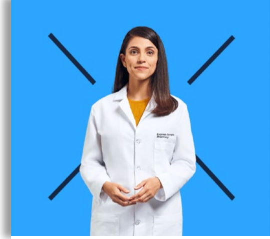
express-scripts.com Capabilities

Book of Business Client Presentation

Q2 2021

MEMBER FOCUS

Continued modernization of our assets to enhance member experience



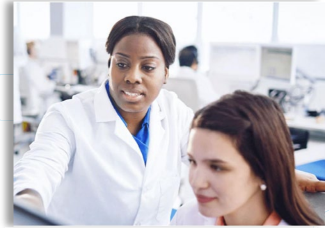
Express Scripts Pharmacy® is all about you.

- Compatible -with any device and screen size
- Comprehensive –user friendly for any member
- Empowering– enabling members with self-serving tools to manage their everyday needs
  - check order status
  - change payment method
  - refill an Rx
  - additional features
  - update an address

With more than 30 years of experience, we're built for times like these.

INNOVATIVE DIGITAL TOOLS FOR A SEAMLESS EXPERIENCE

Millions of Americans have lost coverage. We can help.

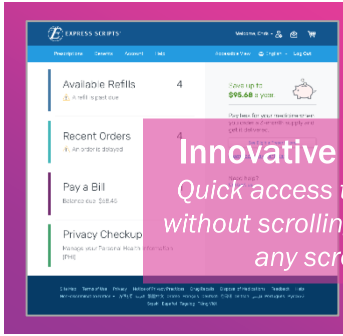


Healthcare can be complicated. That's why our experts are available 24/7.

EXPRESS SCRIPTS® CHAMPIONS FOR BETTER

2020 MEMBER EXPERIENCE

Digital tools to enable self-service


EXPRESS SCRIPTS
Welcome, Chris
Prescriptions
Generics
Account
Help
Accessible View
English
Log Out

Available Refills 4
A refill is past due

Recent Orders 4
An order is delayed

Pay a Bill
Balance due: $68.46

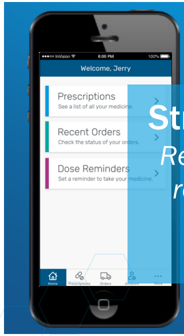
Privacy Checkup
Manage your Personal Health Information (PHI)

Save up to $95.68 a year.
Pay less for your medicine when you order a 3-month supply and get it delivered.

Need help?

Innovative Dashboard

Quick access to helpful tools without scrolling; responsive to any screen size


InVision
8:00 PM
100%
Home
Prescriptions
Orders
Account
More

Welcome, Jerry

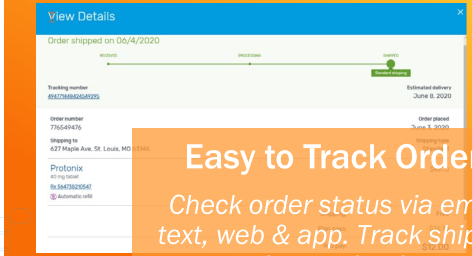
Prescriptions
See a list of all your medicine.

Recent Orders
Check the status of your orders.

Dose Reminders
Set a reminder to take your medicine.

Streamlined Mobile App

Refill in 2-clicks & setup dose reminders; use easy device features (camera, GPS, & fingerprint sensor)


View Details
RECEIVED
PROCESSING
SHIPPED
Standard shipping

Order shipped on 06/4/2020

Tracking number
494771448424549295

Estimated delivery
June 8, 2020

Order number
776549476

Order placed
June 3, 2020

Shipping to
627 Maple Ave, St. Louis, MO 63146

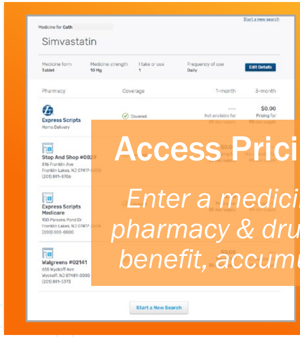
Shipping type
Standard

Protonix
40 mg tablet
Rx 564738210547
Automatic refill

Shipping: Free
Plan pays:
You pay: $12.00

Easy to Track Orders

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


Start a new search
Edit Details
Start a New Search

Medicine for Cath

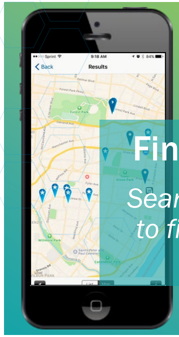
Simvastatin

Medicine form: Tablet
Medicine strength: 10 Mg
I take or use: 1
Frequency of use: Daily

Pharmacy	Coverage	1-month	3-month
Express Scripts Home Delivery	Covered	--- Not available for 30 day supply	$0.00 Pricing for 90 day supply
Stop And Shop #0829 816 Franklin Ave Franklin Lakes, NJ 07417-0000 (201) 891-8706		$0.0	
Express Scripts Medicare 100 Parsons Pond Dr Franklin Lakes, NJ 07417-2604 (000) 000-0000	Covered	30 day supply	90 day supply
Walgreens #02141 655 Wyckoff Ave Wyckoff, NJ 07481-0000 (201) 891-5373		$0.00	---

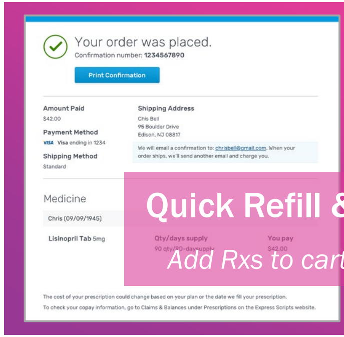
Access Pricing & Coverage

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


Sprint
9:18 AM
Back
Results

Find a Nearby Pharmacy

Search by ZIP or current location to find preferred pharmacies to save time & money.


Print Confirmation
VISA

Your order was placed.
Confirmation number: 1234567890

Amount Paid
$42.00

Payment Method
Visa ending in 1234

Shipping Method
Standard

Shipping Address
Chis Bell
95 Boulder Drive
Edison, NJ 08817

We will email a confirmation to: chrisbell@gmail.com. When your order ships, we'll send another email and charge you.

Medicine

Chris (09/09/1945)

	Qty/days supply	You pay
Lisinopril Tab 5mg	90 qty/90-daysupply	$42.00

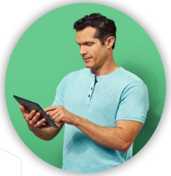
The cost of your prescription could change based on your plan or the date we fill your prescription.

To check your copay information, go to Claims & Balances under Prescriptions on the Express Scripts website.

Quick Refill & Check Out

Add Rxs to cart, confirm, go!

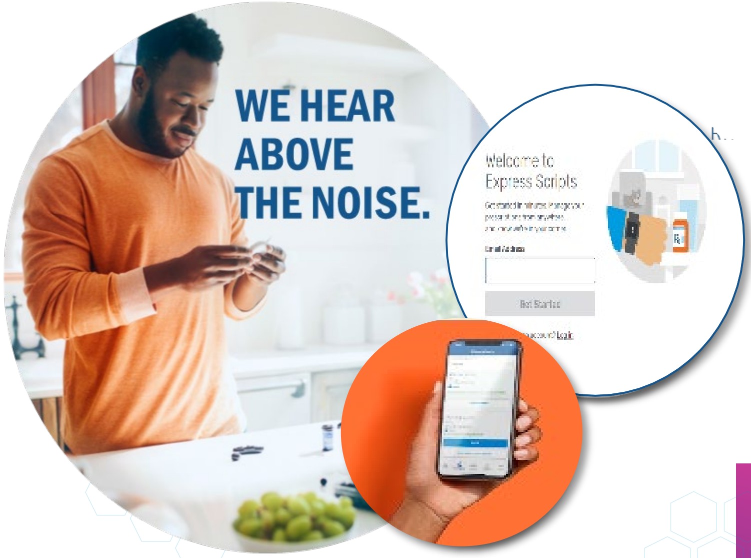
DIGITAL TECHNOLOGY FOCUS



Newly Released Enhancements

BRINGING EASE OF USE TO THE MEMBER

THROUGH SIMPLE, EMPOWERING DIGITAL EXPERIENCES


WE HEAR ABOVE THE NOISE.
Welcome to Express Scripts
Email Address
Get Started

Making information available… wherever and whenever

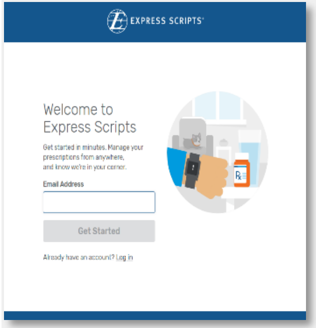
> *“Today was the first time I reordered a script via the member shortcuts; they are **awesome easy** … thank you.” - Current Member*

*Subject to change

EXPRESS SCRIPTS® CHAMPIONS FOR BETTER™

NEW MEMBER REGISTRATION

An intuitive & seamless welcome experience

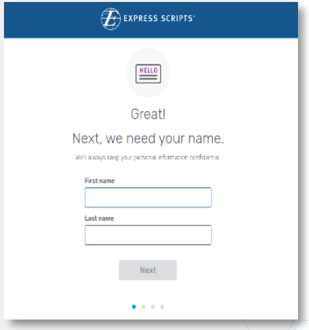


Welcome to Express Scripts

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

Email Address

Already have an account? Log in



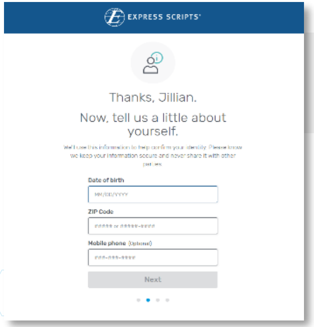
Great!

Next, we need your name.

We'll always keep your personal information confidential.

First name

Last name



Thanks, Jillian.

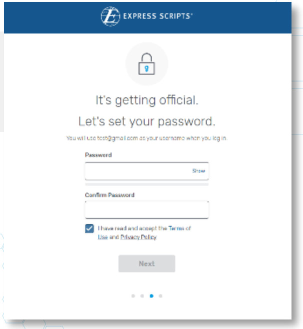
Now, tell us a little about yourself.

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: MM/DD/YYYY

ZIP Code: ##### or #####-####

Mobile phone (Optional): ###-###-####



It's getting official.

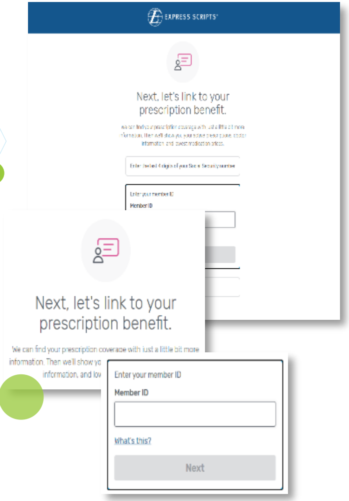
Let's set your password.

You will use test@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, let's link to your prescription benefit.

We can find your prescription coverage with just a little bit more information. Then we'll show yo… information, and low…

Enter the last 4 digits of your Social Security number

Enter your member ID

Member ID

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

Enabling the Member to set up their account using only the Member ID.

New User Welcome Experience

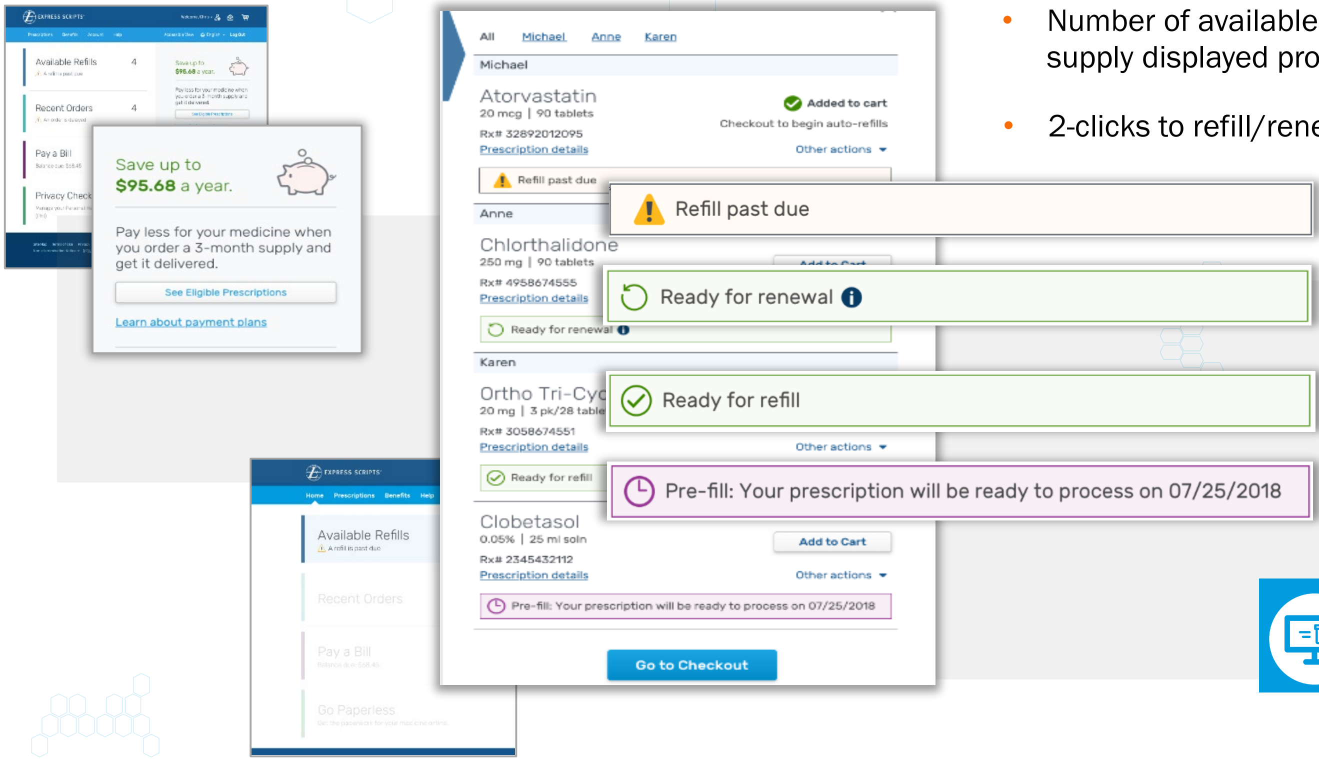
- Leveraging elevated content marketing across channels (Web & Mobile) to compel Member registration & engagement
- Simplifying Account Set Up for Members with just a few simple steps
- Digital onboarding to guide the Member through navigating their needs, including ESI pharmacy chat/video, and Augmented Reality (AR) experiences

Subject to change

DASHBOARD MODERNIZATION

Informative and actionable home page

Dashboard



EXPRESS SCRIPTS

Available Refills 4

Recent Orders 4

Pay a Bill

Privacy Check

Save up to
$95.68 a year.

