



# Pharmacy Benefits

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# Pharmacy Overview



# Prescription Benefit Coverage

Allstate Peterbilt Group | Administered by RxBenefits, Inc. and Express Scripts, Effective January 1, 2024

**Note:** Members may contact RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](https://www.express-scripts.com). If there are any additional questions, please contact your Human Resource Department. Please note the effective date on this documentation is a reflection of the last update to this plan. This document is a current representation of the plan benefit at this time.

## Traditional PPO Plan 1

Retail Pharmacy Coverage (01-31 Day Supply)	In Network Pharmacy
Generic	\$10.00
Preferred Brand	\$40.00
Non-Preferred Brand	\$60.00

Retail Pharmacy Coverage (32-90 Day Supply)	In Network Pharmacy
Maintenance Generic	\$20.00
Maintenance Preferred Brand Medications	\$80.00
Maintenance Non-Preferred Brand Medications	\$120.00

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	\$20.00
Preferred Brand	\$80.00
Non-Preferred Brand	\$120.00

## Accumulations

<b>MOOP Embedded</b>	\$4,000.00 Individual / \$7,000.00 Family
<p>The Calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the MOOP.</p>	

### Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited to a 31-day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate co-insurance as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	Accredo
<b>Specialty</b>	35% Co-insurance ( \$200.00 Maximum)

## Traditional PPO Plan 2

Retail Pharmacy Coverage (01-31 Day Supply)	In Network Pharmacy
<b>Generic</b>	\$10.00
<b>Preferred Brand</b>	\$35.00
<b>Non-Preferred Brand</b>	\$55.00

Retail Pharmacy Coverage (32-90 Day Supply)	In Network Pharmacy
<b>Maintenance Generic</b>	\$20.00
<b>Maintenance Preferred Brand Medications</b>	\$70.00
<b>Maintenance Non-Preferred Brand Medications</b>	\$110.00

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic	\$20.00
Preferred Brand	\$70.00
Non-Preferred Brand	\$110.00

## Accumulations

<b>MOOP Embedded</b>	\$5,000.00 Individual / \$10,000.00 Family
The Calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the MOOP.	

### Specialty Medications

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Specialty Medication	Accredo
Specialty	50% Co-insurance ( \$100.00 Maximum)

## HSA Qualified Plan 3

Retail Pharmacy Coverage (01-31 Day Supply)	In Network Pharmacy
Generic/ Preferred Brand / Non-Preferred Brand	30% Co-insurance

Retail Pharmacy Coverage (32-90 Day Supply)	In Network Pharmacy
Single Tier Maint GN/PB/NPB	30% Co-insurance

Mail Order Extended Supply (01-90 Day Supply)	In Network Pharmacy
Generic/ Preferred Brand / Non-Preferred Brand	30% Co-insurance

## Accumulations

<b>Deductible Embedded</b>	\$5,000.00 Individual / \$10,000.00 Family
<b>MOOP Embedded</b>	\$6,750.00 Individual / \$13,500.00 Family

The Calendar year Deductible applies to pharmacy and medical claims. Each individual family member must meet the individual Deductible unless the family Deductible has been met by any two or more covered family members. Once met, your covered prescriptions are subject to the copays above. Generic Dispense as Written policy does not apply to the Deductible. The Deductible does apply to the Maximum Out of Pocket (MOOP).

The Calendar year MOOP applies to pharmacy and medical claims. Each individual family member must meet the individual MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%. Generic Dispense as Written policy does not apply to the MOOP.

### Specialty Medications

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through Accredo specialty pharmacy by calling Accredo at 1.800.803.2523. Some exceptions apply. These medications are limited to a 31-day supply. Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate co-insurance as listed below. Accredo Specialty Pharmacy also offers pharmaceutical care management services designed to provide you with assistance throughout your treatment.

