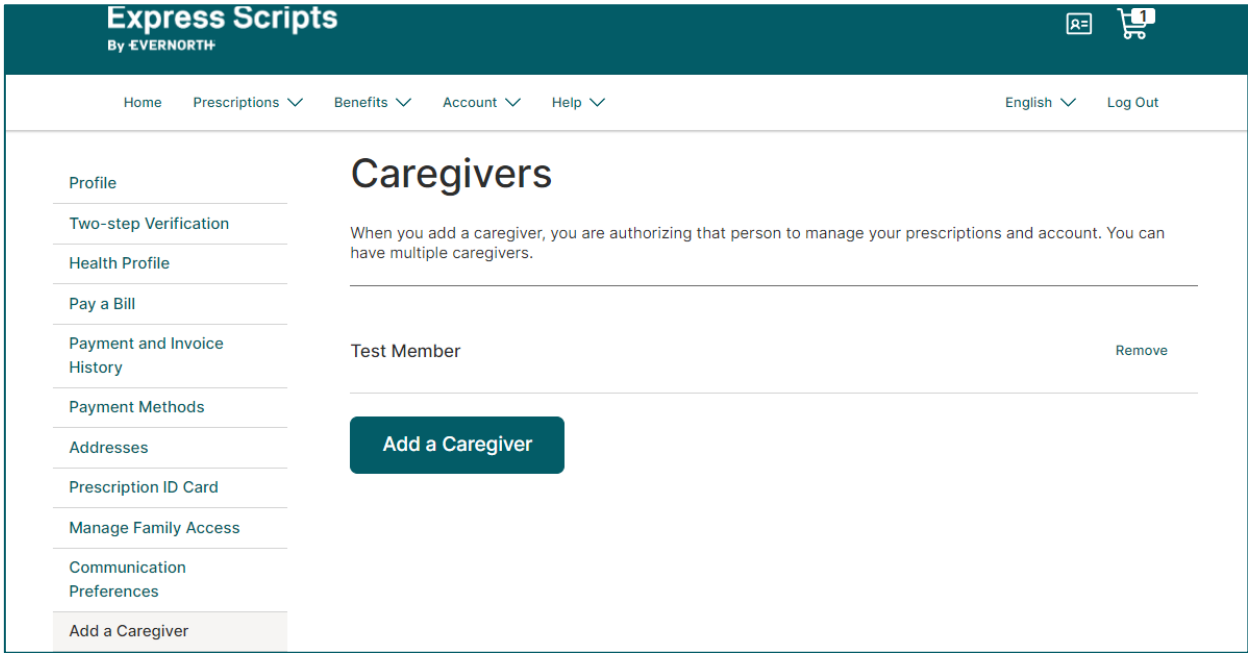
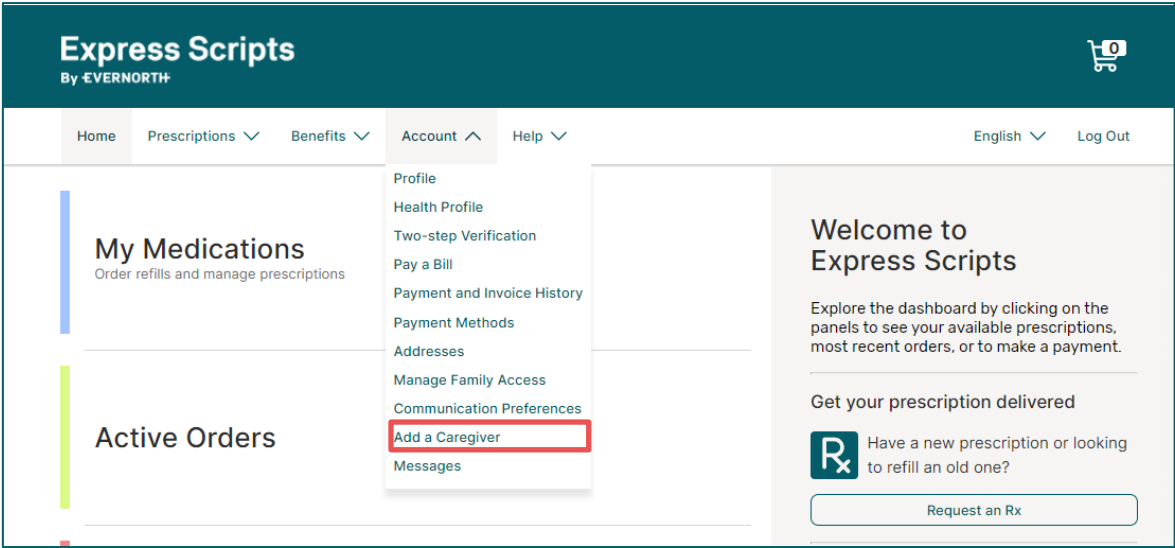
*In some cases, communications may be sent to you for safety or legal reasons, or on behalf of your plan sponsor. If you choose to no longer receive email notices about your benefit, you may still receive emails about any prescription orders currently in progress. Please review our Terms of Use and Privacy Practices for additional information on our communication practices and the use of your individual communication preferences.

