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With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at **1.800.279.6772**



Live chat with Auxiant customer service, click Online Chat to begin

Auxiant®

Auxiant Mobile App

AUXIANT MOBILE APPLICATION

Features and Benefits:

- Claim tracking with real time notification
- Electronic or printable ID cards
- Live Chat with Customer Service
- Access to enrollment, claims, benefits and benefit accumulators
- Links to PPO networks, PBM and other plan vendors
- Flexible spending and/or Health Reimbursement balances if administered through Auxiant



Please visit the app store and download our mobile app today!



Responding to a COB Letter Online

1. Log into your member account by going to <https://reports.auxiant.com/login>



2. On the left side of the screen, click on *Auxiant Health*, and then *Correspondence* from the dropdown menu



3. Your information will default to show on the screen. To view information on dependents, use the down arrow next to your name and choose from the list of names



4. Locate the letter that is outstanding under *COB Letters*- it will list *No* under the column labeled *Closed?*



5. Click on the pencil icon to fill out the Coordination of Benefits letter and click *Submit*



QuestSelect™ Advanced lab benefit



Control the cost of your healthcare

QuestSelect™ Advanced is a value-added health benefit that can help save you money on outpatient laboratory testing. When you show your healthcare provider your QuestSelect card to obtain outpatient testing, there is no cost to you—testing will be covered by your employer or medical plan. There are no copays, no deductibles, and no coinsurance.*

For a current listing of collection sites visit QuestSelect.com. On the website you can also:

- Print a QuestSelect card
- Read instructions on how to use your QuestSelect benefit
- Find resources you can share with your healthcare provider

To receive the benefits of the QuestSelect Advanced program, you must present your QuestSelect card or healthcare ID card with the QuestSelect logo on it at the time of each service, and request your provider send your laboratory testing order to Quest Diagnostics.

The QuestSelect laboratory benefit covers routine outpatient testing. It does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or (STAT) basis
- Testing done at another laboratory
- Time-sensitive esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests

The QuestSelect program is completely voluntary and provides you with 100% coverage for your covered outpatient laboratory testing. If you and/or your healthcare provider choose to send testing to any laboratory other than Quest Diagnostics, the QuestSelect benefit will not apply.

Saving with QuestSelect™ is simple

1. At your appointment, show your QuestSelect card and ask for your lab work to be sent to Quest.
2. If the office doesn't use Quest for testing, you can ask your provider to call the QuestSelect Lab Line to request a pickup. Or you can ask your provider for a written order to have your lab work collected at an approved Quest Patient Service Center (PSC) location.
3. The sample is collected at the healthcare provider's office or PSC and is sent to Quest Diagnostics for processing.
4. Testing is completed by Quest and results are sent to your provider. You can also access your results through MyQuest™ online.

For more information about your QuestSelect Advanced laboratory benefit, visit QuestSelect.com or call 1.800.646.7788 today.

Frequently asked questions

Q. What is QuestSelect?

A - QuestSelect™ is a voluntary program that allows you to obtain outpatient laboratory testing* at low or no cost to you. When your doctor orders lab testing, you can reduce or eliminate co-pays and/or deductibles by showing your QuestSelect™ card and asking to use your QuestSelect™ benefit. The testing must be covered and approved by your health benefit plan and your physician or phlebotomist must indicate that you have QuestSelect™ coverage on a Quest Diagnostics requisition which accompanies your specimens to Quest Diagnostics.

Q. Is use of QuestSelect mandatory?

A - No. This is a voluntary, member-driven program. However, if you choose not to use QuestSelect™, your normal benefits will apply.

Q. Does QuestSelect replace current healthcare benefits?

A - No. It simply provides you the option to receive covered outpatient laboratory testing at low or no out-of-pocket cost to you* when you present your QuestSelect™ card and ask to use QuestSelect™.

Q. Who pays for the laboratory testing when I use QuestSelect?

A - When you use QuestSelect™, your health benefit plan pays some or all of the cost of covered outpatient lab tests - which means deep discounts of up to 100% for you.

