

Welcome to express-scripts.com

EXPRESS-SCRIPTS.COM MEMBER EXPERIENCE



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BETTER™

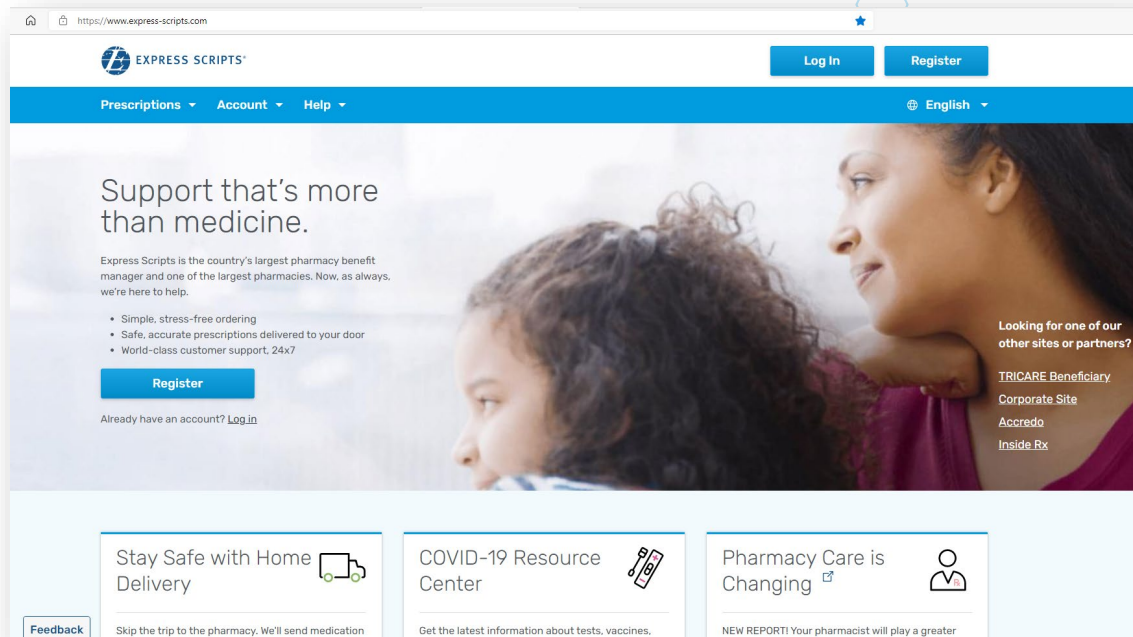


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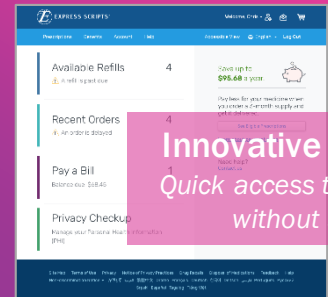
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Welcome to express-scripts.com

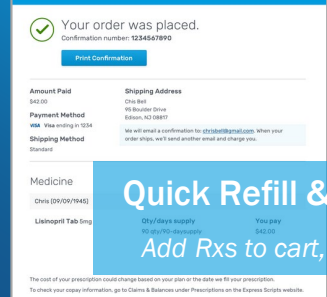
- Compatible with any device and screen size, and user-friendly
- Our site offers self-service tools to manage your everyday needs:
 - Check order status
 - Change payment method
 - Refill a prescription
 - Update an address



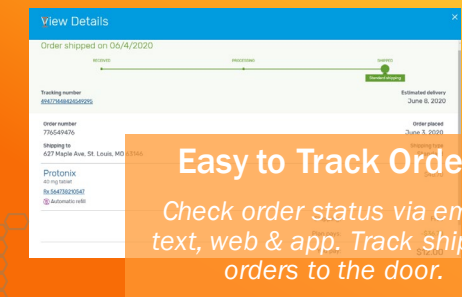
Easy-to-use services



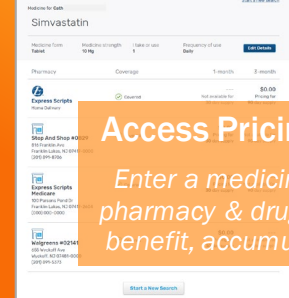
Innovative Dashboard
Quick access to helpful tools without scrolling



