

We cover what matters.



BlueCard[®] PPO Plan Benefits

**PR Employer
High Option
BlueCard[®] PPO**

Effective January 01, 2022

Visit our website at
AlabamaBlue.com



**BlueCross BlueShield
of Alabama**

An Independent Licensee of the Blue Cross and Blue Shield Association

**PR Employer
BlueCard® PPO Effective
January 01, 2022**

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and/or Blue Shield plans recognize for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health Disorders and Substance Abuse)		
Calendar Year Deductible	\$500 individual; \$1,500 family	
Calendar Year Out-of-Pocket Maximum	\$5,000 individual; \$10,000 family All deductibles, copays and coinsurance for in-network services and all deductibles, copays and coinsurance for out-of-network mental health disorders and substance abuse emergency services apply to the out-of-pocket maximum. Coinsurance for out-of-network Home Health, Hospice, and Other Covered Services (excluding occupational therapy, physical therapy, speech therapy and DME in Alabama) applies to the out-of-pocket maximum. After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses for you will be covered at 100% of the allowed amount for remainder of calendar year	
INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for inpatient admissions (except medical emergency services and maternity); notification within 48 hours for medical emergencies. Generally, if precertification is not obtained, no benefits are available. Call 1-800-248-2342 (toll-free) for precertification.		
Inpatient Hospital	Covered at 100% of the allowed amount, after \$200.00 daily hospital copay days 1-5 for each admission	Covered at 80% of the allowed amount, after \$750.00 per admission deductible Note: In Alabama, available only for medical emergency services and accidental injury
Inpatient Physician Visits and Consultations	Covered at 100% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, no copay or deductible
OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some outpatient hospital benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 100% of the allowed amount, after \$400.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Medical Emergency)	Covered at 100% of the allowed amount, after \$400.00 hospital copay	Covered at 100% of the allowed amount, after \$400.00 hospital copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$400.00 hospital copay
Emergency Room (Accident) Note: If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Emergency Room (Medical Emergency) above.	Covered at 100% of the allowed amount, after \$400.00 hospital copay	Covered at 100% of the allowed amount, after \$400.00 hospital copay and subject to calendar year deductible for services rendered within 72 hours; covered at 80% of the allowed amount subject to calendar year deductible when services are rendered after 72 hours of the accident and not a medical emergency as defined by the plan
Emergency Room (Physician)	Covered at 100% of the allowed amount, after \$50.00 physician copay	Covered at 100% of the allowed amount, after \$50.00 physician copay and subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, after \$50.00 physician copay
Outpatient Diagnostic Lab, Pathology & X-ray Note: The first covered mammogram each calendar year is not subject to the hospital copay	Covered at 100% of the allowed amount, after \$400.00 hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Chemotherapy, Dialysis, IV Therapy & Radiation Therapy	Covered at 100% of the allowed amount, no copay or deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Intensive Outpatient Services and Partial Hospitalization for Mental Health Disorders and Substance Abuse Services	Covered at 100% of the allowed amount, after \$50.00 daily hospital copay	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some physician benefits; please see benefit booklet. Precertification is also required for provider-administered drugs; visit AlabamaBlue.com/ProviderAdministeredPrecertificationDrugList . If precertification is not obtained, no benefits are available.		
Office Visits and Consultations	Covered at 100% of the allowed amount, after \$35.00 primary care physician copay or \$50.00 specialist physician copay Mental Health Disorders and Substance Abuse Services covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible Mental Health Disorders and Substance Abuse Services covered at 80% of the allowed amount, no copay or deductible
Second Surgical Opinions	Covered at 100% of the allowed amount, after \$50.00 physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
Angiography/Arteriography, Cardiac cath/Arteriography, CAT Scan, Colonoscopy, ERCP, MRI, Muga-gated cardiac scan, PET/SPECT & UGI endoscopy	Covered at 100% of the allowed amount, after \$200.00 copay per procedure	Covered at 50% of the allowed amount, subject to calendar year deductible
Chemotherapy, Diagnostic Lab, Dialysis, IV Therapy, Pathology, Radiation Therapy & X-ray	Covered at 100% of the allowed amount, no copay or deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Surgery & Anesthesia	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Maternity Care	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 50% of the allowed amount, subject to calendar year deductible
Applied Behavioral Analysis (ABA) Therapy Limited to ages 0-18 for autism spectrum disorders	Covered at 100% of the allowed amount, after \$35.00 copay	Covered at 80% of the allowed amount, subject to calendar year deductible
TELEHEALTH SERVICES		
Benefits are provided for Telehealth Services subject to applicable cost-sharing for in-network and out-of-network services, when services rendered are performed within the scope of the health care providers license and deemed medically necessary.		
PREVENTIVE CARE BENEFITS		
Routine Immunizations and Preventive Services See AlabamaBlue.com/PreventiveServices for a listing of the specific immunizations and preventive services or call our Customer Service Department for a printed copy	Covered at 100% of the allowed amount, no copay or deductible	Not Covered
Note: In some cases, office visit copays or facility copays may apply. Blue Cross and Blue Shield of Alabama will process these claims as required by Section 1557 of the Affordable Care Act.		