Q. What tests are covered under QuestSelect?

A - The program covers diagnostic outpatient laboratory testing provided the tests have been ordered by your physician, are covered and approved by your health benefit plan and you have requested to use QuestSelect™. Outpatient lab work includes:

- Blood testing (e.g., cholesterol, CBC).
- Urine testing (e.g., urinalysis).
- Cytology and pathology (e.g., pap smears, biopsies).
- Cultures (e.g., throat culture)

Q. What tests are NOT covered under QuestSelect?

A - QuestSelect™ does not cover:

- Lab work ordered during hospitalization.
- Lab work needed on an emergency (STAT) basis and time-sensitive, esoteric outpatient laboratory testing such as fertility testing, bone marrow studies and spinal fluid tests.
- Non-laboratory work such as mammography, x-ray, imaging and dental work.
- Lab work performed without the use of your QuestSelect™ benefit.
- Testing that is not approved and/or covered by your current health benefit plan

Q. Is there a charge for specimen collection?

A - When your specimen is collected at your physician's office, any charges from the physician's office for this service are billed to your health benefit plan. Provider collection and handling fees may apply and are subject to health benefit plan provisions. Members will not be asked to pay for specimen collection out of pocket.

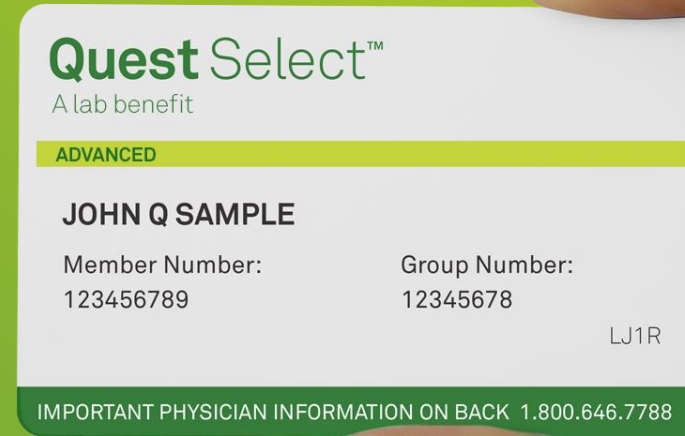
For a complete list of Frequently Asked Questions, please visit [QuestSelect.com](https://www.questselect.com).

*Provider collection and handling fees may apply and are subject to health benefit plan provisions.

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Share the benefit
of lab testing choice and
savings



Quest Select™

QuestSelect.com | 1.800.646.7788

What lab tests does QuestSelect™ cover?

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Diagnostic outpatient laboratory testing that is ordered by a physician, and is covered and approved by your health benefit plan.



Outpatient lab work includes:

- **Blood testing** (eg, cholesterol, CBC)
- **Urine testing** (eg, urinalysis)
- **Cytology and pathology** (eg, Pap smears, biopsies)
- **Cultures** (eg, throat culture)

Using QuestSelect™ is simple

- 1 At the appointment, member shows their QuestSelect™ card and asks their doctor to send lab work to Quest**
- 2 The doctor's office (or patient service center site) collects the sample and sends to Quest Diagnostics**
If the doctor's office doesn't use Quest, members can ask them to call the QuestSelect™ Lab Line to pick up the sample—or members can request a written order to have their lab work done at an approved Quest location
- 3 Testing is completed by Quest Diagnostics and results are sent to the doctor**
- 4 Members get direct access to results anytime, anywhere through MyQuest™ online**


KISxCard
Keep It Simple Surgery



If you believe you need any procedure,
Call the KISx Card first!

877-GET-KISX

Talk to a KISx Card Nurse
About a Procedure:
Call - 877-GET-KISX
Email - Info@getkix.com

Providers To Verify Benefits:
Patient is NOT to Provide
Insurance Information
for procedure.

Send Claims to Info@getkix.com
Fax: 855-351-7521

SURGERY SIMPLIFIED

By choosing a **KISxCard** provider you will always pay **\$0 out of pocket***



877-GET-KISX



SCHEDULE



SAVE

KISx Card is the first program to ever exist that directly rewards YOU for taking action!

KISx Card covers over 400 different procedures

- ✓ Orthopedic Surgery
- ✓ General Surgery
- ✓ Colonoscopies
- ✓ MRI, CT & PET Scans



Just call, text, or email your personal nurse concierge who is waiting to schedule your procedure today!



www.getkix.com



Please make sure to sign-up for push notifications and download the **Spruce Health App**: <https://spruce.care/KISXCARD> so we can stay in touch!

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

SURGERY. SIMPLIFIED.

To help you be healthy.

The KISx Card is a surgery & imaging program that your employer has made available to you for the most common surgical & imaging procedures. Some of the most typical procedures through The KISx Card include: Orthopedic, General Surgery, Colonoscopies, MRI, CT and PET Scans. If you utilize the program, you will receive your procedure at ***NO COST**.