Pay less for your medicine when you order a 3-month supply and get it delivered.

See Eligible Prescriptions

Learn about payment plans

EXPRESS SCRIPTS

Home Prescriptions Benefits Help

Available Refills
A refill is past due

Recent Orders

Pay a Bill

Go Paperless

All Michael Anne Karen

Michael

Atorvastatin
20 mcg | 90 tablets
Rx# 32892012095
Prescription details

✓ Added to cart
Checkout to begin auto-refills

Other actions ▾

Refill past due

Anne

Chlorthalidone
250 mg | 90 tablets
Rx# 4958674555
Prescription details

Add to Cart

Ready for renewal

Karen

Ortho Tri-Cyc
20 mg | 3 pk/28 table
Rx# 3058674551
Prescription details

Other actions ▾

Ready for refill

Clobetasol
0.05% | 25 ml soln
Rx# 2345432112
Prescription details

Add to Cart

Other actions ▾

Pre-fill: Your prescription will be ready to process on 07/25/2018

Go to Checkout

Refill past due

Ready for renewal

Ready for refill

Pre-fill: Your prescription will be ready to process on 07/25/2018

- Number of available refills and day supply displayed prompting action
- 2-clicks to refill/renew a prescription

- Information is visible, minimizing or eliminating scrolling
- Add to cart and checkout

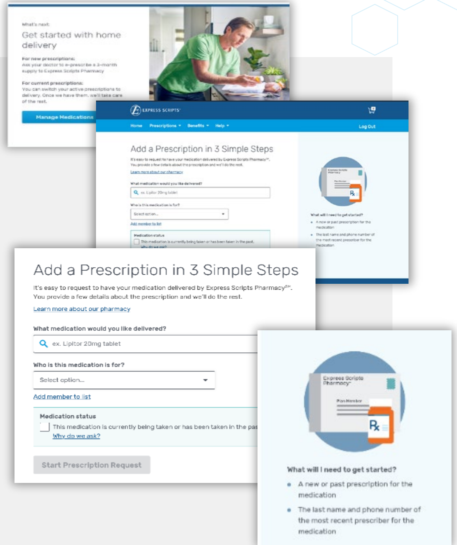
Order status is **#1 REASON** members visit the website.

Subject to change

START A NEW PRESCRIPTION

Getting Started With ESI Home Delivery

Start New Rx



Add a Prescription in 3 Simple Steps

It's easy to request to have your medication delivered by Express Scripts Pharmacy℠. You provide a few details about the prescription and we'll do the rest.

Learn more about our pharmacy

What medication would you like delivered?

ex. Lipitor 20mg tablet

Who is this medication is for?

Select option...

Add member to list

Medication status

☐ This medication is currently being taken or has been taken in the past

Why do we ask?

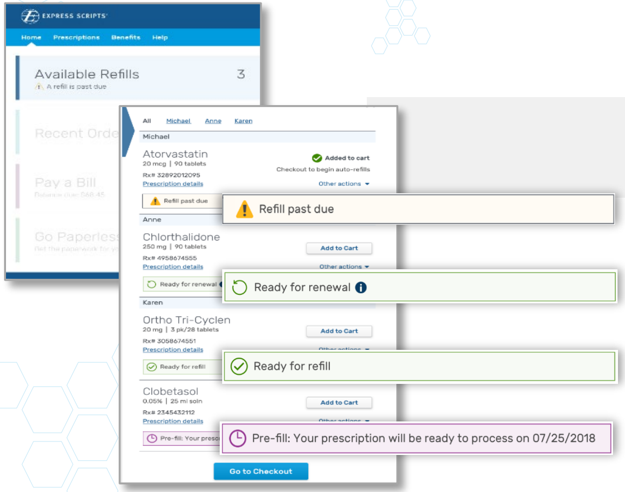
Start Prescription Request

What will I need to get started?

- A new or past prescription for the medication
- The last name and phone number of the most recent prescriber for the medication

Getting Started

An intuitive experience enabling the Member to search for a drug and request their Rx



Available Refills 3

A refill is past due

Recent Orders

Pay a Bill

Go Paperless

All Michael Anne Karen

Michael

Atorvastatin
20 mcg | 90 tablets
Rx# 32892012095
Prescription details

Added to cart
Checkout to begin auto-refills
Other actions

Refill past due

Anne

Chlorthalidone
250 mg | 90 tablets
Rx# 4958674555
Prescription details

Add to Cart
Other actions

Ready for renewal

Karen

Ortho Tri-Cyclen
20 mg | 3 pk/28 tablets
Rx# 3058674551
Prescription details

Add to Cart
Other actions

Ready for refill

Clobetasol
0.05% | 25 ml soln
Rx# 2345432112
Prescription details

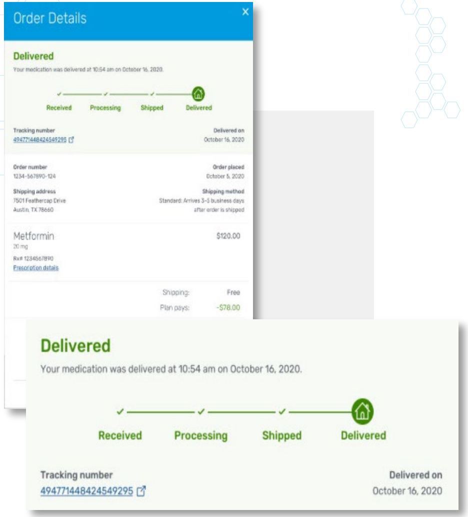
Add to Cart
Other actions

Pre-fill: Your prescription will be ready to process on 07/25/2018

Go to Checkout

Rx At A Glance

Snapshot view of 'Need to know' information at the Member's fingertips



Order Details

Delivered

Your medication was delivered at 10:54 am on October 16, 2020.

Tracking number
494771448424549295

Delivered on
October 16, 2020

Metformin
20 mg
Rx# 1234567890
Prescription details
$120.00

Shipping: Free
Plan pays: -$78.00

Order Status

Presenting the Member with progress and tracking info, for peace of mind.

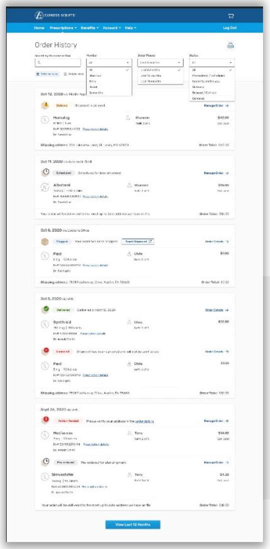
Making it easier for Members to get started in Home Delivery

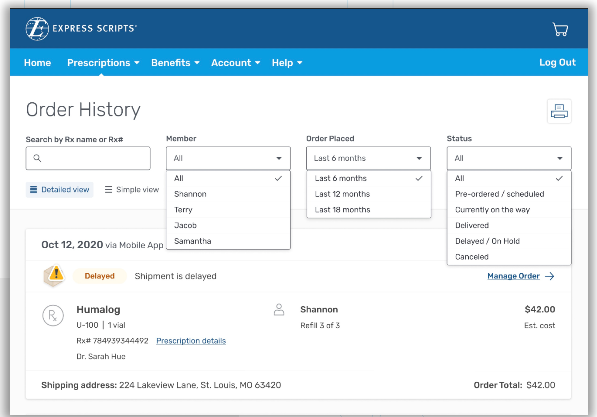
Offering clear and concise order tracking.

ORDER STATUS MODERNIZATION

Order Status

Order Status: Real-time visibility





Order History

Search by Rx name or Rx#

Member: All
- All ✓
- Shannon
- Terry
- Jacob
- Samantha

Order Placed: Last 6 months
- Last 6 months ✓
- Last 12 months
- Last 18 months

Status: All
- All ✓
- Pre-ordered / scheduled
- Currently on the way
- Delivered
- Delayed / On Hold
- Canceled

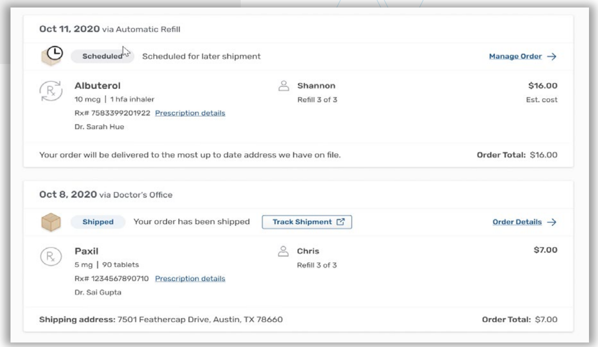
Detailed view | Simple view

Oct 12, 2020 via Mobile App

Delayed — Shipment is delayed — Manage Order →

Humalog
U-100 | 1 vial
Rx# 784939344492 Prescription details
Dr. Sarah Hue
Shannon, Refill 3 of 3
$42.00 Est. cost

Shipping address: 224 Lakeview Lane, St. Louis, MO 63420 — **Order Total:** $42.00



Oct 11, 2020 via Automatic Refill

Scheduled — Scheduled for later shipment — Manage Order →

Albuterol
10 mcg | 1 hfa inhaler
Rx# 7583399201922 Prescription details
Dr. Sarah Hue
Shannon, Refill 3 of 3
$16.00 Est. cost

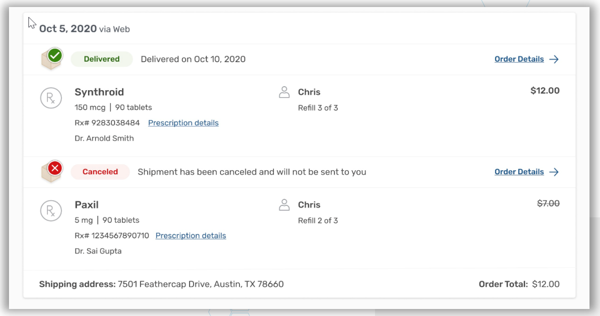
Your order will be delivered to the most up to date address we have on file. — **Order Total:** $16.00

Oct 8, 2020 via Doctor's Office

Shipped — Your order has been shipped — Track Shipment — Order Details →

Paxil
5 mg | 90 tablets
Rx# 1234567890710 Prescription details
Dr. Sai Gupta
Chris, Refill 3 of 3
$7.00

Shipping address: 7501 Feathercap Drive, Austin, TX 78660 — **Order Total:** $7.00



Oct 5, 2020 via Web

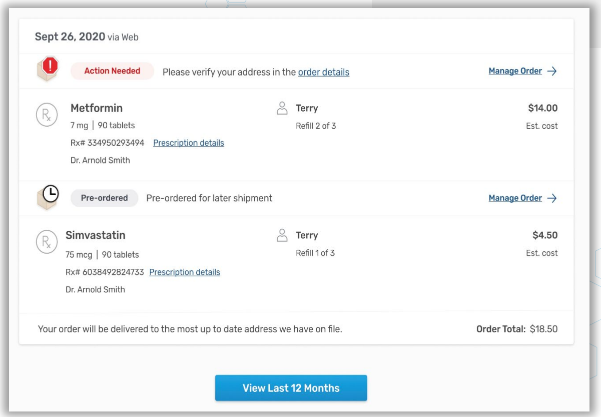
Delivered — Delivered on Oct 10, 2020 — Order Details →

Synthroid
150 mcg | 90 tablets
Rx# 9283038484 Prescription details
Dr. Arnold Smith
Chris, Refill 3 of 3
$12.00

Canceled — Shipment has been canceled and will not be sent to you — Order Details →

Paxil
5 mg | 90 tablets
Rx# 1234567890710 Prescription details
Dr. Sai Gupta
Chris, Refill 2 of 3
~~$7.00~~

Shipping address: 7501 Feathercap Drive, Austin, TX 78660 — **Order Total:** $12.00



Sept 26, 2020 via Web

Action Needed — Please verify your address in the order details — Manage Order →

Metformin
7 mg | 90 tablets
Rx# 334950293494 Prescription details
Dr. Arnold Smith
Terry, Refill 2 of 3
$14.00 Est. cost

Pre-ordered — Pre-ordered for later shipment — Manage Order →

Simvastatin
75 mcg | 90 tablets
Rx# 6038492824733 Prescription details
Dr. Arnold Smith
Terry, Refill 1 of 3
$4.50 Est. cost

Your order will be delivered to the most up to date address we have on file. — **Order Total:** $18.50