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUG BENEFITS		
Prescription Drugs	Prescription drug benefits are not administered by Blue Cross and Blue Shield of Alabama	
BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health Disorders and Substance Abuse)		
Precertification is required for some other covered services; please see your benefit booklet. If precertification is not obtained, no benefits are available.		
Allergy Testing & Treatment	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Ambulance Service	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible
Participating Chiropractic Services	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Durable Medical Equipment (DME)	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Rehabilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Habilitative Occupational, Physical and Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per member per calendar year	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible
Occupational, Physical and Speech Therapy for Autism Spectrum Disorders ages 0-18	Covered at 80% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, covered at 50% of the allowed amount, subject to calendar year deductible

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Home Health and Hospice	Covered at 100% of the allowed amount, subject to calendar year deductible	Covered at 80% of the allowed amount, subject to calendar year deductible In Alabama, not covered
Medical Nutrition Therapy Services For adults and children, limited to 6 hours per member per calendar year	Covered at 100% of the allowed amount, after \$35.00 primary care physician copay or \$50.00 specialist physician copay	Covered at 50% of the allowed amount, subject to calendar year deductible
HEALTH MANAGEMENT BENEFITS (Includes Mental Health Disorders and Substance Abuse)		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Chronic Condition Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and other specialized conditions.	
Baby Yourself®	A maternity program; For more information, please call 1-800-222-4379. You can also enroll online at AlabamaBlue.com/BabyYourself .	
Contraceptive Management	Covers prescription contraceptives, which include: birth control pills, injectables, diaphragms, IUDs and other non-experimental FDA approved contraceptives; subject to applicable deductibles, copays and coinsurance.	
Air Medical Transport	Air medical transportation to a network hospital near home if hospitalized while traveling more than 150 miles from home; to arrange transportation, call AirMed at 1-877-872-8624.	

Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website (AlabamaBlue.com) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard® PPO, PMD). In Alabama, in-network services provided by mental health disorders and substance abuse professionals are available through the Blue Choice Behavioral Health Network. Sometimes an in-network provider may furnish a service to you that is not covered under the contract between the provider and a Blue Cross and/or Blue Shield Plan. When this happens, benefits may be denied or reduced. Please refer to your benefit booklet for the type of provider network that we determine to be an in-network provider for a particular service or supply.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.
- Please refer to your benefit book or contact Blue Cross directly about coverage for your hospital charges and other related medical services. Approval for air medical transportation services does not mean that hospitalization and other medical expenses will be covered. All coverage determinations for medical benefits are subject to the terms, conditions, limitations and exclusions of the health plan. Air medical transportation services are provided through a contract with AirMed International, LLC, an independent company that does not provide Blue Cross and Blue Shield of Alabama products. Blue Cross is not responsible for any mistakes, errors or omissions that AirMed, its employees or staff members make. Air medical transportation services terminate if coverage by your health plan ends.

This is not a contract, benefit booklet or Summary Plan Description. Benefits are subject to the terms, limitations and conditions of the group contract (including your benefit booklet). Check your benefit booklet for more detailed coverage information. Please visit our website, AlabamaBlue.com.

Notice of Nondiscrimination

Blue Cross and Blue Shield of Alabama, an independent licensee of the Blue Cross and Blue Shield Association, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Alabama:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact our 1557 Compliance Coordinator. If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email at: Blue Cross and Blue Shield of Alabama, Compliance Office, 450 Riverchase Parkway East, Birmingham, Alabama 35244, Attn: 1557 Compliance Coordinator, 1-855-216-3144, 711 (TTY), 1-205-220-2984 (fax), 1557Grievance@bcbsal.org (email). If you need help filing a grievance, our 1557 Compliance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-216-3144 (TTY: 711)

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-216-3144 (TTY: 711)번으로 전화해 주십시오.

Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-216-3144 (TTY: 711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-216-3144 (TTY: 711).

Arabic: انتباه: إذا كنت تتحدث العربية، توجد خدمات مساعدة فيما يتعلق باللغة، بدون تكلفة، متاحة لك. اتصل بـ 1-855-216-3144 (الهاتف النصي: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-216-3144 (TTY: 711).

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-216-3144 (ATS: 711).

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-855-216-3144 (TTY: 711).

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હોય, તો ભાષા સહાયતા સેવા, તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. 1-855-216-3144 પર કોલ કરો (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-216-3144 (TTY: 711).