CALL

Call a KISx Card Nurse at 877-GET-KISX to find out more about your procedure and how the program works. We will assist you in finding the right facility nearby.



SCHEDULE

A KISx Card Nurse will help schedule your procedure. Upon scheduling, they will then provide you with a voucher to take to your initial consultation.

PROCESS



BE HEALTHY

After you have had your procedure through a KISx Card Provider, your KISx Card Nurse will follow up to make sure you are making a full recovery. We want to make sure you are getting better so you can live a healthy life!



SAVE

You will ***NOT** pay anything out of pocket for choosing a KISx Card provider. Every aspect of your procedure is covered through the KISx Card.



HOW IT WORKS?

Before seeking In-Network Providers through your health plan, just call a KISx Card Nurse regarding your elective procedure. By choosing a KISx Card provider, you will always pay ***\$0**.

CALL, SCHEDULE, SAVE BE HEALTHY

GET IN TOUCH

Phone: 877-GET-KISX

Email: info@getKISx.com

*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.

Arthroscopy - General

Knee - Diagnostic/OR meniscus repair, ACL, etc.
Shoulder - includes Capsulorrhaphy/ Bankart
Elbow
Wrist
Hip
Ankle

Ear, Nose & Throat

Inner Ear - Stapedectomy
Mastoidectomy (Simple)
Tympanoplasty and Mastoidectomy
Myringoplasty
Ossiculoplasty
Bilateral Submucosal Resection of Turbinates
Septoplasty
Sinus/Turbinates Bilateral
Parotidectomy
Thyroidectomy- Total or Partial
Thyroidectomy, Complex
Adenoidectomy
Adenoidectomy and BMT
Tonsillectomy
Frenulectomy
Esophagoscopy With or Without Dilatation/Biopsy

Elbow

Bursectomy (Elbow)
Distal Biceps Re-attachment Ulnar Nerve Transposition / Epicondylectomy

Foot & Ankle

Achilles Repair
Tarsal Tunnel Release
Brostrom Repair of ankle/ Reconstruction
Bilateral Bunionectomy
Unilateral Bunionectomy
Hammertoe Reconstruction
Arthrodesis of Great Toe/
Metatarsophalangeal Joint
Plantar Fasciotomy
Tarsal Tunnel Osteotomy
Partial Excision of Gastrocnemius Recession
Plantar Fasciotomy
Morton's Neuroma Excision

General Surgery

Hemorrhoidectomy
Non-Urgent Laparoscopic or Open Cholecystectomy (Gall Bladder Removal)
All Hernia Repairs
Pilonidal Cyst Removal
Non-Urgent Laparoscopic Appendectomy

GI

Colonoscopy and EGD
EGD
Colonoscopy

GU

Anterior Repair
Epididymectomy /Partial Epididymectomy
Total Hydrocelectomy
Transurethral Resection of Prostate
Mini-Arc Urethral Suspension
Posterior Repair

Hardware Removal

Complex
Simple

Hip

Hip Arthroscopy (Simple or Complex) With W/O Labral Repair
Total or Partial Hip Arthroplasty (Repair)- Includes Implants

Imaging

MRI
CT Scans
PET Scans
Arthrograms
X-ray in conjunction with MRI/
CT

Knee

Anterior Cruciate Ligament Repair with Allograft OR Allograft Posterior Cruciate Ligament Repair Medial Collateral Ligament
Tibial Tubercle Osteotomy
Complete Synovectomy
Chondroplasty
Medial & Lateral Meniscectomy
Total OR Partial Knee Arthroplasty (Knee Replacement)

Shoulder

Rotator Cuff Repair-Arthroscopic and Open
Shoulder Manipulation (With or Without anesthesia)
Repair Pectoralis Muscle Rupture
Bankart Stabilization or Labral Repair
Distal Clavicle Excision Extensive debridement
Subacromial Decompression-Arthroscopic
Total Shoulder Arthroplasty / Replacement

Spine

Microdiscectomy
Lumbar Laminectomy
Anterior Cervical Discectomy with Fusion, 1 level (includes hardware)
Anterior Cervical Discectomy with Fusion, 2 level (includes hardware)

Women's Health Surgery

Hysterectomy
Hysteroscopy

Wrist & Hand

Carpal Tunnel Release (Open or Laparoscopic)
Dupuytren's Contracture
Trigger Finger
Excision of lesion of tendon sheath or joint capsule (ex. cyst, mucous cyst, or ganglion)
Ganglion Excision
Synovectomy/Tenosynovectomy

Other Specialties offered

Bariatric Surgery- for weight loss
Regenexx- Non-surgical treatment for orthopedic issues/injuries/pain

KISx Card: Surgery. Imaging. Simplified

Join to learn more about Surgery and Imaging benefits that are available to you!