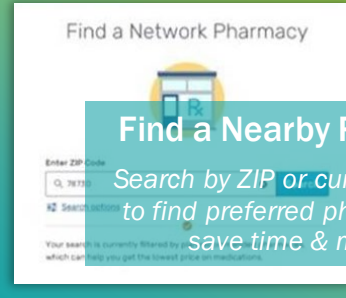
Quick Refill & Check Out
Add Rx's to cart, confirm, go!



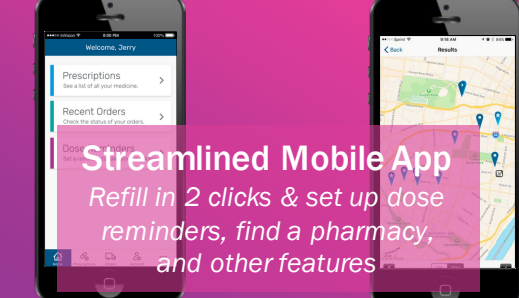
Easy to Track Orders
Check order status via email, text, web & app. Track shipped orders to the door.



Access Pricing & Coverage
Enter a medicine to view pricing, pharmacy & drug options based on benefit, accumulators & coverage



Find a Nearby Pharmacy
Search by ZIP or current location to find preferred pharmacies to save time & money.



Streamlined Mobile App
Refill in 2 clicks & set up dose reminders, find a pharmacy, and other features



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An intuitive & seamless welcome experience

Welcome to Express Scripts

Get started in minutes. Manage your prescriptions from anywhere, and know what's in your corner.

Email Address

Get Started

Already have an account? Log in

Great!

Next, we need your name.

We'll always keep your personal information confidential.

First name

Last name

Next

Thanks, Jillian.

Now, tell us a little about yourself.

We'll use this information to help you find your doctor. Please know we keep your information secure and never share it with other companies.

Date of birth

ZIP Code

Mobile phone (optional)

Next

It's getting official.

Let's set your password.

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

Password

Confirm Password

☒ I have read and accept the Terms of Use and Privacy Policy

Next

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.

Link to your prescription benefit

Enter your member ID

Member ID

What's this?

Next

Making it easier for you to get started in a few simple steps without the extra 'homework.'

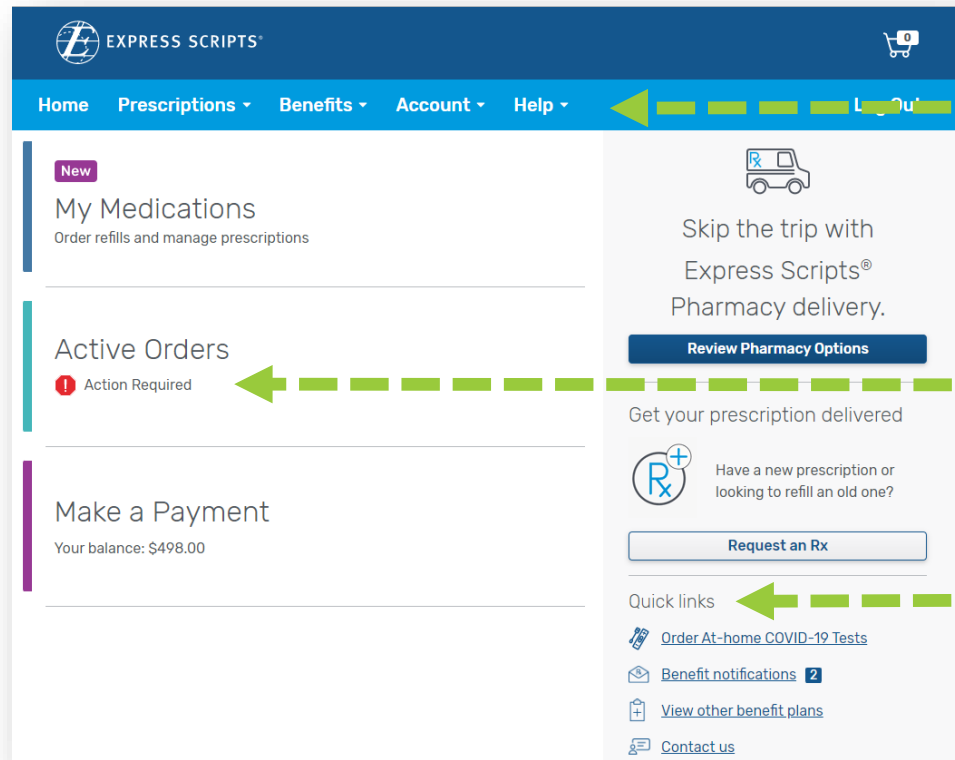
Enabling you to set up your account using only your Member ID.