Hindi: ध्यान दें: अगर आपकी भाषा हिंदी है, तो आपके लिए भाषा सहायता सेवाएँ नि:शुल्क उपलब्ध हैं। 1-855-216-3144 (TTY: 711) पर कॉल करें।

Laotian: ໄປອຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມມຸນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-855-216-3144 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-216-3144 (телетайп: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-216-3144 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-216-3144 (TTY: 711).

Turkish: DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-855-216-3144 (TTY: 711) irtibat numaralarını arayın.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-216-3144 (TTY: 711).

Japanese: 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-216-3144 (TTY: 711) まで、お電話にてご連絡ください。



PREmployer



Member Brochure

Prescription Health Plan

medone

1590 University Ave | Dubuque, IA 52001

888-884-6331 | www.medone-rx.com



PREmployer Prescription Drug Benefit – PPO Plan

Effective Date: January 1, 2020

Embedded RX Deductibles (specialty medication only):

Individual: \$500
Family: \$1,500

Embedded Rx/Medical Out-of-Pocket Maximums:

Individual: \$5,000
Family: \$10,000

Please note this is an embedded out-of-pocket maximum. This means when an individual in the family plan meets the individual out-of-pocket maximum, that individual will have the remainder of their prescription drug expenses covered at 100% for the rest of the benefit year. The entire family out-of-pocket maximum must be met for the entire family to receive their prescriptions covered at 100%.

Payment Structure – 30-Day Retail and MedOne Mail-Order

Up to a 30-day supply of maintenance medication is available at any retail network pharmacy (excluding all CVS locations) or by mail-order with MedOne Mail-Order Pharmacy.

Generic: \$15
Preferred Brand: \$40
Non-Preferred Brand: \$60

Payment Structure – 31-60 Day Retail and MedOne Mail-Order

Up to a 60-day supply of maintenance medication is available at any retail network pharmacy (excluding all CVS locations) or by mail-order with MedOne Mail-Order Pharmacy.

Generic: \$30
Preferred Brand: \$80
Non-Preferred Brand: \$120

Payment Structure - 61-90 Day and MedOne Mail-Order

Up to a 90-day supply of maintenance medication is available at any retail network pharmacy (excluding all CVS locations) or by mail-order with MedOne Mail-Order Pharmacy.

Generic: \$45
Preferred Brand: \$100
Non-Preferred Brand: \$180

Specialty Drugs Co-pay: \$295 (after deductible has been met). Limited to a 30-day supply or less per fill. Special distribution applies.

Specialty Drugs Included in the MedOne Copay Assist Program

30% coinsurance per drug per 30-day fill (after deductible has been met.) Manufacturer assistance program covers most if not all of the coinsurance amount. Claim cost incurred by drugs included in the MedOne Copay Assist Program will NOT apply toward the annual deductible and out-of-pocket maximum, as most or all of the payment will be paid by the manufacturer copay assistance program. If you have actual out-of-pocket costs after the manufacturer copay assistance program has paid, you will pay no more than your copay or coinsurance when utilizing the manufacturers copay assistance.

Site of care services: Nursing and supply fees included at a \$0 copay.

Bowel preparation medications: \$0 co-pay. Limited to 1 per year.

Breast cancer chemo-prevention: \$0 co-pay.
Prior authorization required.

Contraceptives: Up to a 91-day supply of contraceptives (depending on package size) is available at a \$0 co-pay.

Smoking cessation: Prescription and over-the-counter smoking cessation products (with an Rx) are available at a \$0 co-pay.

Statins for primary prevention of CVD: Select low- to moderate-dose statins are free for members when used for primary prevention of CVD in high risk patients between ages 40-75.

Vaccinations

The following vaccinations are available at a \$0 co-pay:

- Flu
- Pneumonia
- Shingles (Zostavax—Age 60+ or Shingrix—Age 50+)
- Whooping Cough

Check with retail network pharmacies for availability.

Excluded Drugs / Categories

- Anti-obesity drugs
- Diabetic glucose meters

Excluded Drugs / Categories (con't)

- Fertility drugs
- Hair growth stimulants
- Lancet devices
- Non-prescription / non-prenatal vitamins and supplements
- Nutritional diet supplement
- Ostomy supplies
- Over-the-counter (OTC) drugs except those listed as covered*
- Products for cosmetic indications

***Over-the-Counter (OTC) drugs:** OTC smoking cessation treatments are covered by the plan. The physician must write a prescription specifically for an OTC item.