Text
"midamerica"
to 64554

*Or SCAN this
to join!*



Normal text messaging rates apply.
Text "STOP" to opt out. Text "HELP" for help.
Receive up to 2 messages per month.

Midamerica Hotels

Welcome to SmithRx

Your new pharmacy benefit partner

We're excited to partner with you to provide you with world-class pharmacy benefits.

Please look for an updated ID card from SmithRx in the mail. This will include your new SmithRx information, which you'll need to present to your pharmacist before filling prescriptions. In the meantime, please continue to use your current ID card until your new plan with SmithRx is in effect.

Our team is here to make getting started with SmithRx a seamless experience. If you have any questions, please call SmithRx Member Support at (844) 454-5201, also found on the back of your ID card.

Thank you for being a valued member of our plan.



Jake Frenz

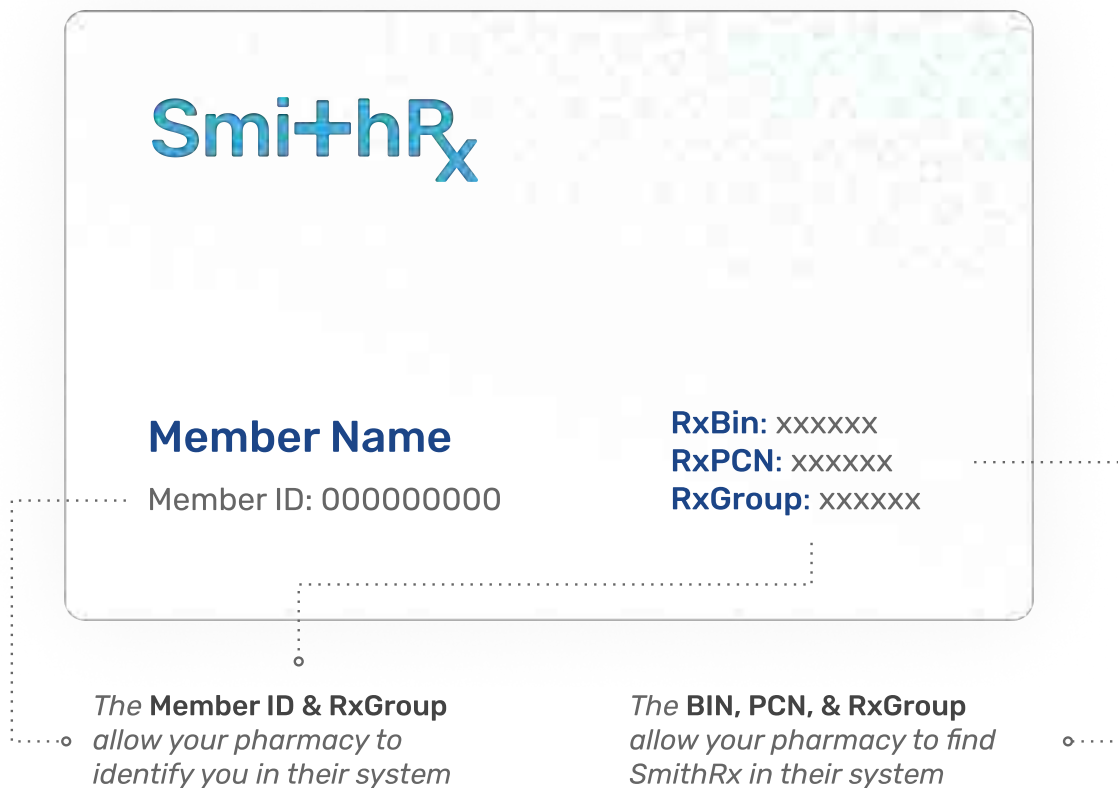
CEO

help@smithrx.com

Understanding Your Prescription Benefits

Getting Started: How do I get my prescriptions at the pharmacy?

Provide your prescription benefits card to your pharmacy and ask them to update your insurance profile. The pharmacy will need the BIN, PCN, Member ID, and RxGroup number to process any covered prescription(s).



Which pharmacies can I go to? Is my local pharmacy in-network?