Specialty Medication	Accredo
Specialty	30% Co-insurance

### Retail and Mail Order Pharmacies

Allstate Peterbilt Group participates in the Express Scripts pharmacy network. Contact RxBenefits Member Services at 1.800.334.8134 to inquire about a specific pharmacy.

### Manufacturer Copay Assistance Program (MCAP)

Some specialty medications may qualify for third-party copayment assistance programs which could lower your out of pocket costs for those products. For any such specialty medication where third party copayment assistance is used, you will not receive credit toward your maximum out of pocket or deductible for any copayment or co-insurance amounts that are applied to a manufacturer coupon or rebate. Your employer has elected to enroll in Express Scripts's Out of Pocket Protection program(s).

### Generic Policy - Dispense As Written (DAW)

If a Brand name drug is filled when a Generic equivalent is available you will be required to pay the Brand cost share plus the difference in cost between the Generic and Brand name drug. The Generic Policy does not apply if the prescription indicates the Brand must be dispensed.

## Maintenance Drug

A medication that is used for chronic health conditions on an ongoing or long-term basis (e.g., antihypertensive medication taken daily to control high blood pressure). Your plan allows maintenance medications to be filled in 90-day supplies by mail order pharmacy or at a retail pharmacy location.

## Preventive Medications

Your employer's plan is subject to the Affordable Care Act (ACA) which requires the coverage of a number of preventive items and services at 100% and ensures these items and services are not subject to deductibles, maximum out of pockets, or other limitations such as annual caps or limits. You may contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [express-scripts.com](http://express-scripts.com) to check drug costs and coverage.

## Compound Drugs

For compound drugs to be covered, they must satisfy certain requirements. In addition to being medically necessary and not experimental or investigative, compound drugs must not contain any ingredient on a list of excluded ingredients. Any denial of coverage of a compound drug may be appealed in the same manner as any other drug claim denial under this coverage. Compounded medications equal to or exceeding \$300 per script will require prior authorization.

## High Dollar Claim Review, Prior Authorization and Appeals program (HDCR)

Medication costs exceeding \$1,000 per 30-day supply and \$3,000 per 90-day supply require prior authorization.

## Low Clinical Value Drug List (LCV)

Separate formulary exclusion list including low clinical value drugs, me too/chemically similar drugs, new to market drugs, and non-essential.

## Formulary

A list of Federal Drug Administration (FDA) approved Prescription Drugs and supplies developed by a Pharmacy and Therapeutics Committee, and/or customized by Express Scripts or RxBenefits. This list reflects the current clinical judgment of practicing health care practitioners based on a review of current data, medical journals, and research information. In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the National Preferred Formulary may not be covered. Your formulary is National Preferred.

**The following lists are not all-inclusive, but rather are lists of the most commonly used prescription drugs. These lists are subject to change. The Express Scripts formulary provides an up-to-date list of medications that may be covered by the program. The Express Scripts formulary may be found online at [express-scripts.com](http://express-scripts.com). You may also contact RxBenefits Member Services at 1.800.334.8134 to learn whether a specific drug is covered.**

## Covered Drugs and Supplies

The following examples of Covered Drugs and supplies may be available with your prescription benefit coverage. FDA-approved pharmaceuticals requiring a written prescription, issued by a licensed physician, dentist, osteopath, podiatrist, optometrist (licensed professionals) or licensed advance practice certified nurse and dispensed by a licensed pharmacist. Please contact RxBenefits Member Services at 1.800.334.8134 if you have specific drug questions or register at [express-scripts.com](http://express-scripts.com) to check coverage.