Save Changes

ADD A CAREGIVER

To authorize a person of your choice to manage your account and medications, you must add that person as a caregiver. To add a caregiver, please:

- Click on Account below the colored bar at the top.
- Click on Add a Caregiver in the drop-down menu under Account.
- Click the Add a Caregiver button on the main page and input their information.



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When you add a caregiver, you are authorizing that person to manage your account. You can have multiple caregivers.

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Add Caregiver

When you add a caregiver, you are authorizing that person to your prescriptions and account. You can have multiple caregivers.

First name

Last name

Date of birth

MM/DD/YYYY

Gender

Male

Female

Email address (optional)

Phone number (optional)

End date (optional)

If no end date is provided the designation is in effect until revoked

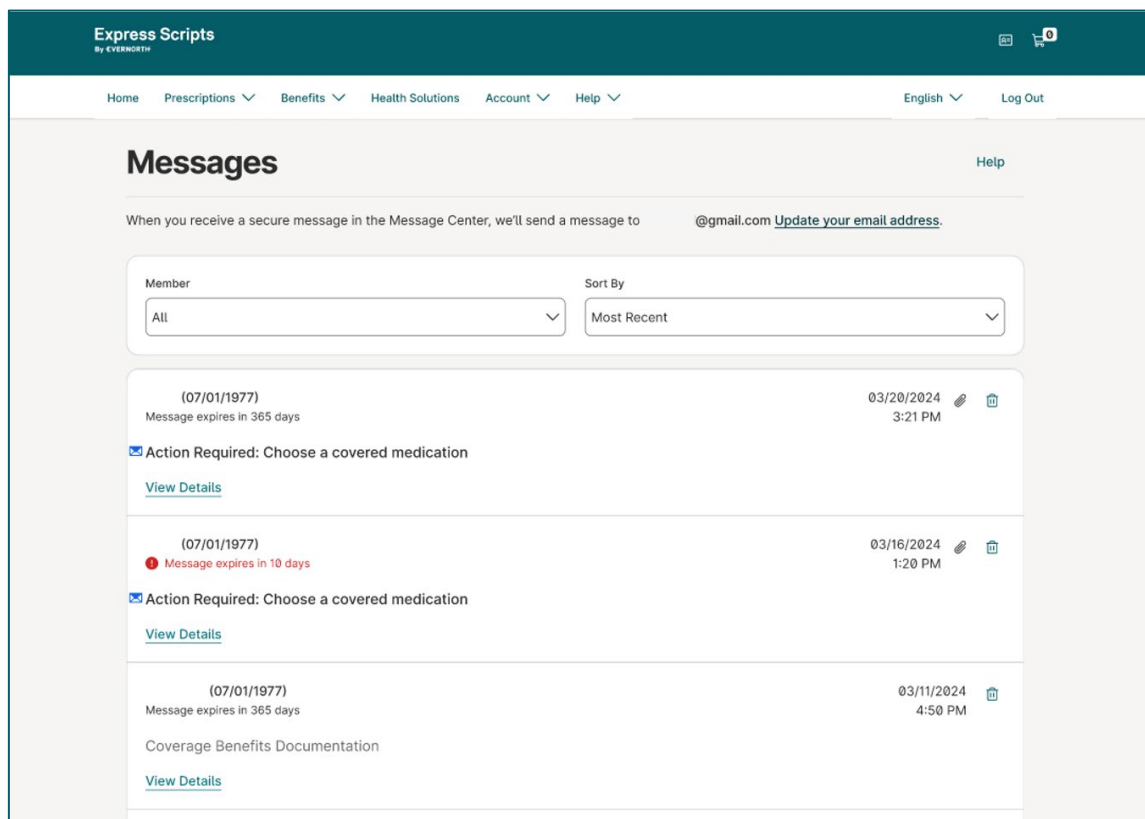
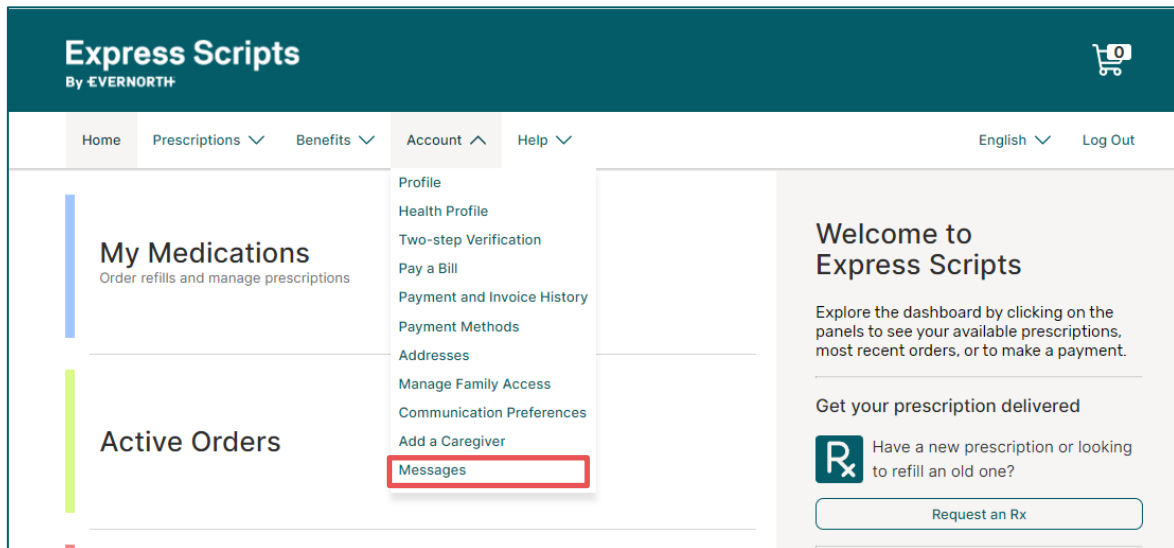
MM/DD/YYYY

☐ Please check this box to represent your electronic signature and to accept the Terms and Conditions



MESSAGES

- Click on Account below the colored bar at the top.
- Click on Messages in the drop-down menu under Account.
- You will then be able to view messages by member and sort them based on your needs. To open the message, click View Details under the specific message you would like to get more information on.



FAQS & CONTACT US

We understand that pharmacy benefits may be confusing. We have compiled a list of frequently asked questions that are there to assist you whenever you need them. In the event you need more help, our contact information is linked. To navigate to the page,

- Click on Help below the colored bar at the top.
- Click on FAQs & Contact Us in the drop-down menu.