There are over 75,000 in-network retail pharmacies. For specific in-network pharmacy questions or to check whether your local pharmacy is in-network, please contact SmithRx's dedicated Member Support team at (844) 454-5201.

Who is my mail-order service provider?

If covered by your plan, most non-specialty (traditional) medications can be filled through Serve You DirectRx. To utilize the mail-order pharmacy, simply contact Serve You DirectRx at the number below to set up your account. If you would like to check your mail-order benefit, please contact SmithRx Member Support.

- E-prescribe or Fax: Have your doctor electronically prescribe or fax your prescription to (866) 494-0364. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- Phone: Your doctor can call in the prescription to (800) 759-3203 with an IVR (interactive voice recognition) option.
- Please Note: For prompt delivery, please call Serve You at (800) 759-3203.

Where do I get my specialty medications?

Prescribed specialty medications covered by your plan benefits can be secured through the following specialty pharmacies:

[Kroger Specialty Pharmacy](#)

(888) 355-4191

[Senderra](#)

(888) 777-5547

Please have your prescriber send your specialty prescription to either Kroger Specialty Pharmacy or Senderra. To utilize the specialty pharmacy, simply call either of the pharmacies above to enroll. Many specialty medications require prior authorization, so please call SmithRx Member Support to check coverage and start any necessary authorization processes.

To help provide our members with access to safe, high-quality, and cost-effective prescription benefits, it is necessary to classify some drugs as preferred and others as non-preferred on the SmithRx formulary.

What is a formulary?

A formulary is a list of drugs that your doctor may prescribe for you that includes information related to coverage and cost of these drugs. This list may change over time.

- How is formulary coverage determined? Medications are regularly reviewed by our Pharmacy and Therapeutics Committee (P&T), while our Value Assessment Committee (VAC) conducts clinical analysis and evaluation of peer-reviewed literature and medical care guidelines to determine the safety and efficacy of medications. After this rigorous clinical evaluation, the committee weighs the financial implications of a drug compared to other similar drugs and determines a formulary placement based on safety, efficacy and cost-effectiveness. Please note all drugs on the SmithRx formularies are subject to periodic review and amendment and being listed on the formulary does not guarantee coverage.

Where can I find the drug formulary?

You can access your drug formulary by visiting the SmithRx member portal at www.mysmithrx.com. If you have questions regarding your prescription coverage you can also contact SmithRx Member Support for assistance with your medication questions. Please note that your plan benefits may also have coverage restrictions that may not be represented on the drug formulary.

What if my medication is not on the formulary?

The formulary is designed to provide access to medications in all therapeutic areas. If your medication is not covered, there may be a lower cost alternative available. If you have explored all alternatives, your doctor can work with SmithRx to determine if an exception to coverage can be made. Please contact SmithRx Member Support to assist with finding alternatives if your medication is not covered.

Additional requirements for coverage or limits on certain medications:

Your plan may have additional requirements for coverage or limits for select prescription medications. These requirements and limits ensure that medications are used in the most safe and cost-effective manner. A team of practicing physicians and pharmacists developed these requirements and limits to help your plan provide quality coverage.

My medication needs prior authorization. What does this mean?

If your physician prescribes a medication requiring a prior authorization, you will need to go through an additional authorization process. Our Clinical Team reviews requests for these selected medications to help ensure appropriate and safe use of medications for your medical condition(s).

To see if your medication(s) require prior authorization, please contact SmithRx Member Support at (844) 454-5201.

My medication needs step therapy. What does this mean?

In some cases, your plan requires you to first try one medication to treat your medical condition before it will cover another medication for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may require your physician to prescribe Drug A first. If Drug A does not work for you, your plan may cover Drug B.

Is there an online member portal?

SmithRx's online Member Portal allows you to access important forms, review your pharmacy transactions, print ID cards, find Member Support contact information, and more.

To register for your account, go to www.mysmithrx.com/login and click on "Create An Account". Please have your SmithRx prescription benefits card available.

How can I get another copy of my ID Card?

Your pharmacy benefit information is located on your SmithRx Benefit card. You can access your SmithRx Benefit card through the SmithRx Benefit portal. While typically not necessary, you can also request an emailed copy of your prescription benefits card by visiting www.mysmithrx.com and clicking on "Request ID" to fill out a Benefit Card Request Form.

SmithRx can help lower your drug costs

Did you know your local retail pharmacy may not always be the lowest cost option? SmithRx's Connect programs can help you navigate alternative sources and support you throughout the process. This saves you money as many of these programs require little to no co-payment on medications. We'll do the work so you can stay healthy and happy.