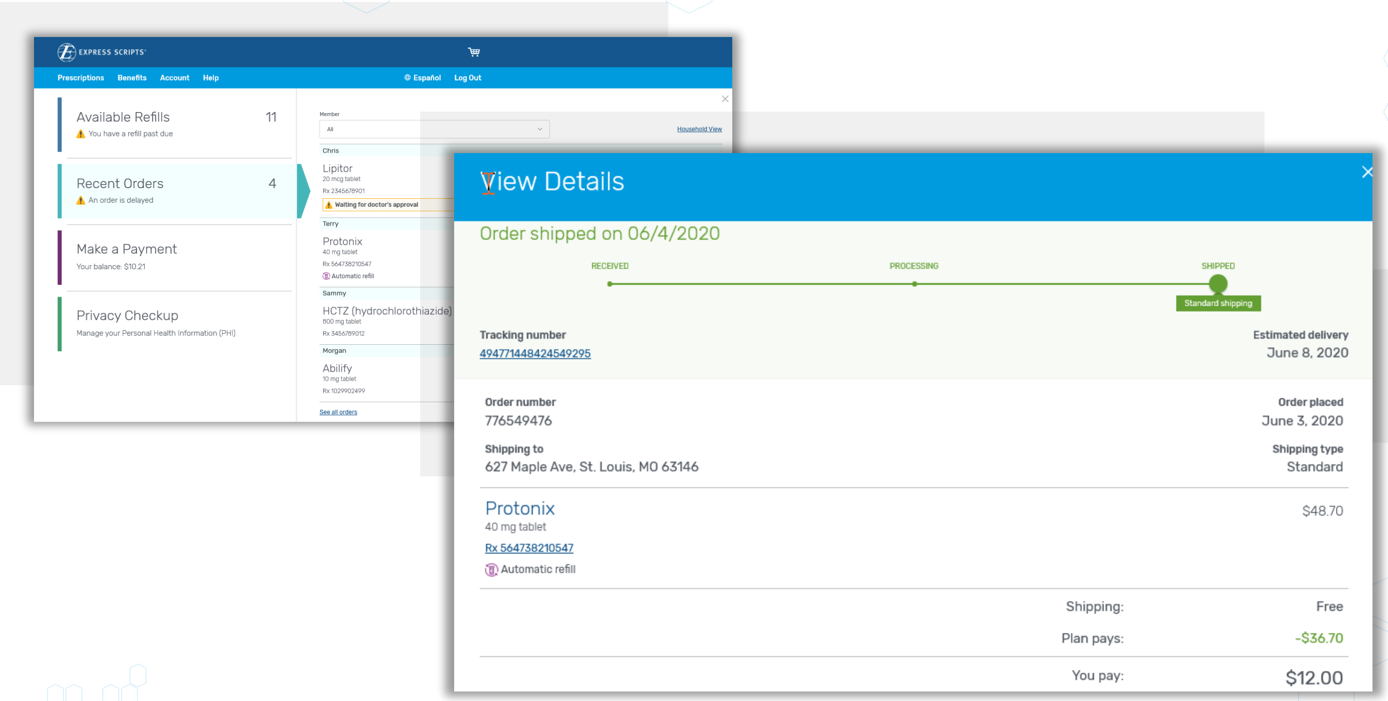
- Filterable view of active and previous order
- Holistic view including canceled orders.

Subject to change.

ORDER STATUS MODERNIZATION

Order Status

Order Status: Real-time visibility



EXPRESS SCRIPTS
Prescriptions
Benefits
Account
Help
Español
Log Out

Available Refills 11
You have a refill past due

Recent Orders 4
An order is delayed

Make a Payment
Your balance: $10.21

Privacy Checkup
Manage your Personal Health Information (PHI)

Member: All

Household View

Chris
Lipitor
20 mcg tablet
Rx 2345678901
Waiting for doctor's approval

Terry
Protonix
40 mg tablet
Rx 564738210547
Automatic refill

Sammy
HCTZ (hydrochlorothiazide)
800 mg tablet
Rx 3456789012

Morgan
Abilify
10 mg tablet
Rx 1029902499

See all orders

View Details

Order shipped on 06/4/2020

RECEIVED
PROCESSING
SHIPPED
Standard shipping

Tracking number
494771448424549295

Estimated delivery
June 8, 2020

Order number
776549476

Order placed
June 3, 2020

Shipping to
627 Maple Ave, St. Louis, MO 63146

Shipping type
Standard

Protonix
40 mg tablet
Rx 564738210547
Automatic refill
$48.70

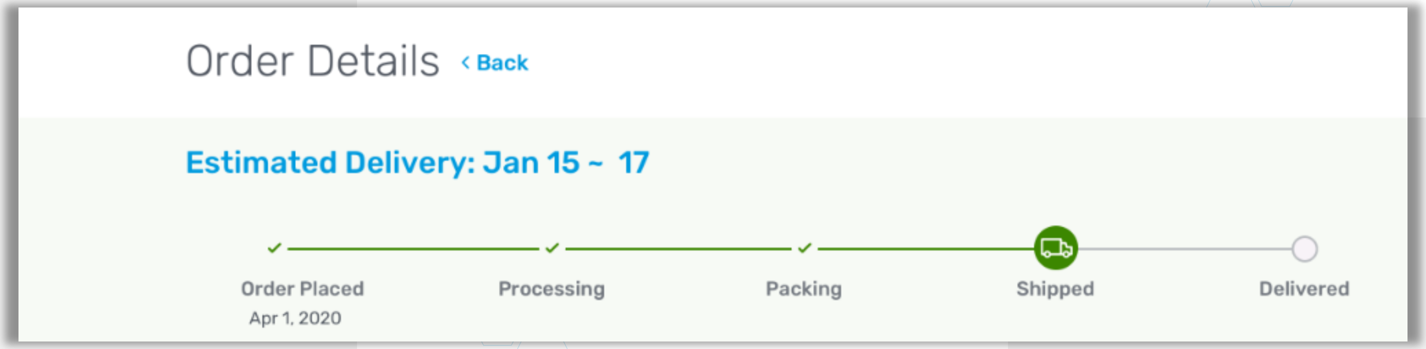
Shipping: Free
Plan pays: -$36.70
You pay: $12.00

- Clear, detailed order status
- Actionable self-service messages
- Track shipping
- Real-time email order confirmation

Subject to change.

ORDER STATUS

Order Tracker



Order Details
‹ Back

Estimated Delivery: Jan 15 ~ 17

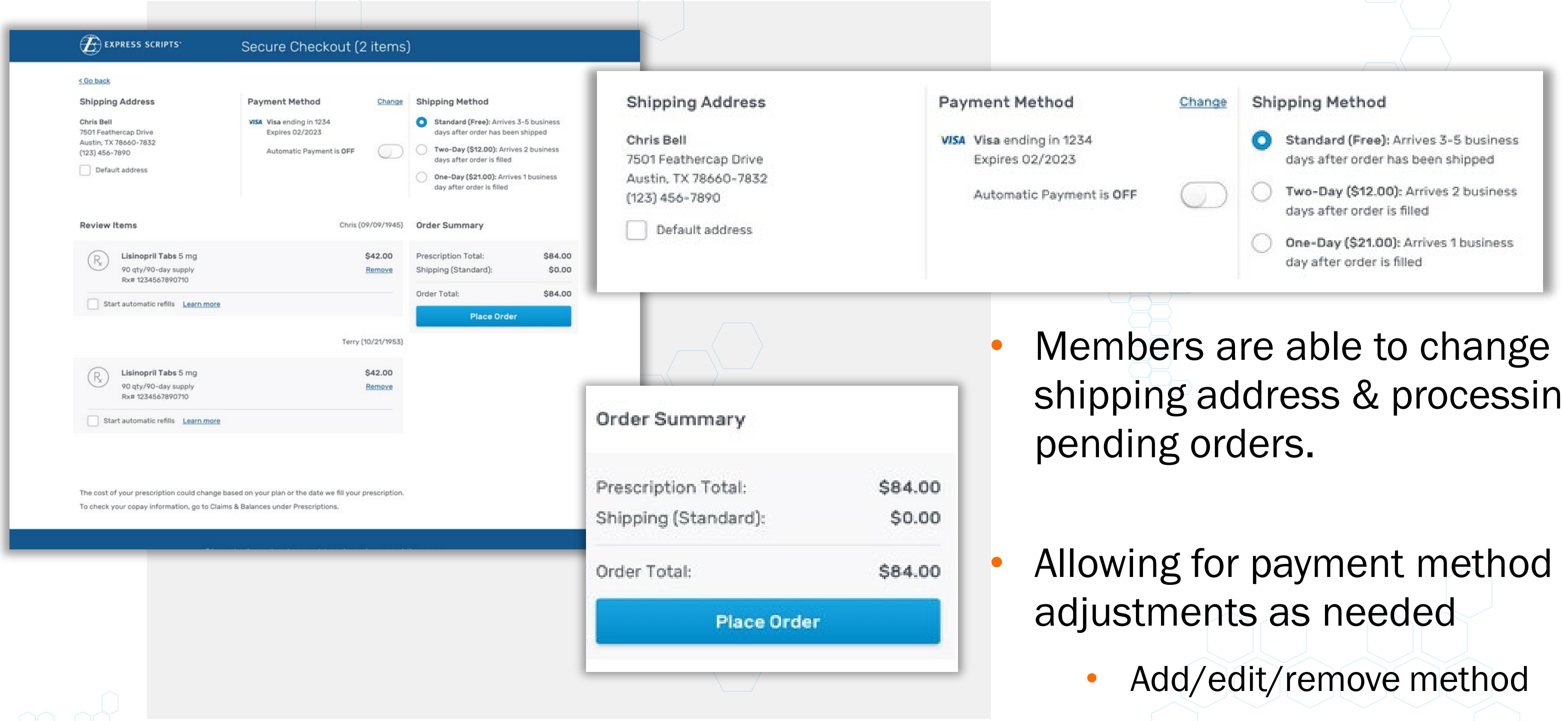
Order Placed
Apr 1, 2020
Processing
Packing
Shipped
Delivered

- Step by step order tracking

- Providing detailed & specific updates to keep Members ‘in the know’.
  - Doctor outreach
  - Pharmacy activity
  - End-to-end timeline

Subject to change.

One Page – Fewer Steps to Checkout



Secure Checkout (2 items)

< Go back

Shipping Address

Chris Bell
7501 Feathercap Drive
Austin, TX 78660-7832
(123) 456-7890

☐ Default address

Payment Method Change

VISA **Visa** ending in 1234
Expires 02/2023

Automatic Payment is **OFF**

Shipping Method

● **Standard (Free):** Arrives 3-5 business days after order has been shipped

○ **Two-Day ($12.00):** Arrives 2 business days after order is filled

○ **One-Day ($21.00):** Arrives 1 business day after order is filled

Review Items

Chris (09/09/1945)

Lisinopril Tabs 5 mg
90 qty/90-day supply
Rx# 1234567890710
$42.00
Remove

☐ Start automatic refills Learn more

Terry (10/21/1953)

Lisinopril Tabs 5 mg
90 qty/90-day supply
Rx# 1234567890710
$42.00
Remove

☐ Start automatic refills Learn more

Order Summary

Prescription Total:	$84.00
Shipping (Standard):	$0.00
Order Total:	$84.00

Place Order

The cost of your prescription could change based on your plan or the date we fill your prescription.
To check your copay information, go to Claims & Balances under Prescriptions.

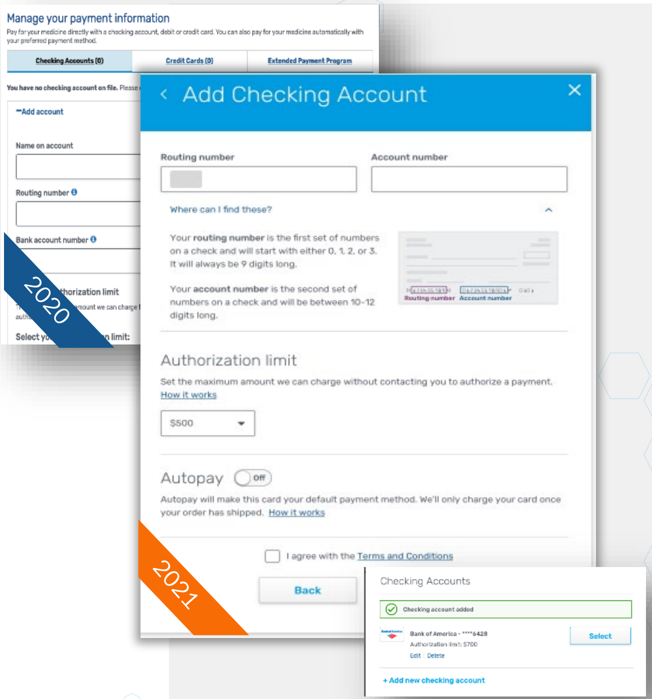
Shipping Address
Chris Bell
7501 Feathercap Drive
Austin, TX 78660-7832
(123) 456-7890
☐ Default address
Payment Method Change
VISA Visa ending in 1234
Expires 02/2023
Automatic Payment is OFF
Shipping Method
● Standard (Free): Arrives 3-5 business days after order has been shipped
○ Two-Day ($12.00): Arrives 2 business days after order is filled
○ One-Day ($21.00): Arrives 1 business day after order is filled

Order Summary
Prescription Total: $84.00
Shipping (Standard): $0.00
Order Total: $84.00
Place Order

- Members are able to change their shipping address & processing date on pending orders.
- Allowing for payment method adjustments as needed
  - Add/edit/remove method
  - Set authorization amount

Subject to change.

Enhanced Payment Method



Manage your payment information

Pay for your medicine directly with a checking account, debit or credit card. You can also pay for your medicine automatically with your preferred payment method.

Checking Accounts (0) | Credit Cards (0) | Extended Payment Program

You have no checking account on file. Please

−Add account

Name on account

Routing number

Bank account number

2020

Add Checking Account

Routing number

Account number

Where can I find these?

Your **routing number** is the first set of numbers on a check and will start with either 0, 1, 2, or 3. It will always be 9 digits long.

Your **account number** is the second set of numbers on a check and will be between 10-12 digits long.