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Informative homepage



The Home page prominently features a menu tab along the top of the page to quickly access all areas of your account.

 Order status is **#1 REASON** members visit the website.

In addition, the 'Quick links' section provides just that — links to allow you to jump to important information or to contact us.



My Medications

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Home Prescriptions ▾ Benefits

New

My Medications
Order refills and manage prescriptions

Active Orders
Action Required

Make a Payment
Your balance: \$498.00

My Medications

Filter by member: All

L-thyroxine (synthroid) Tabs
50 mcg
Dr. Aaron King
[Prescription details](#)

Koby
EXP Express Scripts Pharmacy
[Add to Cart](#)
[Archive Medication](#)

\$47.29 / 15-day supply

⚠ This medication is not covered by your benefit plan but is available to add to cart for home delivery. [Learn more](#)

Simvastatin Tabs
150 mg
Dr. Aaron King
[Prescription details](#)

All
EXP Express Scripts Pharmacy
[Add to Cart](#)
[Start Auto-Refill](#)
[Archive Medication](#)

🔄 Ready for renewal: Add to cart to renew this prescription

Recent order: **Delivered**

- Filter by family member

Prescription Details

Simvastatin Tabs
150MG

Prescription

Member	Ali	Last order	10/09/2021
Rx number	211900003358	Days left	93
Supply	90 days	Refills remaining	1
Quantity	90	Rx expiration	05/01/2021

Prescriber

Prescriber	Aaron King	Prescriber phone	(832) 237-3500
------------	------------	------------------	----------------

Status

🔄 Ready for renewal: Add to cart to renew this prescription

[Close](#)

- Number of available refills and days' supply displayed prompting action
- Two clicks to refill a prescription (Add to Cart / Checkout)
- Information is visible, minimizing or eliminating scrolling

Active Orders / Order History

- Step-by-step order tracking with detailed updates to keep you 'in the know'

Order History

Search by Rx name or Rx #

Member: All

Order Placed: Last 6 months

Status: All

May 17, 2022

Action Required Confirm Payment

Manage Order →

Tamsulosin Hcl Caps
0.5 mg | 90 qty | 90-day supply
Rx# 212130003956 [Prescription details](#)
Prescriber: John Abraham

Chris
New Fill

Cost available when order ships (Est. cost)

Shipping address: 1 Main St. Montvale, NJ 07645

Order total available when order ships

- Click **Manage Order** for more details and available actions

Make a Payment

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[Home](#) [Prescriptions ▾](#) [Benefits ▾](#)

New

My Medications

Order refills and manage prescriptions

Active Orders

1

Action Required

Make a Payment

Your balance: \$498.00

Make a Payment

Your current account balance is \$498.00. [View balance history](#)

Select how much you want to pay:

- ☒ Total account balance \$498.00
- ☐ Other amount

Payment Method

[Change](#)

 Mastercard ending in 5100
Expires 05/25

☐ Use **PayPal** for this order

Total payment today: **\$498.00**

Pay

- Click **View balance history** to see all details of your Benefit Plan balances, Claim History, Mail Order Payments and Claims Reimbursement