Access

Did you know it's possible to leverage additional savings on traditional branded medications? Our team works with preferred pharmacy partners to capture coupon savings through our Access program. The program allows members to have a low or \$0 copay on prescriptions while also helping employers save on pharmacy benefit costs.

Access Plus

Many high-cost specialty medications can be accessed through advocacy foundations and grant programs when a medication is not covered under the pharmacy benefit. SmithRx assists members in navigating and applying to these different programs.

We are here to help

The SmithRx Member Support Team is dedicated to connecting you with the tools and resources needed to lower your out of pocket costs for medications. We can answer your questions and support you throughout the process. Our goal is to simplify your pharmacy benefits and connect you to savings on your prescriptions.

Assist

No more pre-shopping for the best price or printing coupons! Your member ID has all the information that your pharmacy needs to find the best deals for you at the point of sale. When the pharmacy submits your claim, the Assist decision engine will find the lowest cost option for you and that is what you pay at the counter.

International Sourcing

Upon a health plan's request, SmithRx offers the option to connect the plan's members with an independent, third party international sourcing company that can help members obtain select prescription drugs at a lower cost, by mail, from international pharmacies.

Member Portal

OVERVIEW

We designed our new member portal to address the key pain points members face when they interact with their pharmacy benefit. This means fewer escalations to HR and a world class member experience.

ID CARDS

Members have easy access to all of their and their family members' benefit details in the Profile section of the member portal. They can also print ID cards in case the original is lost or not on their person when they need it.



PRESCRIPTIONS

A full history of all prescriptions filled can be found in the Prescription section of the member portal. The report includes drug name, quantity, and strength, date of fill, prescriber details, and a record of the copay payment.



PHARMACIES

Members can conveniently search for an in-network pharmacy close to their location. They can search by pharmacy name, city, state, and zip code.





Pharmacy Benefits. Simplified.

Specialty Pharmacy Information

Under your plan, you will utilize one of our two specialty pharmacy partners, Senderra Rx or Kroger Specialty pharmacy. Provided below is information to assist with this transition.

KROGER SPECIALTY PHARMACY

What is the enrollment process? How can I reach Kroger Specialty Pharmacy?

Patients can reach Kroger Specialty Pharmacy for enrollment assistance by calling 888-355-4191. Prescribers can visit www.krogerspecialtypharmacy.com and fill out the appropriate forms for the appropriate department. Please note that faxed prescriptions will ONLY be accepted from the prescriber. Hours of operation are M-F 8 AM-8 PM EST. A member of the clinical team is available 24 hours a day, 7 days a week.

What is the time frame for shipping? Are there any costs associated with shipment?

Kroger Specialty Pharmacy provides free overnight shipping (where available) for orders scheduled using national couriers (FedEx, UPS, and Deliver-it). Carrier and time may vary due to regional access and carrier limitations.

SENDERRA Rx

What is the enrollment process? How can I reach Senderra?

Patients can reach Senderra for enrollment assistance by calling 888-777-5547. Prescribers can visit <https://senderrax.com/prescribers/forms> and fill out the appropriate forms for the appropriate department. Please note that faxed prescriptions will ONLY be accepted from the prescriber. Hours of operation are M-T 8 AM-8 PM EST, Fri 8 AM-7 PM EST, and Sat 9 AM-3 PM EST. If you reach them after hours, a pharmacist will return your call within 30 minutes.

What is the time frame for shipping? Are there any costs associated with shipment?

Temperature sensitive medications: There is free overnight delivery. Refrigerated medications are not shipped out on Friday. The cutoff for placing your order is 4:30 PM CST, Monday-Thursday. Non-temperature sensitive medications: There is free 2 day delivery. Oral medication prescriptions are filled through Friday, until 3:30 PM CST. The courier used is FedEx. While there are no fees for shipping, if a patient requests something outside Senderra's standard, an additional fee will be incurred (i.e., if a patient wants their oral medication shipped overnight instead of using standard 2 day).

SmithRx Connect - Access

Connecting you to the lowest cost prescription solutions

Here is a list of frequently asked questions members have regarding SmithRx's Access program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling 1-844-385-7612 or emailing connect@smithrx.com.

What is the Access program and how was it designed?

The Access program helps the pharmacy apply copay coupons to medications that help reduce the cost of prescriptions for both you and your employer.

What are the benefits of the program?

The program allows you to have a low or \$0 copay on your prescription while also helping your employer save on pharmacy benefit costs.