Authorization limit

Set the maximum amount we can charge without contacting you to authorize a payment. How it works

$500

Autopay ○ Off

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

☐ I agree with the Terms and Conditions

Back

2021

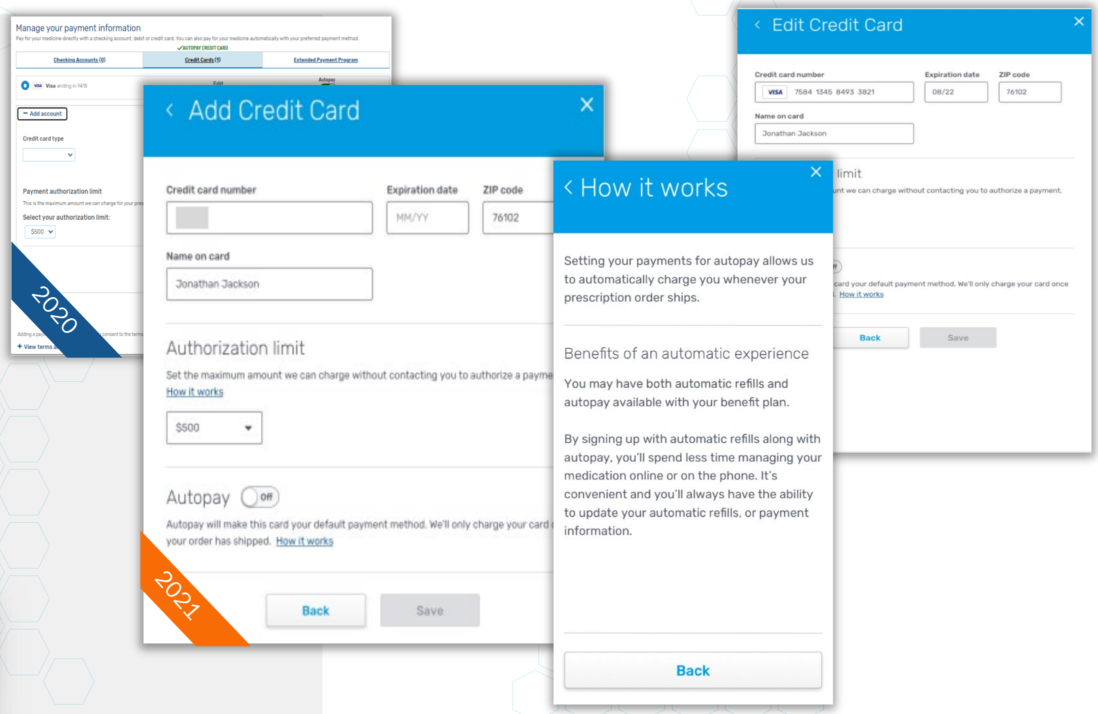
Checking Accounts

Checking account added

Bank of America - ****6428
Authorization limit: $700
Edit | Delete

Select

+ Add new checking account



Manage your payment information

Pay for your medicine directly with a checking account, debit or credit card. You can also pay for your medicine automatically with your preferred payment method.

✓AUTOPAY CREDIT CARD

Checking Accounts (0) | Credit Cards (1) | Extended Payment Program

Visa ending in 9418

− Add account

Credit card type

Payment authorization limit

Select your authorization limit:

$500

+ View terms

2020

Add Credit Card

Credit card number | Expiration date: MM/YY | ZIP code: 76102

Name on card: Jonathan Jackson

Authorization limit

Set the maximum amount we can charge without contacting you to authorize a payme

How it works

$500

Autopay ○ Off

Autopay will make this card your default payment method. We'll only charge your card your order has shipped. How it works

Back | Save

2021

How it works

Setting your payments for autopay allows us to automatically charge you whenever your prescription order ships.

Benefits of an automatic experience

You may have both automatic refills and autopay available with your benefit plan.

By signing up with automatic refills along with autopay, you'll spend less time managing your medication online or on the phone. It's convenient and you'll always have the ability to update your automatic refills, or payment information.

Back

Edit Credit Card

Credit card number: VISA 7584 1345 8493 3821 | Expiration date: 08/22 | ZIP code: 76102

Name on card: Jonathan Jackson

limit

unt we can charge without contacting you to authorize a payment.

card your default payment method. We'll only charge your card once How it works

Back | Save

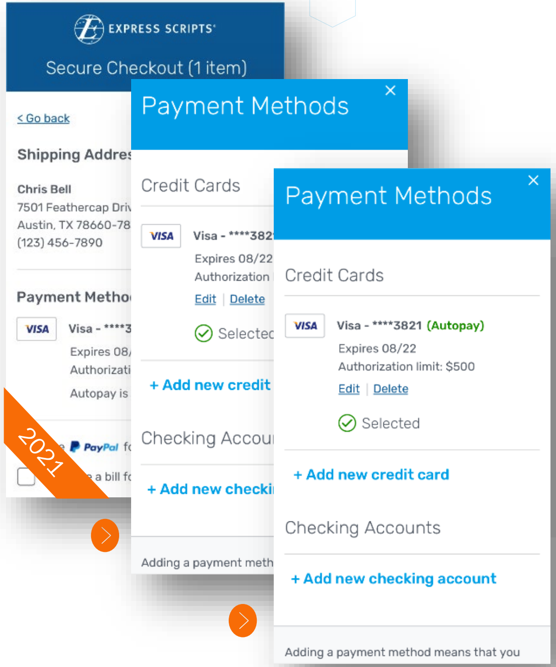
- Ability to print from the page
- Shipping and payment details included
- Medicine name, quantity and days supply as well as what the member paid

Subject to change.

CART / CHECKOUT MODERNIZATION

Enhanced Payment Method

Cart



EXPRESS SCRIPTS

Secure Checkout (1 item)

< Go back

Shipping Addres

Chris Bell
7501 Feathercap Driv
Austin, TX 78660-78
(123) 456-7890

Payment Metho

Visa - ****3
Expires 08/
Authorizati
Autopay is

PayPal fo
a bill fo

2021

Payment Methods

Credit Cards

Visa - ****382
Expires 08/22
Authorization
Edit | Delete
Selected

+ Add new credit

Checking Accou

+ Add new checki

Adding a payment meth

Payment Methods

Credit Cards

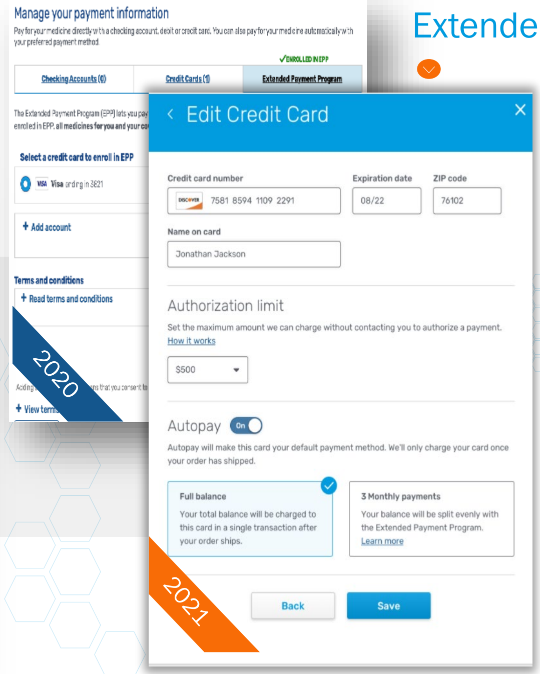
Visa - ****3821 (Autopay)
Expires 08/22
Authorization limit: $500
Edit | Delete
Selected

+ Add new credit card

Checking Accounts

+ Add new checking account

Adding a payment method means that you



Manage your payment information

Pay for your medicine directly with a checking account, debit or credit card. You can also pay for your medicine automatically with your preferred payment method.

✓ENROLLED IN EPP

Checking Accounts (0) | Credit Cards (1) | Extended Payment Program

The Extended Payment Program (EPP) lets you pay
enrolled in EPP, all medicines for you and your co

Select a credit card to enroll in EPP

○ Visa ending in 3821

+ Add account

Terms and conditions

+ Read terms and conditions

Adding … ns that you consent to

+ View terms

2020

Edit Credit Card

Credit card number: 7581 8594 1109 2291

Expiration date: 08/22

ZIP code: 76102

Name on card: Jonathan Jackson

Authorization limit

Set the maximum amount we can charge without contacting you to authorize a payment.

How it works

$500

Autopay On

Autopay will make this card your default payment method. We'll only charge your card once your order has shipped.

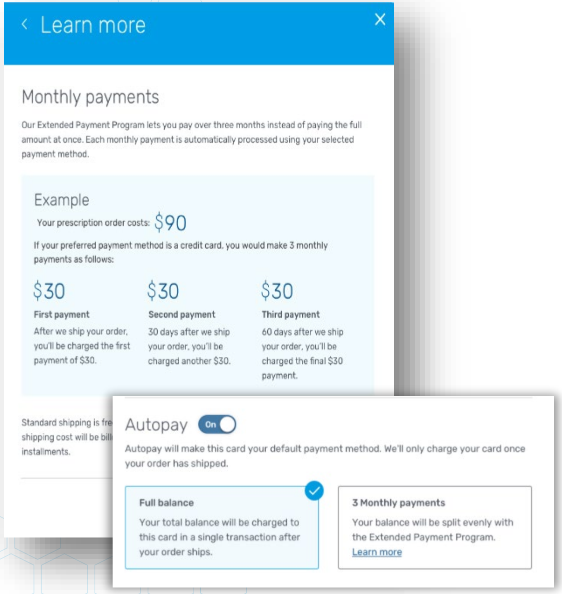
Full balance ✓
Your total balance will be charged to this card in a single transaction after your order ships.

3 Monthly payments
Your balance will be split evenly with the Extended Payment Program.
Learn more

Back | Save

2021

Extended Payment Program



Learn more

Monthly payments

Our Extended Payment Program lets you pay over three months instead of paying the full amount at once. Each monthly payment is automatically processed using your selected payment method.

Example

Your prescription order costs: $90

If your preferred payment method is a credit card, you would make 3 monthly payments as follows:

$30	$30	$30
First payment	**Second payment**	**Third payment**
After we ship your order, you'll be charged the first payment of $30.	30 days after we ship your order, you'll be charged another $30.	60 days after we ship your order, you'll be charged the final $30 payment.

Standard shipping is fre
shipping cost will be bill
installments.

Autopay On

Autopay will make this card your default payment method. We'll only charge your card once your order has shipped.

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

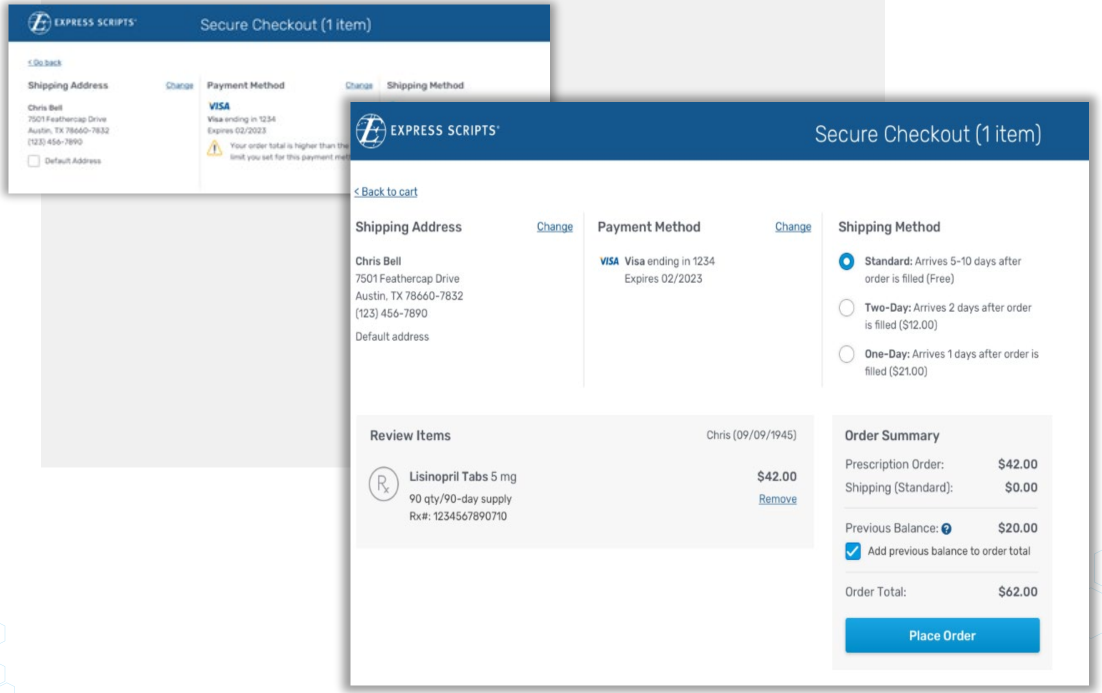
3 Monthly payments
Your balance will be split evenly with the Extended Payment Program.
Learn more

- Ability to print from the page
- Shipping and payment details included
- Medicine name, quantity and days supply as well as what the member payed

Subject to change.