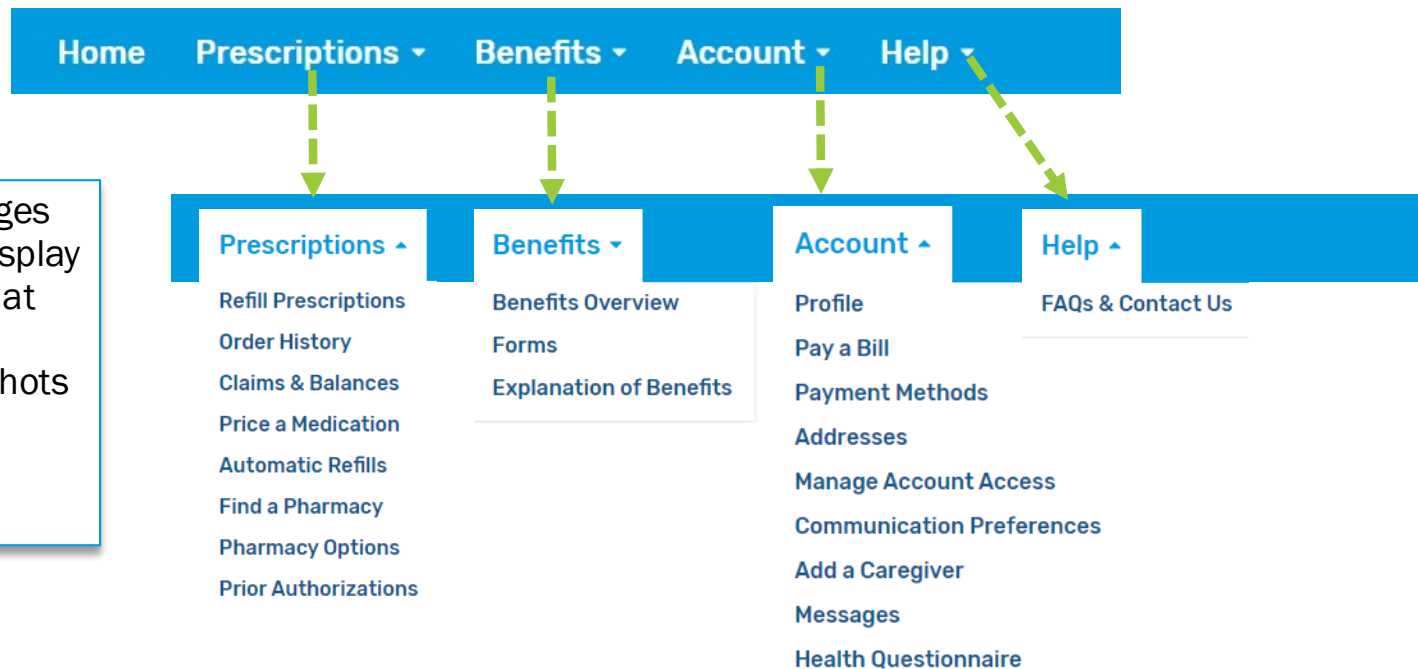


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Menu bar

While the following pages in this guide will not display every selection shown at right, it will provide guidance and screenshots of the most common member requests and selections.



Disclaimer: Not all features may appear for every benefit setup



Order History

Order History 

Search by Rx name or Rx #

Member

Order Placed

Status

May 17, 2022

 **Action Required** Confirm Payment [Manage Order](#) →

 **Tamsulosin Hcl Caps**
0.5 mg | 90 qty | 90-day supply
Rx# 212130003956 [Prescription details](#)
Prescriber: John Abraham

 **Chris**
New Fill

Cost available when order ships [\(Est. cost\)](#)

Shipping address: 1 Main St, Montvale, NJ 07645

Order total available when order ships

Mar 25, 2022

 **Scheduled** [Manage Order](#) →

 **Warfarin Tabs**
1 mg | 8 qty | 8-day supply
Rx# 220840004156 [Prescription details](#)
Prescriber: Alan Fisherman

 **Valerie**
New Fill

Cost available when order ships [\(Est. cost\)](#)

Your order will be delivered to the most [up to date address](#) we have on file.