Drugs Requiring Prior Authorization

- Compounded drugs more than \$100
- Standard drug more than \$1,000
- Specialty drugs
- ADHD / narcolepsy drugs
- Androgens
- Breast cancer chemo-prevention drugs
- Growth hormones
- Hepatitis C medications
- Inhalation / nasal smoking cessation products
- Isotretinoin
- Sexual dysfunction drugs
- Smoking cessation drugs (for treatment more than 6 months)

This list is subject to change. The physician's office may obtain a prior authorization form by calling MedOne at 1-888-884-6331.

Drug Limitations

- Brand Proton Pump Inhibitors for ulcers/GERD limited to 1 capsule or tablet per day
- Cholesterol medications limited to 1 dose per day
- Migraine medications limited to 6 injections, 6-12 nasal spray doses, or 6-12 tablets (depending on package size) per 30 days
- Opioids limited to 200 MME per day
- Sexual dysfunction drugs limited to 6 pills/inserts/injections per 30 days for occasional use. Daily use is limited to 1 per day.
- Sleep agents limited to 1 dose per day

Dispense As Written Penalty

If a member requests a brand drug when a generic drug is available, the member is responsible for the applicable co-pay plus the difference in cost between the generic and brand drug.

Dependents

Dependents are covered until age 26.

Refill Too Soon Limitation

A prescription may not be refilled until at least 75% of the supply has been utilized. For example, if the member has a 30-day supply, 23 days must be utilized before the prescription could be refilled.

Benefit Plan Network

Your plan includes a network of pharmacies locally and nationwide, **excluding** all CVS locations. You may also call MedOne at 1-888-884-6331 for assistance in locating a network pharmacy.

Step Therapy Program

This program ensures that members receive the most cost-effective medications prior to the plan approving brand medications. For the most current information, check www.MedOne-rx.com.

Mail-Order

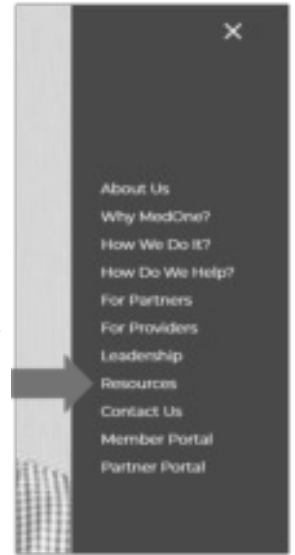
For assistance in setting up a mail-order account, see the mail-order section in this brochure or contact MedOne at 1-888-884-6331.

To download a mail-order form, go to www.MedOne-rx.com. Upon request, a copy of the mail-order brochure and order form can be sent by email, fax, or mail. Allow 10-14 days from the time the mail-order request is submitted until the prescription is delivered.

How to Enroll Online for MedOne

Mail-Order Service

1. Go to www.medone-rx.com
2. On the right-hand side, click on the **Menu** tab and select the section titled **Resources**
3. Select the **Mail-Order Online Enrollment** option
4. Read through terms and conditions, then click "I Agree" and submit
5. Read through the notice of privacy practices, then click "I Agree" and submit
6. Enter your personal information in the Patient Information section (name, address, phone number). The information on your pharmacy ID card will also be needed to complete this section (See Sample Company ID Card)
7. **Prescriptions:** List the medication, last filled date (if available), day supply, prescriber name and phone number
8. Select whether you would like automatic refills, or to call in when medication is needed
9. Please note any known allergies or medical conditions
10. **Release of Medical Information:** Only complete if you authorize MedOne to speak to anyone regarding your medical information
11. **Electronic Signature:** Type your name at the bottom of the screen to acknowledge the information submitted to be correct
12. Enter payment information—you will need to use either a debit card or credit card



Once this has all been completed, **please contact your prescriber** and inform them to send your prescriptions to MedOne Pharmacy Services. Thank you for choosing MedOne Mail-Order Service!



MedOne Member Portal

Easy Online Access to Your Prescription Profile

- Convenient
- Reliable
- Easy-to-Use

How to register for the MedOne Member Portal

1. Go to medone-rx.com
2. On the right-hand side, click **Member Portal**
3. At the bottom of the page, click "Register here to access your account"
4. Enter the information requested (group number and member ID can be found on your pharmacy ID card) then click "Register"
5. You will then be prompted to open the confirmation email and follow the link provided
6. Enter your log-in credentials and proceed to your account

What can be accessed through the main MedOne Website?

1. Preferred Product Listing
2. Specialty Product Listing
3. MedOne Mail Order Enrollment
4. Frequently Asked Questions
5. Direct Member Reimbursement Form
6. MedOne Member Services and Pharmacy Contact Information

What can be accessed within the MedOne Member Portal?

1. View Claims Detail / Rx History
2. Look up **in-network pharmacies** in the area
3. Run **sample pricing** for potential medications
4. Gather ID card **processing information**
5. Review Out of Pocket Maximum
6. Access Drug Information Directory
7. Enroll in the **MedOne Mail-Order Program**