More alerts through checkout process

Cart



EXPRESS SCRIPTS® Secure Checkout (1 item)

< Go back

Shipping Address Change

Chris Bell
7501 Feathercap Drive
Austin, TX 78660-7832
(123) 456-7890

☐ Default Address

Payment Method Change

VISA
Visa ending in 1234
Expires 02/2023

⚠ Your order total is higher than the
limit you set for this payment met

Shipping Method

EXPRESS SCRIPTS® Secure Checkout (1 item)

< Back to cart

Shipping Address Change

Chris Bell
7501 Feathercap Drive
Austin, TX 78660-7832
(123) 456-7890
Default address

Payment Method Change

VISA Visa ending in 1234
Expires 02/2023

Shipping Method

● **Standard:** Arrives 5-10 days after order is filled (Free)
○ **Two-Day:** Arrives 2 days after order is filled ($12.00)
○ **One-Day:** Arrives 1 days after order is filled ($21.00)

Review Items Chris (09/09/1945)

Lisinopril Tabs 5 mg — $42.00
90 qty/90-day supply — Remove
Rx#: 1234567890710

Order Summary

Prescription Order:	$42.00
Shipping (Standard):	$0.00
Previous Balance:	$20.00

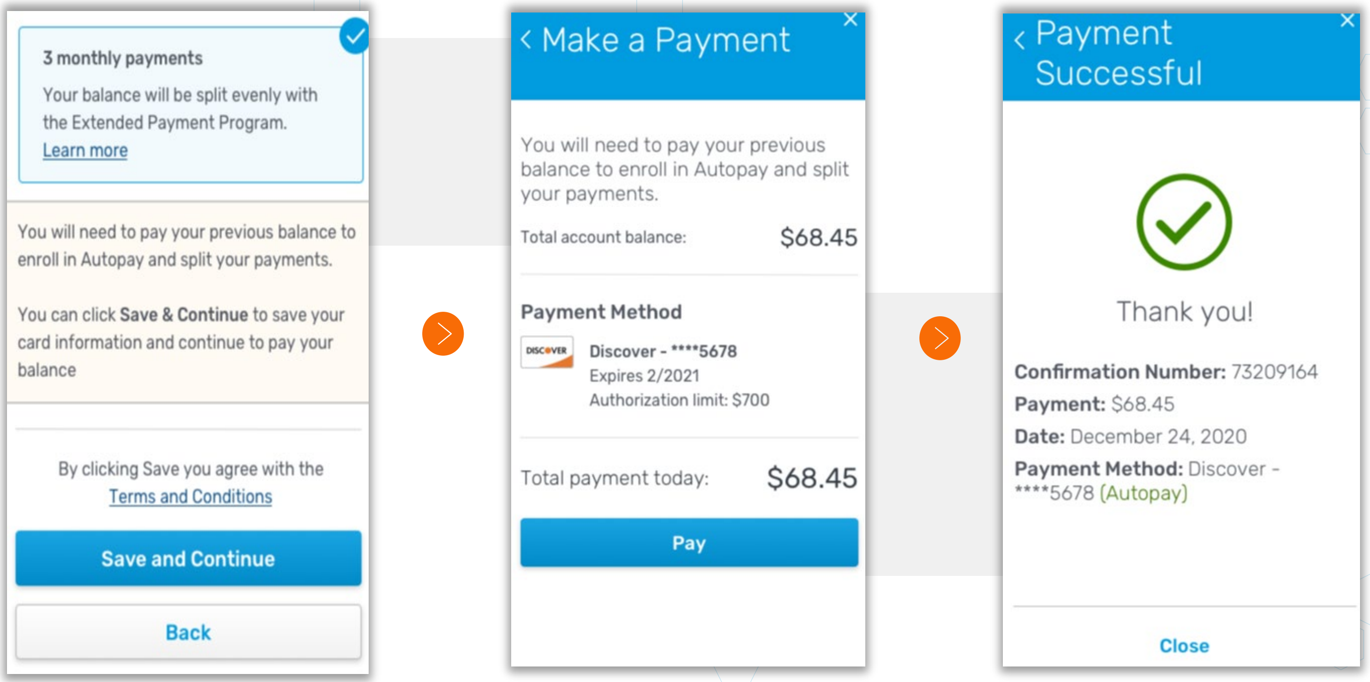
☑ Add previous balance to order total

Order Total:	$62.00

- Credit card limit notification – advises the member that their order amount exceeds the payment limit they had previously set

Subject to change.

Extended Payment Program & Auto Pay



3 monthly payments

Your balance will be split evenly with the Extended Payment Program.
Learn more

You will need to pay your previous balance to enroll in Autopay and split your payments.

You can click **Save & Continue** to save your card information and continue to pay your balance

By clicking Save you agree with the Terms and Conditions

Make a Payment

You will need to pay your previous balance to enroll in Autopay and split your payments.

Total account balance: $68.45

Payment Method

Discover - ****5678
Expires 2/2021
Authorization limit: $700

Total payment today: $68.45

Payment Successful

Thank you!

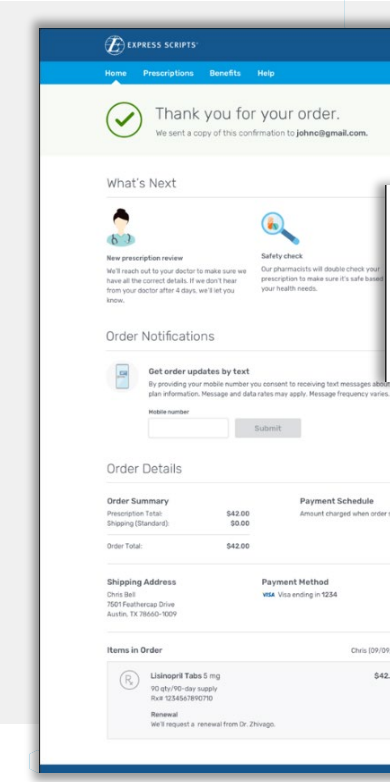
Confirmation Number: 73209164
Payment: $68.45
Date: December 24, 2020
Payment Method: Discover - ****5678 (Autopay)

- Enabling Member enrollment with an outstanding balance.

Subject to change.

More alerts through checkout process

- Offering Members upon checkout, the convenience of text communications for ‘real time’ updates on their Rx orders.



Thank you for your order.

We sent a copy of this confirmation to **johnc@gmail.com.**

What's Next

New prescription review

We'll reach out to your doctor to make sure we have all the correct details. If we don't hear from your doctor after 4 days, we'll let you know.

Safety check

Our pharmacists will double check your prescription to make sure it's safe based on your health needs.

Order Notifications

Get order updates by text

By providing your mobile number you consent to receiving text messages about your prescription orders and benefit plan information. Message and data rates may apply. Message frequency varies. You can opt out at any time.

Mobile number

Order Details

Order Summary

Prescription Total:	$42.00
Shipping (Standard):	$0.00
Order Total:	$42.00

Payment Schedule

Amount charged when order ships: $42.00

Shipping Address

Chris Bell
7501 Feathercap Drive
Austin, TX 78660-1009

Payment Method

VISA Visa ending in **1234**

Shipping Method

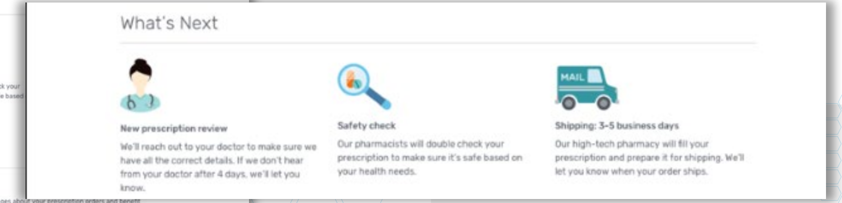
Standard: Arrives 3-5 business days after order has been shipped

Items in Order

Chris (09/09/1945)

Lisinopril Tabs 5 mg — **$42.00**
90 qty/90-day supply
Rx# 1234567890710

Renewal
We'll request a renewal from Dr. Zhivago.



What's Next

New prescription review

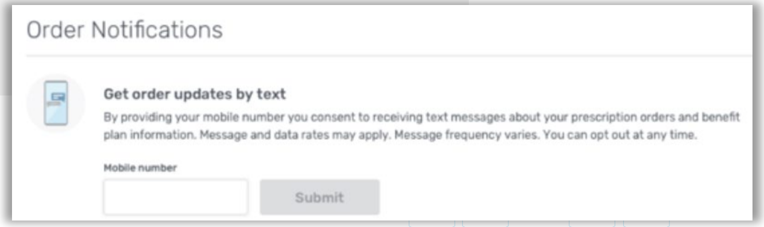
We'll reach out to your doctor to make sure we have all the correct details. If we don't hear from your doctor after 4 days, we'll let you know.

Safety check

Our pharmacists will double check your prescription to make sure it's safe based on your health needs.

Shipping: 3-5 business days

Our high-tech pharmacy will fill your prescription and prepare it for shipping. We'll let you know when your order ships.



Order Notifications

Get order updates by text

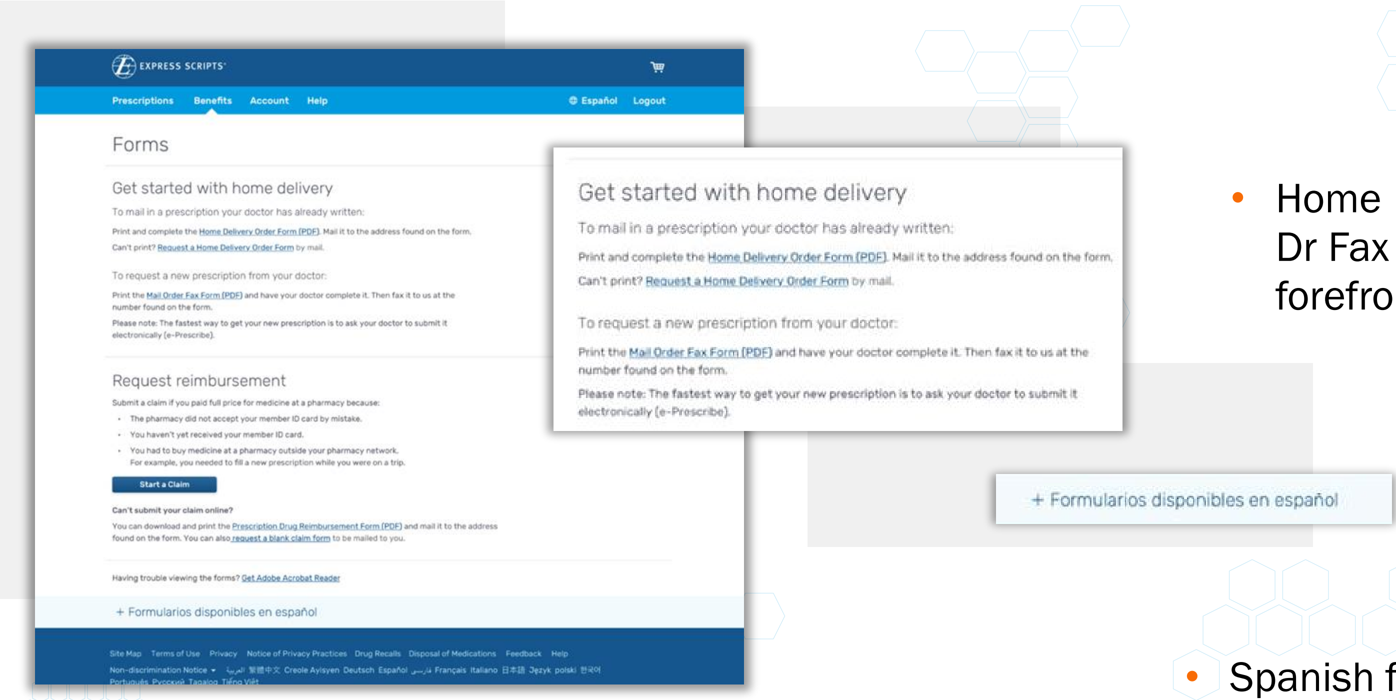
By providing your mobile number you consent to receiving text messages about your prescription orders and benefit plan information. Message and data rates may apply. Message frequency varies. You can opt out at any time.

Mobile number

Subject to change.

FORMS

Modernized forms


EXPRESS SCRIPTS
Prescriptions
Benefits
Account
Help
Español
Logout

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).

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

+ Formularios disponibles en español

Site Map
Terms of Use
Privacy
Notice of Privacy Practices
Drug Recalls
Disposal of Medications
Feedback
Help
Non-discrimination Notice
العربية 繁體中文 Creole Ayisyen Deutsch Español فارسی Français Italiano 日本語 Język polski 한국어
Português Русский Tagalog Tiếng Việt

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).

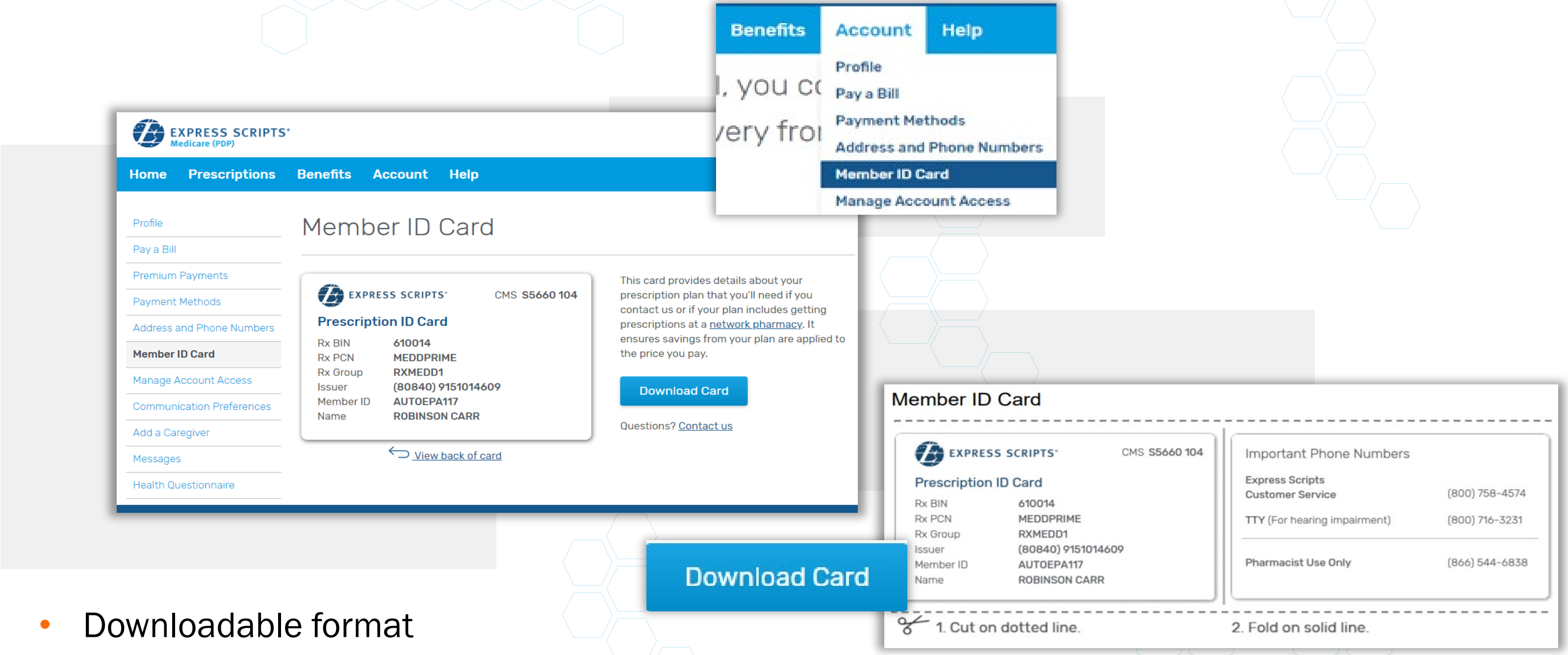
+ Formularios disponibles en español

- Home Delivery Order form and Dr Fax Order form at the forefront for the Member

- Spanish forms available via direct link

Subject to change.