How will I know that my medication is part of the Access Program?

If you are taking medications that qualify for the Access Program you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way to "opt out" of the program?

No. It is considered part of the plan benefit design and thus subject to program requirements for continued coverage under the plan.

What steps do I need to take if my medication qualifies for the Access Program?

To take full advantage of the program, we assist members in transitioning their qualifying medications to a partnering pharmacy. Our support specialists will contact you if your medications qualify for the Access program to start the transition process.

How much will I need to pay for my medications?

Each medication will have a different expected copay. However, it is equal or lower than your current 30-day supply copay. On some medications you may pay nothing at all.

Why is my copay higher than expected?

Through the Access program, your medications will not exceed your copay. In fact, you will often pay less. Depending on your medication, you may pay nothing at all. If the amount the pharmacy asks you to pay seems higher than expected, please reach out to our SmithRx Connect Specialists at 1-844-385-7612 for assistance. A support specialist can help you navigate the process and work with your pharmacy to make sure all available discounts are applied correctly.

Where will my medications come from?

Medications covered under our Access program will come from one of the following pharmacies:

[Walmart Home Delivery](#)

Phone: 1-800-273-3455

[Serve You Direct Rx](#)

Phone: (800) 759-3203

[SenderraRx](#)

Phone: 888-777-5547

[Kroger Specialty Pharmacy](#)

Phone: 888-355-4191

SmithRx Connect - Access Plus

Here is a list of frequently asked questions members have regarding SmithRx's Access Plus program. If you still have questions after reviewing this document or would like to speak to someone regarding your individual situation, please reach out to SmithRx by calling 1-844-385-7612 or emailing connect@smithrx.com.

What is Access Plus and how was it designed?

Many high-cost specialty medications can be accessed through advocacy foundations and grant programs when a medication is not covered under the pharmacy benefit. SmithRx assists in navigating the patient assistance landscape to obtain medication coverage. Our dedicated member support specialists will assist you in navigating and applying to these different programs.

What are the benefits of the program?

If you qualify for Access Plus programs, you will be able to receive your medication at no cost to you or your employer.

How will I know that my medication is a part of the Access Plus program?

If you are taking medications that qualify for the Access Plus program you will receive communication from our support specialists via phone or email. It is important that you engage with them and provide them the information they request.

Is there any way to "opt out" of the program?

No. It is considered part of the plan benefit design and thus subject to program requirements for continued coverage under the plan.

Do I still need to go through the program if I already pay \$0 for my medication?

Yes. Many members currently utilize copay coupon cards that help bring down their out-of-pocket costs, but the employer still pays the remainder of the cost. If you meet the qualifications of the Access Plus programs, you can receive your medication at no cost to you or your employer.



What steps do I need to take if my medication qualifies for Access Plus?

1. You will be contacted by our support specialist to begin the enrollment process.
2. You will need to electronically sign an authorization form that allows our specialist to act on your behalf for the sole purpose of applying for these grant programs.
3. Some applications may require additional documentation (i.e., tax return, medical expense summary). You will be asked to submit this documentation to us via secure encrypted email.
4. Some applications may require us to work with your doctor. If that is the case, we may ask you to contact your doctor to request that they submit the required forms.
5. It's important that you work with us throughout this process to ensure timely approval of your application and prevent any delays in your medical treatment.

If approved, how much will I need to pay for my medications?

If approved, the medication will be shipped to you free of charge.

What if my application is denied?

If denied but your medication is covered on the formulary you can continue to get your medication through the pharmacy benefit as usual. Please contact the SmithRxmember support team at (844) 385-7612 for further information.

Member Experience - International Sourcing

Upon the health plan's request, SmithRx offers the option to connect the plan's members with RxManage, an independent, third party international sourcing company that may be able to help members obtain select prescription drugs at a lower cost, by mail, from international pharmacies located in Canada, New Zealand, Australia, and the United Kingdom. (*SmithRx does not encourage, endorse or require the use of RxManage.*) Below is an example of what to expect a member to experience through the process:

1. Notification

Once the plan notifies SmithRx it is requesting the use of International Sourcing, SmithRx will generate a report of all the plan's members taking drugs that potentially could be sourced internationally.

2. Enrollment

SmithRx will contact such members to inform them of the option to use International Sourcing. Once the member reviews and signs SmithRx's Patient Acknowledgement and Disclaimer Form, SmithRx will connect the member to RxManage and assist the member in creating an account with RxManage.