Order total available when order ships

Robust search engines allow you to search by:

- Prescription name
- Prescription number
- Member
- Timeframe of order placed
- Status of order

- Click **Manage Order** for more details and available actions on that specific prescription

Prescriptions ▾

Refill Prescriptions

Order History

Claims & Balances

Price a Medication

Automatic Refills

Find a Pharmacy

Pharmacy Options

Prior Authorizations



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Claims and Balances

Claims & Balances

Find your benefit plan balances, prescription claim details and mail order payment details here. Simply select from the tabs below.

Benefit Plan Balances

Prescription and Claim History

Mail Order Payments

Click "+" or the "view details" link for more detail about the benefit type.

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

– Deductible [hide details](#)

Deductible , ALL MEDICATION

Duration: One year

Start date: 01/01/2020 ▼

Patient Name	Amount to satisfy	Total amount applied	Total prescription claims applied	Total other healthcare claims applied	Total amount remaining
Family	\$6,000.00	\$168.22	\$168.22	\$0.00	\$5,831.78
LUCY (D.O.B. 05/01/1970)	\$3,000.00	\$168.22	\$168.22	\$0.00	\$2,831.78

– Out of Pocket [hide details](#)

Out of Pocket , ALL MEDICATION

Duration: One year

Start date: 01/01/2020 ▼

Patient Name	Amount to satisfy	Total amount applied	Total prescription claims applied	Total other healthcare claims applied	Total amount remaining
Family	\$10,000.00	\$298.22	\$298.22	\$0.00	\$9,701.78
LUCY (D.O.B. 05/01/1970)	\$5,000.00	\$298.22	\$298.22	\$0.00	\$4,701.78

Three sections with detailed account info

- Benefit Plan Balances
- Prescription and Claim History
- Mail Order Payments

Benefit Plan Balances section provides details on your:

- Deductible
- Out of Pocket
- Drug Specific Cap *(not shown on screenshot)*

Prescriptions ▼

Refill Prescriptions

Order History

Claims & Balances

Price a Medication

Automatic Refills

Find a Pharmacy

Pharmacy Options

Prior Authorizations



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Price a Medication

Price a Medication

Search for the lowest prices available for your medicine

Medicine Name

Example: Lipitor 20 Mg Tablet

Medicine for

Sabina (02/01/1968)

Zip code

Get Prices

Medicine prices that work for you

- Find medicine covered by your plan
- Compare current prices at local pharmacies
- See pricing for short and longer-term supplies

Medicine Name

Lipitor 10 Mg Tablet - Brand

Medicine for

Sabina (02/01/1968)

Zip code

63134

Get Prices

Medicine for Sabina (02/01/1968)

Atorvastatin Calcium

This drug is a specialty medication

Generic drug name for [Lipitor](#)

[Alternate drug options](#) | [Drug details](#)

Tier 2 : Preferred brand-name drugs [What are tiers?](#)

Dosage information

Medicine form	Medicine strength	I take or use	Frequency of use	
Tablet	10 Mg	1 each	Daily	Edit Details

Pricing results for Atorvastatin Calcium 10 Mg Tablet
Showing 11 of 24 pharmacies for 63134

Pharmacy	Coverage	1-month	3-month
Home Delivery Pharmacy	Coverage rules apply. Prior Authorization Required Step Therapy Required Days supply limitations Limited Fills	---	\$375 Price details
	Coverage rules apply. Prior Authorization Required Step Therapy Required	\$4.60 Price details	\$13.63 Price details

You're viewing generic medication. [Use this toggle to switch between generic and brand medication.](#)

Generic **Brand**

- Enabling a search by ZIP code instead of eligibility ZIP code
- When Multi-Source Brands are searched, both MSB pricing and generic alternatives are presented.



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Find a Pharmacy

Find a Network Pharmacy



Enter ZIP Code

Q

Search

[Search options](#)

✓

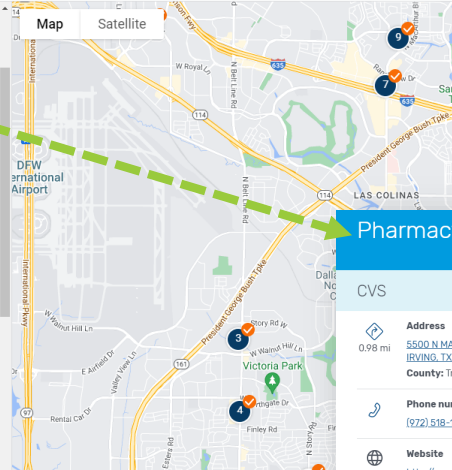
Your search is currently filtered by plan recommended pharmacies, which can help you get the lowest price on medications.