Modernized cards


Benefits
Account
Help
Profile
Pay a Bill
Payment Methods
Address and Phone Numbers
Member ID Card
Manage Account Access
EXPRESS SCRIPTS
Medicare (PDP)
Home
Prescriptions
Benefits
Account
Help
Profile
Pay a Bill
Premium Payments
Payment Methods
Address and Phone Numbers
Member ID Card
Manage Account Access
Communication Preferences
Add a Caregiver
Messages
Health Questionnaire
Download Card
View back of card
Download Card

Member ID Card

EXPRESS SCRIPTS CMS S5660 104

Prescription ID Card

Rx BIN	610014
Rx PCN	MEDDPRIME
Rx Group	RXMEDD1
Issuer	(80840) 9151014609
Member ID	AUTOEPA117
Name	ROBINSON CARR

This card provides details about your prescription plan that you'll need if you contact us or if your plan includes getting prescriptions at a network pharmacy. It ensures savings from your plan are applied to the price you pay.

Questions? Contact us

Member ID Card

Important Phone Numbers

Express Scripts Customer Service	(800) 758-4574
TTY (For hearing impairment)	(800) 716-3231
Pharmacist Use Only	(866) 544-6838

1. Cut on dotted line.

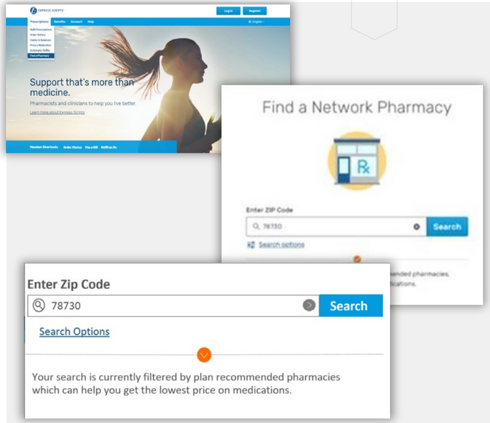
2. Fold on solid line.

- Downloadable format
- Providing the Member digital access to their Member ID at a moment's notice.

Subject to change.

FIND A PHARMACY

Modernized Find A Pharmacy


EXPRESS SCRIPTS
Log In
Register
Prescriptions
Benefits
Account
Help
English
Find a Pharmacy
Member Shortcuts
Order Status
Pay a Bill
Refill an Rx
Search
Search options
Search

Support that's more than medicine.

Pharmacists and clinicians to help you live better.

Learn more about Express Scripts

Find a Network Pharmacy

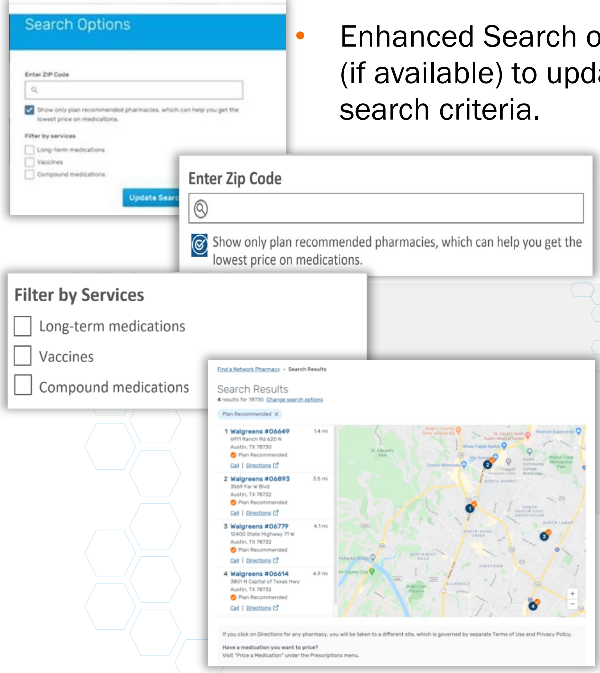
Enter ZIP Code: 78730

Enter Zip Code: 78730

Search Options

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

Search by zip code


Update Search
Plan Recommended ✕
Call | Directions
+
−

Search Options

Enter ZIP Code

☑ Show only plan recommended pharmacies, which can help you get the lowest price on medications.

Filter by services

☐ Long-term medications
☐ Vaccines
☐ Compound medications

Enter Zip Code

☑ Show only plan recommended pharmacies, which can help you get the lowest price on medications.

Filter by Services

☐ Long-term medications
☐ Vaccines
☐ Compound medications

Find a Network Pharmacy • Search Results

Search Results

4 results for 78730 Change search options

1 Walgreens #06649 1.4 mi
6911 Ranch Rd 620 N
Austin, TX 78730
Plan Recommended

2 Walgreens #06893 3.5 mi
3569 Far W Blvd
Austin, TX 78732
Plan Recommended

3 Walgreens #06779 4.1 mi
12400 State Highway 71 W
Austin, TX 78732
Plan Recommended

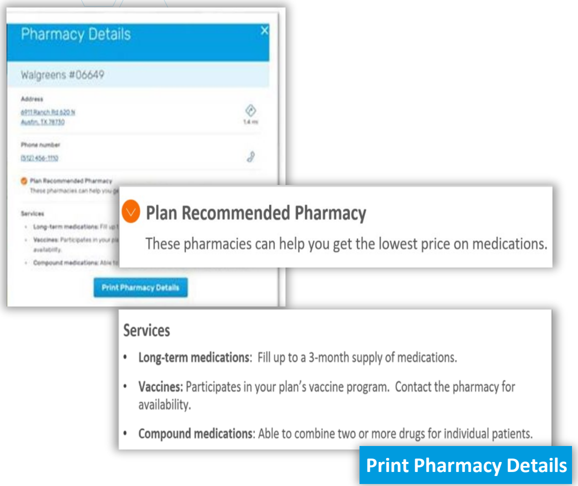
4 Walgreens #06614 4.9 mi
3801 N Capital of Texas Hwy
Austin, TX 78732
Plan Recommended

If you click on Directions for any pharmacy, you will be taken to a different site, which is governed by separate Terms of Use and Privacy Policy.

Have a medication you want to price?
Visit "Price a Medication" under the Prescriptions menu.

- Enhanced Search options (if available) to update search criteria.

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


✕
Print Pharmacy Details
Print Pharmacy Details

Pharmacy Details

Walgreens #06649

Address
6911 Ranch Rd 620 N
Austin, TX 78730
1.4 mi

Phone number
(512) 456-1110

Plan Recommended Pharmacy

These pharmacies can help you get the lowest price on medications.

Services

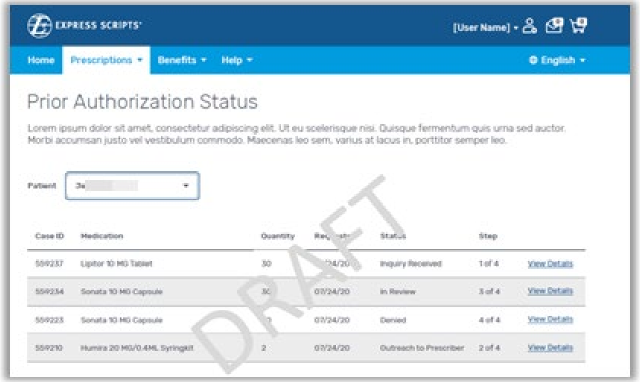
- **Long-term medications:** Fill up to a 3-month supply of medications.
- **Vaccines:** Participates in your plan's vaccine program. Contact the pharmacy for availability.
- **Compound medications:** Able to combine two or more drugs for individual patients.

- Click to view new page containing the pharmacy details

Subject to change.

*Filters display vary based on group benefits

Prior Authorization Status



Prior Authorization Status

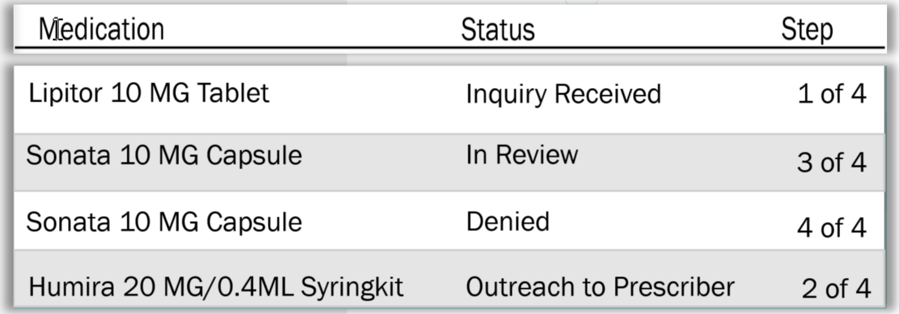
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Ut eu scelerisque nisi. Quisque fermentum quis urna sed auctor. Morbi accumsan justo vel vestibulum commodo. Maecenas leo sem, varius at lacus in, porttitor semper leo.

Patient: Ja[redacted]

Case ID	Medication	Quantity	Req[illegible]	Status	Step	
559237	Lipitor 10 MG Tablet	30	[illegible]/24/20	Inquiry Received	1 of 4	View Details
559234	Sonata 10 MG Capsule	3[illegible]	07/24/20	In Review	3 of 4	View Details
559223	Sonata 10 MG Capsule	[illegible]	07/24/20	Denied	4 of 4	View Details
559210	Humira 20 MG/0.4ML Syringkit	2	07/24/20	Outreach to Prescriber	2 of 4	View Details

- Comprehensive ‘At A Glance’ 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

Keeping Members ‘In the know’



Medication	Status	Step
Lipitor 10 MG Tablet	Inquiry Received	1 of 4
Sonata 10 MG Capsule	In Review	3 of 4
Sonata 10 MG Capsule	Denied	4 of 4
Humira 20 MG/0.4ML Syringkit	Outreach to Prescriber	2 of 4

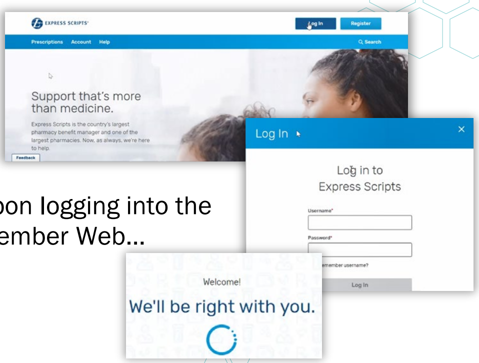
Providing

Peace of Mind

Subject to change.

ENHANCED PRICING

Price A Med


EXPRESS SCRIPTS
Log In
Register
Prescriptions
Account
Help
Search
Feedback
Log In
Username*
Password*
emember username?
Log In

Support that's more than medicine.

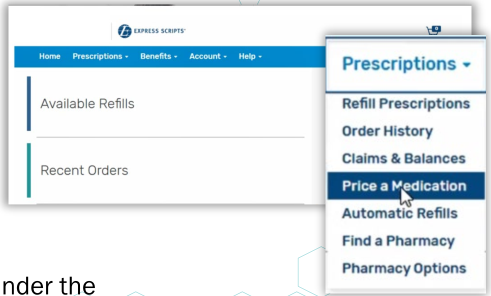
Express Scripts is the country's largest pharmacy benefit manager and one of the largest pharmacies. Now, as always, we're here to help.

Log in to Express Scripts

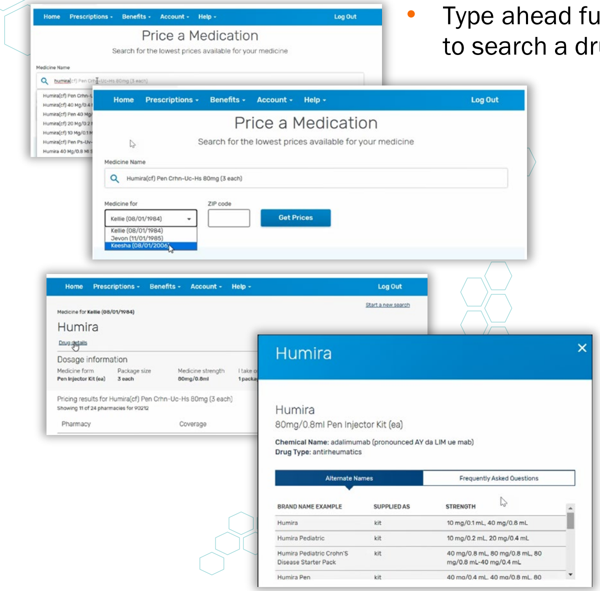
Welcome!

We'll be right with you.