- Addyi-HSDD Agents
- Diaphragms & Cervical Caps
- Emergency Contraceptives
- Federal Legend Drugs
- HCR/ACA Vaccines
- Hemophilia Factors
- Implantable Contraceptives
- Impotency Drugs
- Inhaler Assisting Devices
- Injectable Contraceptives
- Insulin
- IUDs
- Non-Insulin Syringes
- Oral, Extended Cycle, Transdermal, Intravaginal, Contraceptives ACA
- OTC Contraceptives
- OTC Diabetic Supplies
- Prescription Vitamins
- Self Injectable Medications
- Smoking Cessation (OTC)
- Smoking Cessation (Rx)
- Specialty Medications

## Covered Drug Limitations

Certain Prescription Drugs are covered up to preset limits. These limits are based upon standard FDA approved dosing for the medications. If you request that a prescription be filled for a drug that is subject to quantity limitations, the prescription will be filled up to the preset limits. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, Prior Authorization is required. In such cases your doctor may initiate Prior Authorization by calling RxBenefits toll-free at 1.800.334.8134. Many drugs are subject to quantity limitations for patient safety based on FDA guidelines. Your plan has identified the following drug categories for Quantity Limits.

- Anti-Diabetic Agents
- Antifungal Agents
- Anti-Inflammatory Eye Agents
- Anti-Influenza Agents
- Anti-nausea Agents
- Asthma and COPD Agents
- Contraceptives
- Constipation Medications
- Glaucoma Agents
- High Blood Pressure Medications
- High Cholesterol Medications
- Migraine Agent
- Nasal Steroids
- Non-opioid Analgesics
- Opioid Analgesics
- Osteoporosis Agents
- Proton Pump Inhibitors
- Sleep Agents
- Specialty Medications

For more information about specific drugs subject to coverage limitations, please call RxBenefits Member Services at 1.800.334.8134 or visit [express-scripts.com](http://express-scripts.com).

## Prior Authorization and Appeals

If a prescription drug claim is wholly or partially denied, you or your authorized representative has the right to appeal the decision. You or your authorized representative may appeal the denial no later than 180 days after receiving notice of an adverse claim decision. Appeals of prescription drug claims are handled by RxBenefits and are decided in accordance with the terms of the plan document. Following a clinical review, one of four actions will occur: the medication is approved, the medication claim is denied, the doctor may decide to withdraw and prescribe a different medication, or the reviewer can dismiss the claim due to lack of communication from the prescriber. If denied, the appeal process is available. Your prior authorizations are handled by RxBenefits.

The following medications may require a prior authorization under your plan:

- Migraine Agents
- Oral Anti-hyperlipidemic
- Specialty Medications
- Topical Anesthetics

## The Appeal Process

If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.

Your doctor may initiate the Prior Authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at 1.800.334.8134.

## Exclusions

Coverage is not provided for:

- OTC Products
- Standard OTC Equivalents
- Insulin Pumps
- Anti-Obesity/Anorexiant
- Fertility(Oral)
- Fertility(Injectable)
- Fertility(Intra-Vaginal)
- Hair Growth Stimulants
- Injectable/Implantable Medications
- Allergy Extracts

## Pharmacy Identification Card (ID Card)

Your pharmacy ID card enables you to participate in the prescription drug card program. Present your combined medical and pharmacy ID card to the pharmacist when obtaining a prescription to ensure you get the benefit of the prescription drug card program. Please contact your medical insurance carrier for a replacement ID card.

## Definitions:

### Co-Insurance

The percentage of charges a Participant is required to pay for covered prescription drugs.

### Copayment (Copay)

The specified charge you are required to pay for a Covered Drug.

### Brand-Name

A Prescription Drug that is protected by a patent, supplied by a single company and marketed under the manufacturer's brand name.

### Generic Drug

A generic drug is identical to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Although a generic drug is chemically identical to its branded counterpart, it is typically sold at substantial discounts from the branded drug's price.

### Over-the-Counter Drug (OTC)

Any medical substance that can be purchased without a prescription. OTC medications are not covered by your plan unless otherwise stated.

### Non-Preferred Brand

Non-Preferred Brand is a Brand Name prescription drug that does not appear on the formulary of Brand Name Drugs designated by Express Scripts as Preferred. Members may pay a higher cost for Non-Preferred Brand-Name Prescription Drugs than for Preferred Brand-Name prescription Drugs.