13 results for 75038 [Change search options](#)

Plan Recommended X

*Please note that not all medications can be dispensed as a maintenance supply.

2 CVS	0.99 mi
5500 N MACARTHUR BLVD IRVING, TX 75038-0000	
✓ Plan Recommended	
Call Directions	
3 CVS	1.21 mi
3401 W WALNUT HILL LN IRVING, TX 75038-0000	
✓ Plan Recommended	
Call Directions	
4 WALGREENS	1.88 mi
3400 N BELT LINE RD IRVING, TX 75062-7801	
✓ Plan Recommended	
Call Directions	
5 CVS	2.51 mi
2222 N STORY RD IRVING, TX 75062-0000	
✓ Plan Recommended	
Call Directions	



Pharmacy Details

CVS

Address
5500 N MACARTHUR BLVD
IRVING, TX 75038-0000
County: Travis

Phone number
(972) 518-1325

Website
<http://www.cvs.com>

Open • Closes 9:00 PM
[More Hours](#)

✓ **Preferred Pharmacy**

Participating Retail Pharmacy

A chain or independently owned pharmacy. In most cases, a participating retail pharmacy must be in your plan's network in order for your drug to be covered.

- Plan-recommended (preferred) network pharmacies filtered by default to guide members to the most cost effective options.*



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Prior Authorizations

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:

- 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 further discuss.
- 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 is reached.

Patient

Bapdrnes (01/14/1970)

Case ID	Medication	Quantity	Status	Coverage Expires	Activity	Step	Details & Documents
2148183	Retin-a 0.025 % Cream(gm)	1	❗ Denied	--	Appeal	4 of 4	View Details
2148195	Retin-a 0.025 % Cream(gm)	1	❗ Denied	--	Appeal	4 of 4	View Details
2148183	Retin-a 0.025 % Cream(gm)	1	✅ Approved	⚠️ 09/08/2021	Primary	4 of 4	View Details

- Prior authorization (PA) expiration alerts are presented 59 days in advance, giving you the opportunity to connect with your doctor to re-establish
- You can elect to receive prior authorization notices via email

Comprehensive view of each prior authorization status, including:

- Case ID
- Medication name and quantity
- Requested status
- The step in which the PA is in process
- Ability to expand an view additional details about each case

Prescriptions ▾

Refill Prescriptions

Order History

Claims & Balances

Price a Medication

Automatic Refills

Find a Pharmacy

Pharmacy Options

Prior Authorizations



Forms

Get started with home delivery:

To mail in a prescription your doctor has already written:

Print and complete the [Home Delivery Order Form \(PDF\)](#). Mail it to the address found on the form.

Can't print? [Request a Home Delivery Order Form](#) by mail.

To request a new prescription from your doctor:

Print the [Mail Order Fax Form \(PDF\)](#) and have your doctor complete it. Then fax it to us at the number found on the form.

Please note: The fastest way to get your new prescription is to ask your doctor to submit it electronically (e-Prescribe).

- Print a Home Delivery Order Form
- Request a home delivery form be mailed to you
- Print a Mail Order Fax Form
- Start a claim reimbursement
- Request a blank claim reimbursement form be mailed to you

Request reimbursement:

Submit a claim if you paid full price for medicine at a pharmacy because:

- The pharmacy did not accept your member ID card by mistake.
 - You haven't yet received your member ID card.
 - You had to buy medicine at a pharmacy outside your pharmacy network.
- For example, you needed to fill a new prescription while you were on a trip.

[Start a Claim](#)

Can't submit your claim online?

You can download and print the [Prescription Drug Reimbursement Form \(PDF\)](#) and mail it to the address found on the form.

You can also [request a blank claim form](#) to be mailed to you.