Upon logging into the Member Web…


EXPRESS SCRIPTS
Home
Prescriptions
Benefits
Account
Help
Available Refills
Recent Orders
Prescriptions
Refill Prescriptions
Order History
Claims & Balances
Price a Medication
Automatic Refills
Find a Pharmacy
Pharmacy Options

Under the Prescriptions menu…


Home
Prescriptions
Benefits
Account
Help
Log Out
Get Prices
Start a new search
Drug details
Alternate Names
Frequently Asked Questions

Price a Medication

Search for the lowest prices available for your medicine

Medicine Name: humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Humira(cf) Pen Crhn-U
Humira(cf) 40 Mg/0.4
Humira(cf) Pen 40 Mg
Humira(cf) 20 Mg/0.2
Humira(cf) 10 Mg/0.1 M
Humira(cf) Pen Ps-Uv-
Humira 40 Mg/0.8 Ml S

Price a Medication

Search for the lowest prices available for your medicine

Medicine Name: Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Medicine for: Kellie (08/01/1984)

Kellie (08/01/1984)
Jevon (11/01/1985)
Keesha (08/01/2006)

ZIP code

Medicine for **Kellie (08/01/1984)**

Humira

Dosage information

Medicine form	Package size	Medicine strength	I take o
Pen Injector Kit (ea)	3 each	80mg/0.8ml	1 packa

Pricing results for Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Showing 11 of 24 pharmacies for 90212

Pharmacy | Coverage

Humira

Humira

80mg/0.8ml Pen Injector Kit (ea)

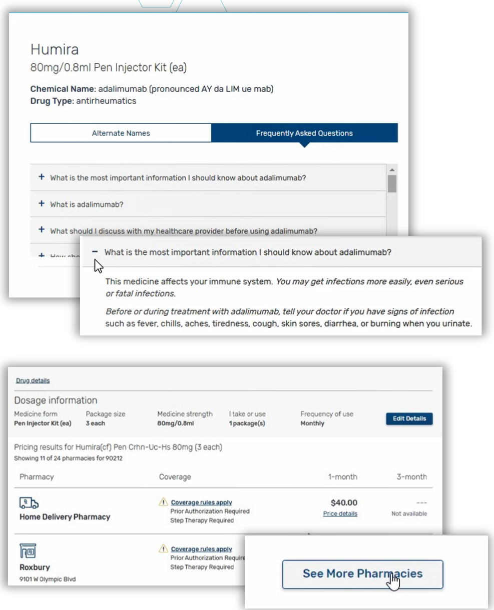
Chemical Name: adalimumab (pronounced AY da LIM ue mab)
Drug Type: antirheumatics

BRAND NAME EXAMPLE	SUPPLIED AS	STRENGTH
Humira	kit	10 mg/0.1 mL, 40 mg/0.8 mL
Humira Pediatric	kit	10 mg/0.2 mL, 20 mg/0.4 mL
Humira Pediatric Crohn'S Disease Starter Pack	kit	40 mg/0.8 mL, 80 mg/0.8 mL, 80 mg/0.8 mL-40 mg/0.4 mL
Humira Pen	kit	40 mg/0.4 mL, 40 mg/0.8 mL, 80

- Type ahead functionality to search a drug

- 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.


Alternate Names
Frequently Asked Questions
Drug details
Edit Details
Coverage rules apply
Price details
See More Pharmacies

Humira

80mg/0.8ml Pen Injector Kit (ea)

Chemical Name: adalimumab (pronounced AY da LIM ue mab)
Drug Type: antirheumatics

+ What is the most important information I should know about adalimumab?
+ What is adalimumab?
+ What should I discuss with my healthcare provider before using adalimumab?

− What is the most important information I should know about adalimumab?

This medicine affects your immune system. *You may get infections more easily, even serious or fatal infections.*

Before or during treatment with adalimumab, tell your doctor if you have signs of infection such as fever, chills, aches, tiredness, cough, skin sores, diarrhea, or burning when you urinate.

Dosage information

Medicine form	Package size	Medicine strength	I take or use	Frequency of use
Pen Injector Kit (ea)	3 each	80mg/0.8ml	1 package(s)	Monthly

Pricing results for Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Showing 11 of 24 pharmacies for 90212

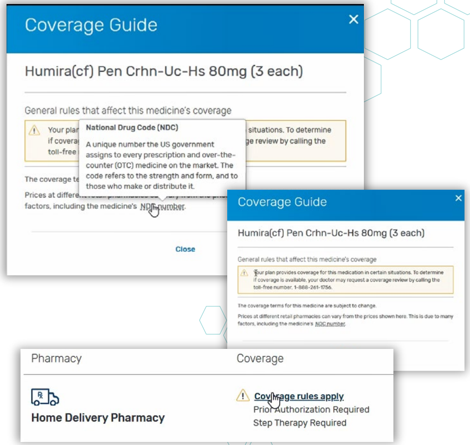
Pharmacy	Coverage	1-month	3-month
Home Delivery Pharmacy	Coverage rules apply Prior Authorization Required Step Therapy Required	$40.00 Price details	--- Not available
Roxbury 9101 W Olympic Blvd	Coverage rules apply Prior Authorization Require Step Therapy Required		

- Enabling the Member to explore all of their options

- Educating the Member with answers to their most common questions

ENHANCED PRICING

Price A Med



Coverage Guide

Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

General rules that affect this medicine's coverage

National Drug Code (NDC)

A unique number the US government assigns to every prescription and over-the-counter (OTC) medicine on the market. The code refers to the strength and form, and to those who make or distribute it.

Your plan provides coverage for this medication in certain situations. To determine if coverage is available, your doctor may request a coverage review by calling the toll-free number, 1-888-261-1756.

The coverage terms for this medicine are subject to change.

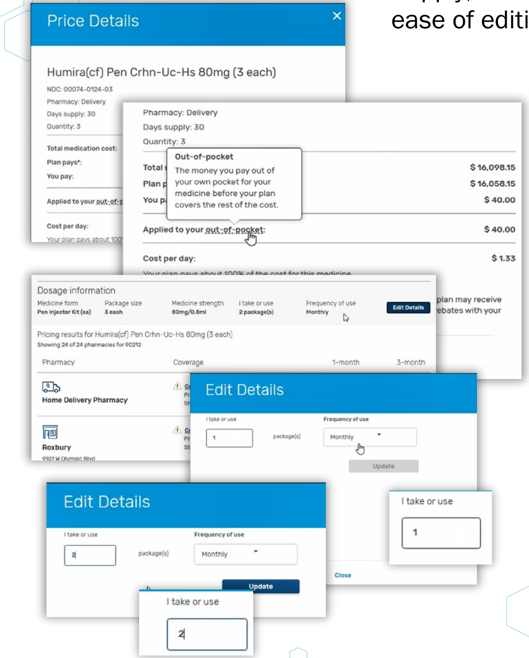
Prices at different retail pharmacies can vary from the prices shown here. This is due to many factors, including the medicine's NDC number.

Close

Pharmacy	Coverage
Home Delivery Pharmacy	Coverage rules apply Prior Authorization Required Step Therapy Required

- Bringing to Members' attention pertinent drug coverage relevant to them.

- Presenting pricing for
  - home delivery and 10 retail pharmacies
  - one month and 3 months
  - current days pricing *(applies to any out of pocket etc)*
  - Deductible *(where applicable)*



Price Details

Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

NDC: 00074-0124-03

Pharmacy: Delivery

Days supply: 30

Quantity: 3

Total medication cost:	$ 16,098.15
Plan pays*:	$ 16,058.15
You pay:	$ 40.00
Applied to your out-of-pocket:	$ 40.00
Cost per day:	$ 1.33

Your plan pays about 100% of the cost for this medicine

Out-of-pocket

The money you pay out of your own pocket for your medicine before your plan covers the rest of the cost.

Dosage information

Medicine form	Package size	Medicine strength	I take or use	Frequency of use
Pen Injector Kit (ea)	3 each	80mg/0.8ml	2 package(s)	Monthly

Pricing results for Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Showing 24 of 24 pharmacies for 90212

Pharmacy	Coverage	1-month	3-month
Home Delivery Pharmacy			
Roxbury 9101 W Olympic Blvd			

Edit Details

I take or use: 1 package(s)

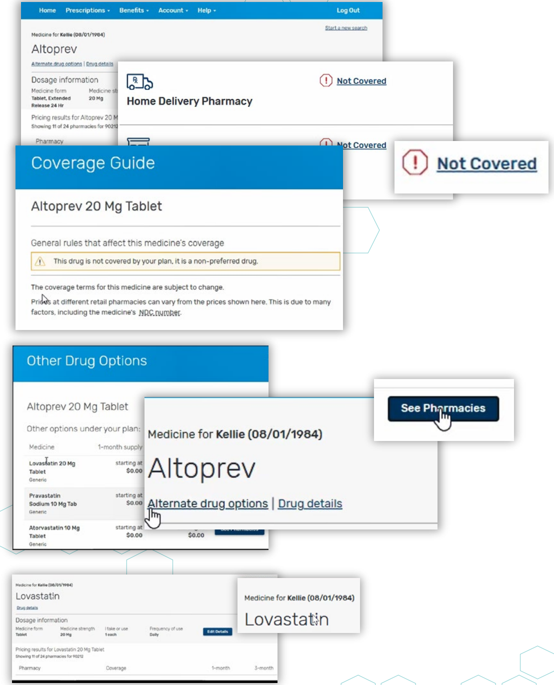
Frequency of use: Monthly

Edit Details

I take or use: 2 package(s)

Frequency of use: Monthly

- Presenting Quantity and Day Supply, allowing the Member the ease of editing where needed. *



Medicine for **Kellie (08/01/1984)**

Altoprev

Alternate drug options | Drug details

Dosage information

Medicine form: Tablet, Extended Release 24 Hr

Medicine strength: 20 Mg

Pricing results for Altoprev 20 Mg

Showing 11 of 24 pharmacies for 90212

Pharmacy	Coverage
Home Delivery Pharmacy	Not Covered
	Not Covered

Not Covered

Coverage Guide

Altoprev 20 Mg Tablet

General rules that affect this medicine's coverage

This drug is not covered by your plan, it is a non-preferred drug.

The coverage terms for this medicine are subject to change.

Prices at different retail pharmacies can vary from the prices shown here. This is due to many factors, including the medicine's NDC number.

Other Drug Options

Altoprev 20 Mg Tablet

Other options under your plan:

Medicine	1-month supply
Lovastatin 20 Mg Tablet Generic	starting at $0.00
Pravastatin Sodium 10 Mg Tab Generic	starting at $0.00
Atorvastatin 10 Mg Tablet Generic	starting at $0.00

Medicine for **Kellie (08/01/1984)**

Altoprev

Alternate drug options | Drug details

Medicine for **Kellie (08/01/1984)**

Lovastatin

Drug details

Dosage information

Medicine form	Medicine strength	I take or use	Frequency of use
Tablet	20 Mg	1 each	Daily

Pricing results for Lovastatin 20 Mg Tablet

Showing 11 of 24 pharmacies for 90212

Pharmacy	Coverage	1-month	3-month

- Presenting lower costs for each alternate drugs in other drug options screen

- Providing Members with clear alert messaging when a drug is not covered.

*For 1 drug at a time.

Better decisions & healthier outcomes – *on the go* with the Express Scripts mobile app

Convenience

Easy-order refills and up-to-the-minute order status lets members avoid trips to their local pharmacy

Simplicity

One swipe of the finger is all it takes to stay on track with medications

Peace of Mind

Reminders and a drug interaction checker help keep members traveling on the road to good health

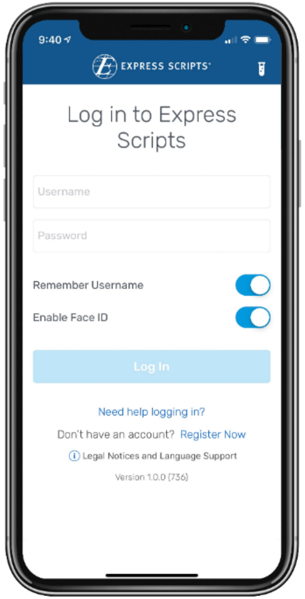
Versatility

Flexibility that fits members' lives, delivering personalized information – *whenever & wherever* they need it

MOBILE APP MODERNIZATION

On-the-go Pharmacy Management

Mobile App


9:40
EXPRESS SCRIPTS®

Log in to Express Scripts

Username

Password

Remember Username ●

Enable Face ID ●

Log In

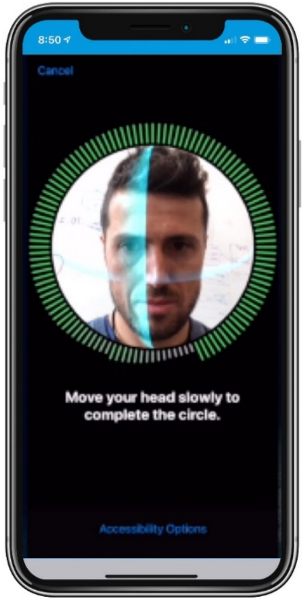
Need help logging in?

Don't have an account? Register Now

ⓘ Legal Notices and Language Support

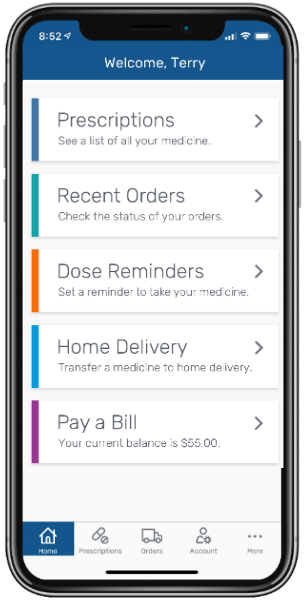
Version 1.0.0 (736)

Download the app for free


8:50
Cancel
Accessibility Options

Move your head slowly to complete the circle.

Biometric Login with Face ID


8:52

Welcome, Terry

Prescriptions
See a list of all your medicine.

Recent Orders
Check the status of your orders.

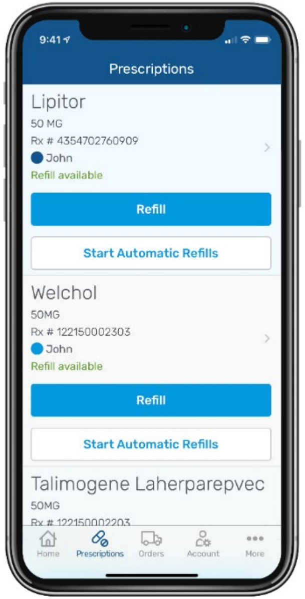
Dose Reminders
Set a reminder to take your medicine.

Home Delivery
Transfer a medicine to home delivery.

Pay a Bill
Your current balance is $55.00.