### Preferred Brand Drug

Preferred Brand Drug is a prescription drug that appears on the formulary of Brand-Name Prescription Drugs designated by Express Scripts Preferred. This list is subject to periodic review and modifications by Express Scripts. Members may obtain a copy of this list by contacting RxBenefits Member Services at 1.800.334.8134 or by registering on [express-scripts.com](https://www.express-scripts.com). Members pay a lower copay/co-insurance for Preferred Brand-Name Prescription Drugs than for Non-Preferred Brand-Name Prescription Drugs.

## For More Information About the Prescription Benefit Coverage

Allstate Peterbilt Group has partnered with Express Scripts and RxBenefits to provide prescription drug benefits. Express Scripts serves as the pharmacy benefit manager and RxBenefits administers the prescription drug program.

The website, [express-scripts.com](https://www.express-scripts.com), is designed to help you explore ways to track your prescription benefits. You may use the site to locate pharmacies and compare prescription drug costs.

## Questions?

**Contact RxBenefits Member Services for information regarding the prescription drug program at 1.800.334.8134.**

RxBenefits, Inc. does not provide legal advice. Nothing herein or in any other documents provided by RxBenefits, Inc. should be construed, or relied upon, as legal advice. It is the responsibility of the employer/plan sponsor and not RxBenefits, Inc. to determine the contents of its group health plan document and related summary plan description. The employer/plan sponsor should consult with its legal counsel regarding the contents of its group health plan and summary plan description, and the legal requirements that may be applicable thereto. For plan members with questions about plan coverage, please consult your HR Department.



# Member Services



# Member Services Quick Reference Card

## Member Services for Member Support

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

### Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

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

## 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.

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





# Pharmacy FAQs



# 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 500 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 part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription 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 specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.334.8134.

## Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, 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 PBM's website for more information.

**Note:** Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

## What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called 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 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 drug list/formulary instead.

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

### **What Is A Prior Authorization?**

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization 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 a brand-name 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. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

#### **Why are generic medications less expensive?**

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. 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 a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. 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. You'll get information to discuss with your healthcare provider and the tools to get started.

**How Do I Order Medications Using Home Delivery?**

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. 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 vs. 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, call the member services 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 any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.334.8134** or emailing [CustomerCare@rxbenefits.com](mailto:CustomerCare@rxbenefits.com).



# Enrollment Instructions

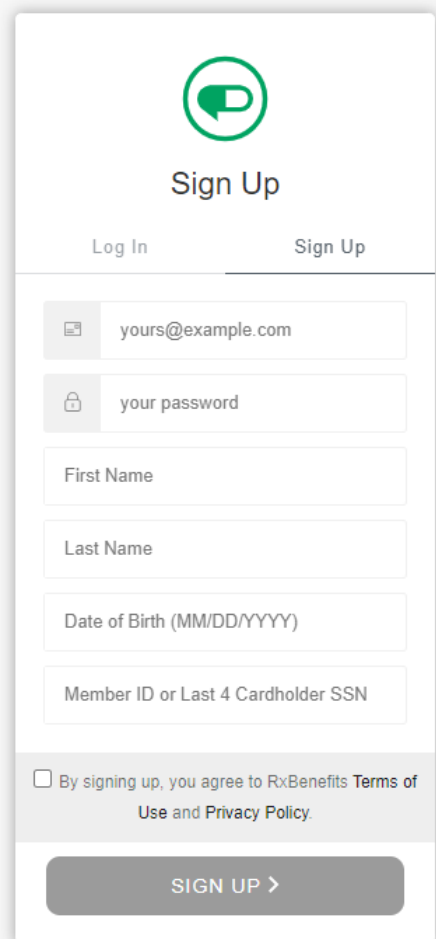
# My RxBenefits Registration, Sign In, & Troubleshooting Instructions

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## Section 1: Register for RxBenefits Member Portal Account.