Having trouble viewing the forms? [Get Adobe Acrobat Reader](#)

Please note that if your plan has an Express Scripts Member ID card, you'll now be able to find it under the **Account** menu.

[+ Formularios disponibles en español](#)

All forms are available in Spanish as well

Benefits ▾

Benefits Overview

Forms

Explanation of Benefits



Pay a Bill

criptions Benefits Help

Make a Payment

Your current account balance is \$68.45. [View balance history](#)

Select how much you want to pay:

☒ Total balance \$68.45

☐ Other amount

Payment Method [Change](#)

 Bank of America - ****6428
Expires 8/2022
Autopay is OFF [Set up autopay](#)

☐ Use  PayPal for this payment

Total payment today: **\$68.45**

[Pay](#)

- Members can pay a partial or full balance using:
 - Credit cards
 - eCheck
 - PayPal
- Past-due balances must be paid in full
- Payment page includes options to:
 - Update payment methods
 - Navigate to Mail Order Payment Page for historical transactions
- Provides confirmation screen

Account ▾

Profile

Pay a Bill

Payment Methods

Addresses

Manage Account Access

Communication Preferences

Add a Caregiver

Messages

Health Questionnaire



Thank you!

Confirmation Number: 73209164

Payment: \$68.45

Date: June 24, 2019

Payment Method:  PayPal

We will send a confirmation email to: chrisbell@gmail.com

[Go to Dashboard](#)

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Payment Methods

Payment Methods

Credit Cards

 Mastercard - ****5678 (Autopay) ✓ Selected
 Expires 2/2020
 Authorization limit: \$700
Edit | Delete

 Visa - ****1234 Select
 Expires 10/2020
 Authorization limit: \$500
Edit | Delete

+ Add new credit card

Checking Accounts

 Checking account - ****9921 Select
 Authorization limit: \$500
Edit | Delete

+ Add new checking account

Adding a payment method means that you consent to the [Terms and Conditions](#) for how we store and use your information.

- Members have the ability to add/edit/delete payment methods for credit cards or eCheck

< 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](#)

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 more](#)

Back

Save

- They can enroll for automatic payments (Autopay)
- Authorization limit setting will determine the maximum amount we can process automatically.
- Other benefits:
 - Tokenization of credit card information
 - Leveraging financial entities

Account ▾

Profile

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Autopay Option

Edit Credit Card

Credit card number: **** * 9234 **VISA** Expiration date: 10/23

Authorization limit
Set the maximum amount we can charge without contacting you to authorize a payment.
[How it works](#)
\$300

Autopay ☒ On

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 more](#)

Back **Save**

- Autopay is only available via the Payment Methods overpanel today
 - From Checkout page
 - From Make a Payment page
 - From Payment Methods page
- Enroll in Autopay and opt to either:
 - Pay the full invoice amount OR
 - Set up Extended Payment Program (EPP) to pay an invoice in 3 installments

Account page

Account ▾

Profile

Pay a Bill

Payment Methods

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Manage Account Access

Communication Preferences

Add a Caregiver

Messages

Health Questionnaire



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Manage Account Access

Manage Account Access

[Edit preferences](#)

This preference allows you the convenience to view and order prescriptions on behalf of your family members. Click "[Edit preferences](#)" to view the members of your household with whom you are sharing information.

[Account](#) ▾[Profile](#)[Pay a Bill](#)[Payment Methods](#)[Addresses](#)[Manage Account Access](#)[Communication Preferences](#)[Add a Caregiver](#)[Messages](#)[Health Questionnaire](#)

Manage Account Access

Family members you may view online

You may view the prescription information and order on behalf of your family members listed below. If there are other adult family members that you do not see, that member must register with this website individually and grant you access to his prescription information.

- JOYCE (08/28/1967)
- TANNER (11/17/2005)
- HOLLY (03/07/2003)

Family members who may view you online

Check the name(s) of the adult members of your household with whom you would like to share your information. All selected adult household members will be able to view your prescription information and order on your behalf.

- ☐ JOYCE (08/28/1967) ☐ HOLLY (03/07/2003)

[Submit Changes](#)

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