Home
Prescriptions
Orders
Account
More

Favs easily available on the Dashboard


9:41

Prescriptions

Lipitor
50 MG
Rx # 4354702760909
● John
Refill available

Refill
Start Automatic Refills

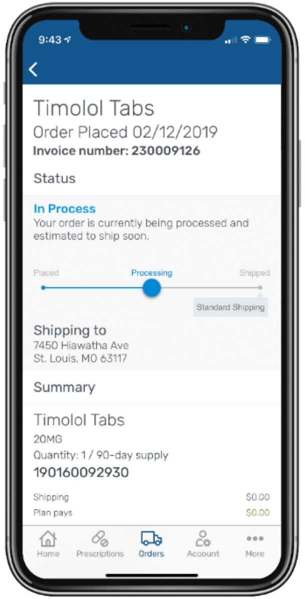
Welchol
50MG
Rx # 122150002303
● John
Refill available

Refill
Start Automatic Refills

Talimogene Laherparepvec
50MG
Rx # 122150002203

Home
Prescriptions
Orders
Account
More

Refill with 2 clicks


9:43

Timolol Tabs
Order Placed 02/12/2019
Invoice number: 230009126

Status

In Process
Your order is currently being processed and estimated to ship soon.

Placed
Processing
Shipped
Standard Shipping

Shipping to
7450 Hiawatha Ave
St. Louis, MO 63117

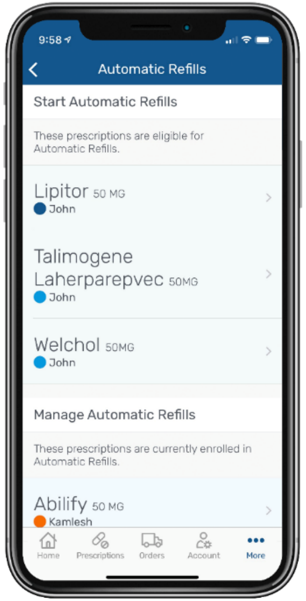
Summary

Timolol Tabs
20MG
Quantity: 1 / 90-day supply
190160092930

Shipping	$0.00
Plan pays	$0.00

Home
Prescriptions
Orders
Account
More

Check order status & track shipments


9:58

Automatic Refills

Start Automatic Refills

These prescriptions are eligible for Automatic Refills.

Lipitor 50 MG
● John

Talimogene Laherparepvec 50MG
● John

Welchol 50MG
● John

Manage Automatic Refills

These prescriptions are currently enrolled in Automatic Refills.

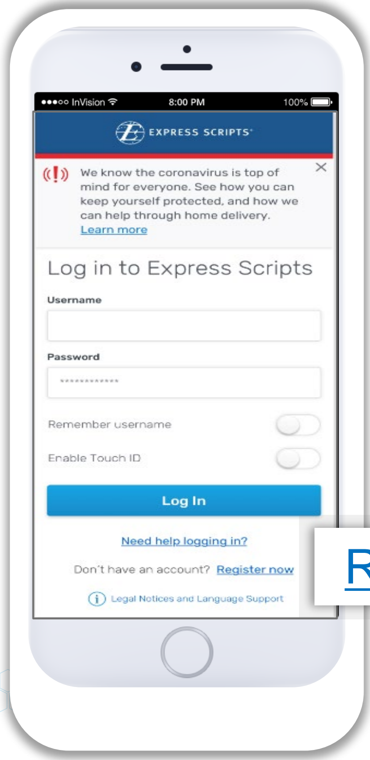
Abilify 50 MG
● Kamlesh

Home
Prescriptions
Orders
Account
More

Start, stop & manage Auto Refills

MOBILE APP MODERNIZATION

Mobile Enhancements



●●●○○ InVision
8:00 PM
100%
EXPRESS SCRIPTS

We know the coronavirus is top of mind for everyone. See how you can keep yourself protected, and how we can help through home delivery. Learn more

Log in to Express Scripts

Username:

Password: ••••••••••••

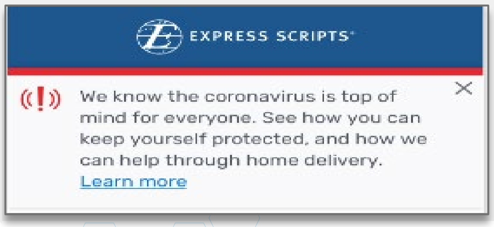
Remember username

Enable Touch ID

Log In
Need help logging in?

Don't have an account? Register now

Legal Notices and Language Support

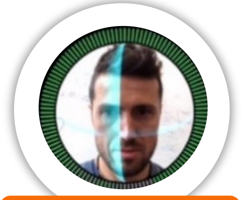


EXPRESS SCRIPTS

We know the coronavirus is top of mind for everyone. See how you can keep yourself protected, and how we can help through home delivery. Learn more

Register now

- Addition of Important Messages on the login screen (i.e. COVID-19)



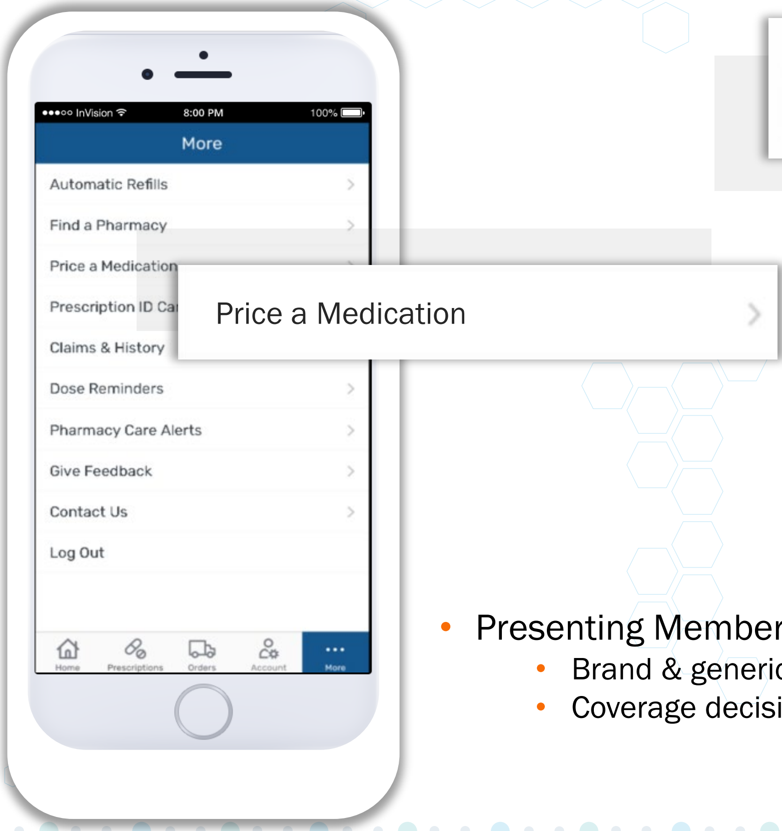
Move your head slowly to complete the circle.

- Immediately upon Registration
  - Set up Bio Authentication
  - Download Digital ID

MOBILE APP MODERNIZATION

Mobile Enhancements

Mobile App

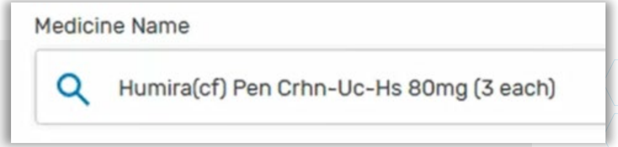


●●●○○ InVision 8:00 PM 100%

More

- Automatic Refills
- Find a Pharmacy
- Price a Medication
- Prescription ID Ca
- Claims & History
- Dose Reminders
- Pharmacy Care Alerts
- Give Feedback
- Contact Us
- Log Out

Price a Medication

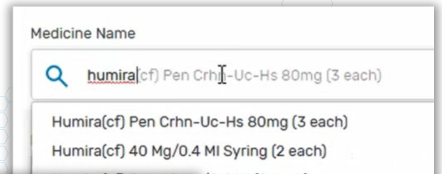


Medicine Name

Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

- Search by drug name & strength

- Look ahead functionality



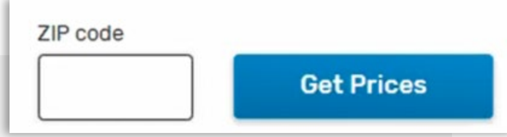
Medicine Name

humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Humira(cf) Pen Crhn-Uc-Hs 80mg (3 each)

Humira(cf) 40 Mg/0.4 Ml Syring (2 each)

g/0.4 Ml (2 each)



ZIP code

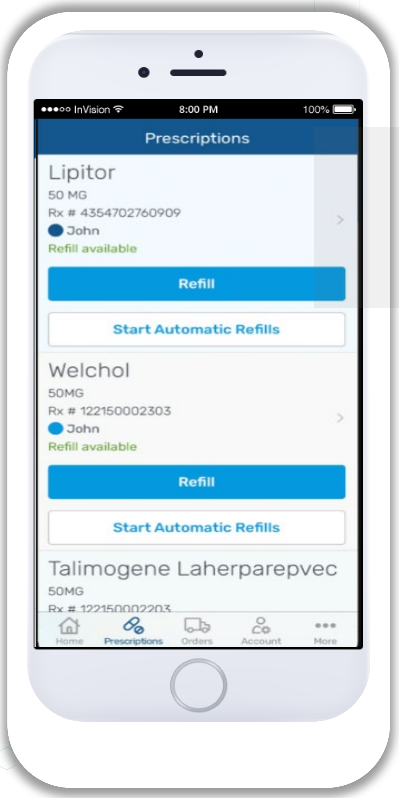
- Location services with the ability to add/edit a zip code

- Presenting Members with ‘Things To Know’ and ‘Where To Save’
  - Brand & generic pricing
  - Coverage decisions & alerts
  - Home delivery & 10 retail pharmacies *(with option to show more)*
  - Alerts Spanish translation *(based on local device settings)*

MOBILE APP MODERNIZATION

Mobile Enhancements

Mobile App


●●●○○ InVision 8:00 PM 100%

Prescriptions

Lipitor
50 MG
Rx # 4354702760909
● John
Refill available

Refill

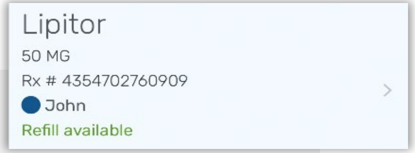
Start Automatic Refills

Welchol
50MG
Rx # 122150002303
● John
Refill available

Refill

Start Automatic Refills

Talimogene Laherparepvec
50MG
Rx # 122150002203


Lipitor
50 MG
Rx # 4354702760909
● John
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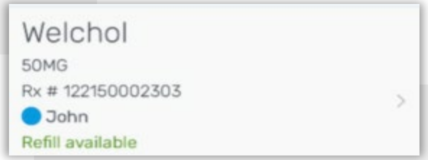

Welchol
50MG
Rx # 122150002303
● John
Refill available

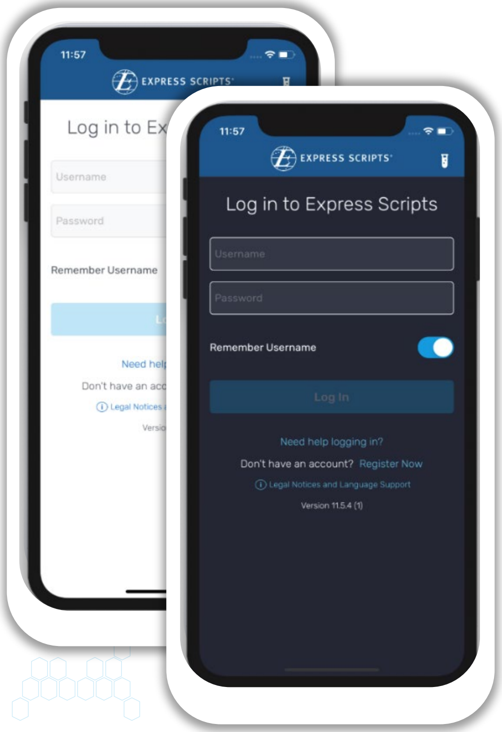
- Easily access prescriptions previous left in the Cart via Member Web.

- Check out multiple prescriptions at once.

Mobile App

MOBILE APP MODERNIZATION

Mobile Enhancements



11:57

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Log in to Express Scripts

Username

Password

Remember Username

Log In

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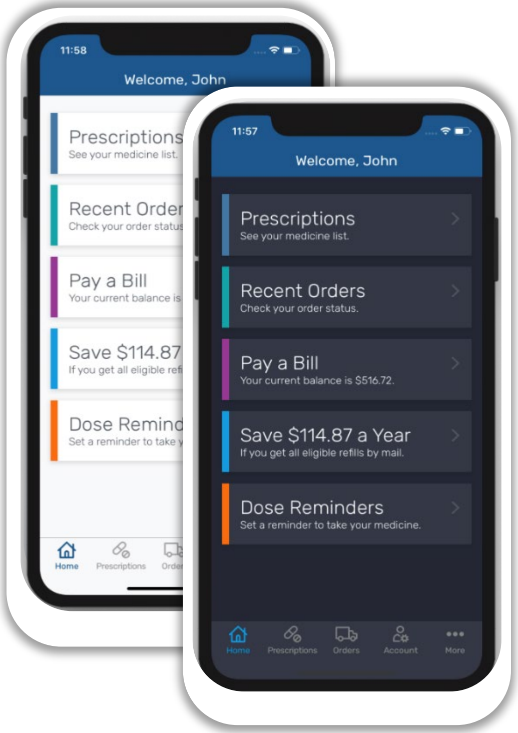
Version 11.5.4 (1)



11:57

Welcome, John

Prescriptions
See your medicine list.

Recent Orders
Check your order status.

Pay a Bill
Your current balance is $516.72.

Save $114.87 a Year
If you get all eligible refills by mail.

Dose Reminders
Set a reminder to take your medicine.

- In iOS 13.0 and later, iPhone users can choose to adopt a dark system-wide appearance called Dark Mode.
- “Dark Mode puts the focus on the content areas of your interface, allowing that content to stand out while the surrounding chrome recedes into the background.” – Apple
- Google has confirmed that using dark mode on OLED screens has been a huge help for battery life.

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