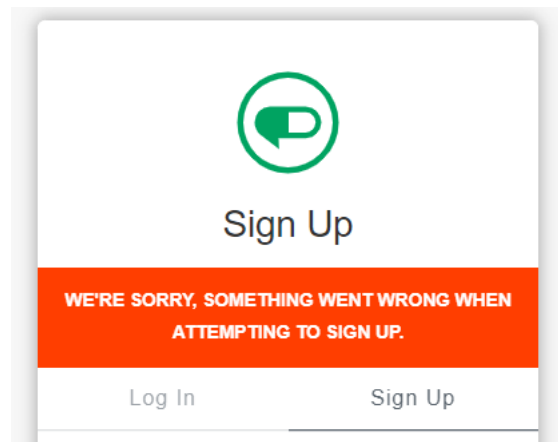
1. Go to: <https://member.rxbenefits.com/>
2. Select the 'Sign Up' tab



The screenshot shows a mobile-style sign-up form for RxBenefits. At the top is a green circular logo with a white 'P' and a speech bubble. Below the logo is the text 'Sign Up'. There are two tabs: 'Log In' and 'Sign Up', with 'Sign Up' being the active tab. The form contains several input fields: an email field with the placeholder 'yours@example.com', a password field with the placeholder 'your password', and fields for 'First Name', 'Last Name', 'Date of Birth (MM/DD/YYYY)', and 'Member ID or Last 4 Cardholder SSN'. Below these fields is a checkbox with the text 'By signing up, you agree to RxBenefits Terms of Use and Privacy Policy.' At the bottom is a grey button with the text 'SIGN UP >'.

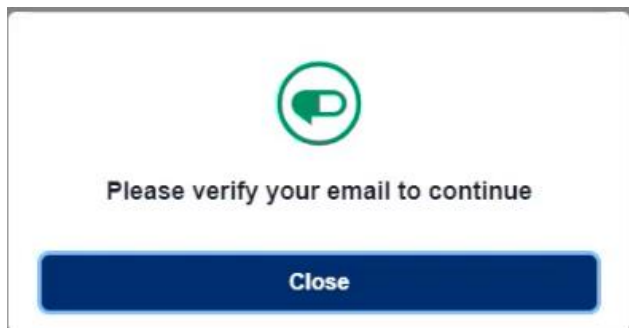
3. Enter the following information on the sign-up form:
  - Email address (NOTE: We recommend using a personal email address that won't change and account you can readily access).
  - Password (password requirements will appear when you start entering your password into the form).
  - Your first and last name exactly as you believe RxBenefits has it on file for you (please check with your HR Dept as to what they have on file).
  - Your date of birth (MM/DD/YYYY)

- Enter the Member ID or the last 4 digits of the primary insured's social security number.
4. Agree to RxBenefits' Terms of Use & Privacy Policy by clicking the check box.
  5. After completing the form, click the SIGN UP button.
  6. If you see an error message as the one below:



Please ensure the following:

- a) Your first and last name match the record on file from Employer's HR System. Tip: If you don't know **and are the primary insured** you may reference your ID Card.
  - b) The password you entered meets the requirements.
  - c) The date of birth you entered is correct and in the correct format.
  - d) Member ID number is correct and is entered in the correct format.
  - e) If you have entered the Last four digits of the SSN, please ensure you have used the last 4 digits of the **Primary insured SSN**.
7. If the information you entered matches your RxBenefits member profile, then you will be brought to a screen where you will be asked to verify your email. When you do that a verification email will be sent to your email address.



8. Please go to your email account and locate the email from RxBenefits. If you were unable to locate the email in your inbox, please check your spam folder as well.

----- Forwarded message -----  
From: **RxBenefits Member Portal** <no-reply@rxbenefits.com>  
Date: Tue, Nov 7, 2023 at 1:33 PM  
Subject: Welcome To Your RxBenefits Portal!  
To: <ckaiser15@gmail.com>



### RxBenefits - Action Required: Please Confirm Your Email Address

Hi [ckaiser15@gmail.com](mailto:ckaiser15@gmail.com).

To confirm your email address and activate your RxBenefits account, please click the following link:

[Activate Account](#)

This link expires in 7 days.

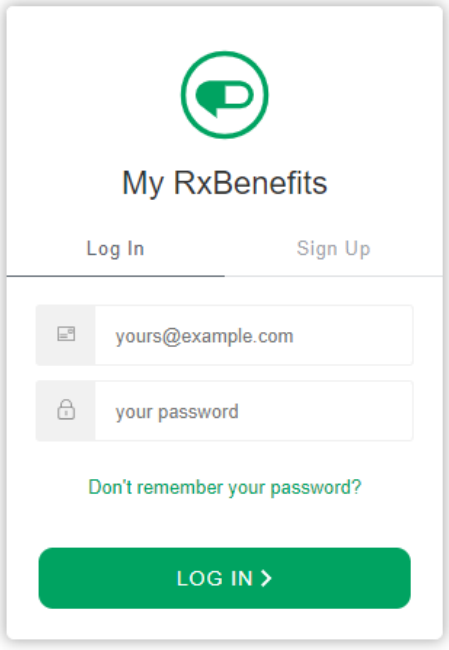
Your user name is

This is an automatically generated message from RxBenefits. Replies are not monitored or answered.

9. Click the [Activate Account](#) link inside the email. The link will take you to the Member Portal Log in screen.

## Section 2: Log In Member Portal with Multi-Factor Authentication

1. In the Member Portal Log in screen below, enter your registration email and password.



The screenshot shows a mobile application interface for "My RxBenefits". At the top center is a green circular logo containing a white speech bubble with a 'P' inside. Below the logo, the text "My RxBenefits" is displayed in a bold, black font. Underneath this, there are two links: "Log In" and "Sign Up", with "Log In" being the active link. The main form area contains two input fields: the first is for an email address, with the placeholder text "yours@example.com" and an envelope icon; the second is for a password, with the placeholder text "your password" and a lock icon. Below the password field is a link that says "Don't remember your password?". At the bottom of the form is a large, green button with the text "LOG IN >" in white.

2. Click the "Log In" button and you will be taken to the "Secure Your Account" screen below where you will be asked to enter your mobile number, so that a secure code can be sent to you via a text message or recorded voice call.

Secure Your Account

Enter your phone number below. An SMS will be sent to that number with a code to enter on the next screen.

United States, US, +1 >

Enter your phone number

Continue

3. Enter the verification code provided to you via phone or recorded voice call and click Continue.

Verify Your Identity

We've sent a text message to:

XXXXXXXX3225

Enter the 6-digit code

Continue

Didn't receive a code? [Resend](#)

[Try another method](#)

4. You should now be logged into My RxBenefits.
  - a) If you didn't receive the code OR if the code has expired, you can request a new code by clicking the [Resend](#) link
5. While SMS and recorded voice call will be your default Multi-Factor Authentication options during initial account sign in, you may add email

as another form of Multi-Factor Authentication by clicking on “Try another method link” in the “Verify Your Identity” screen.

Secure Your Account

Enter your country code and phone number to which we can send a 6-digit code:

United States, US, +1

Enter your phone number

How do you want to receive the code?

Text message Voice call

Continue

[Try another method](#)

6. In the screen below, you can select if you want to use SMS (default), recorded voice call or **Email** to verify your identity.

Select a method to verify your identity

Phone

Email

7. If you select Email as your Multi-Factor Authentication option, you will then get an email with a 6-digit code that you will provide on screen to complete Login.
  - a) If you do not see an email with the code right away, please allow some time for the email to arrive and check your spam folder.
  - b) If the code that you have received via email has expired, please request a new code.