3. Order Placement

RxManage will assist the member in placing an order for the applicable medication. The order will not ship until a new script and the necessary checks are completed by RxManage.

4. New Script

SmithRx will assist in calling the provider to send a new prescription to RxManage. However, it is highly recommended that the member call their provider to request the new prescription be sent to RxManage.

Mark Cuban Cost Plus Drugs for SmithRx Members

Mark Cuban Cost Plus Drug Company (Cost Plus Drugs) is now part of the SmithRx pharmacy network. This expands access to more affordable prescription drugs for SmithRx members.

Why is Mark Cuban Cost Plus Drugs a new partner with SmithRx?

Mark Cuban Cost Plus Drugs wants to make prescription drugs more affordable by building an innovative pharmacy model to deliver medications at cost, plus a straightforward 15% markup. Like SmithRx, they are putting transparency, simplicity, and clarity at the forefront of their business model to lower drug costs.

What medications can be filled at Mark Cuban Cost Plus Drugs?

Mark Cuban Cost Plus Drugs carries over 1,000 medications. Medications that are covered on the SmithRx plan can be filled at Mark Cuban Cost Plus Drugs if available.

Can I use my SmithRx insurance at Mark Cuban Cost Plus Drugs?

Yes! SmithRx is one of the few insurances that can be used at Mark Cuban Cost Plus Drugs. Simply enter your SmithRx insurance information when you create an account at costplusdrugs.com.

How much will it cost to fill prescriptions at Mark Cuban Cost Plus Drugs?

Mail order copays will apply for medications on tiers 1, 2, and 3. Specialty copays will apply for tiers 4 and 5.

Will SmithRx proactively transition my medications to Mark Cuban Cost Plus Drugs?

SmithRx is beginning to transition select high cost drugs (e.g. Humira) to alternatives available from Mark Cuban Cost Plus Drugs (e.g. Yusimry). Before we begin any transitions, we will communicate directly with you and your doctor.

How can SmithRx members use Mark Cuban Cost Plus Drugs to fill their prescriptions?

1. Check the SmithRx drug lookup tool for coverage of your medication.
2. Visit costplusdrugs.com to see if they carry your medication.
3. Have your provider send a new prescription to Cost Plus Drugs.
4. Create an account and enter your SmithRx insurance information.
5. The pharmacy will notify you when you can place your order.
6. Log into costplusdrugs.com and place your order (standard, 5-7 business days or expedited, 1-3 business days).
7. The pharmacy will email you within 48-72 hours with shipping details.

SmithRx Connect - Low Cost Insulin

SmithRx is bringing members with diabetes lower cost insulin with a monthly cost of \$35 or less¹ for Lilly insulin products, like Insulin Lispro 100 units/mL.

What is the Low Cost Insulin program?

The SmithRx Low Cost Insulin Program helps lower the cost of insulin at the pharmacy and applies a savings card to reduce your copay to \$35¹ or less for a 30 day supply for Lilly insulin products. Lilly is the maker of Humalog and now offers lower cost alternatives (i.e. Insulin Lispro) that are interchangeable with the brand products and are available at a lower cost.

How can I get lower cost insulin?

Download your Lilly Diabetes Savings Card at www.insulinaffordability.com. If you don't already have a prescription for one of the insulins listed on the card, ask your diabetes provider for a prescription for a Lilly insulin product, like Insulin Lispro 100 units/mL. Once the pharmacy has your prescription for a Lilly insulin product, show your SmithRx card and Lilly Diabetes Savings Card to the pharmacist so they can apply the savings.

How much will I need to pay for insulin through this program?

Through this program, the cost of insulin is the lesser of your standard copay or \$35 for a month's supply¹. If the amount the pharmacy asks you to pay seems higher than expected, reach out to our SmithRx Connect Specialists at 1 (844) 385-7612 for assistance.

Which insulins are the least expensive?

Mealtime: Insulin Lispro 100 units/mL
 Long acting: Rezvoglar 100 units/mL

Where can I fill my insulin prescription?

Insulin can be filled at any pharmacy within the SmithRx network. Be sure to ask the pharmacist to apply for the Lilly Diabetes Savings Card and your SmithRx card.

Checklist to fill lower cost insulin

- Download your Lilly Diabetes Savings Card here: www.insulinaffordability.com.
- Obtain a prescription from your diabetes provider for a Lilly insulin product listed on the savings card, like Insulin Lispro 100 units/mL, or have the provider send the prescription directly to your pharmacy.
- Present your prescription, SmithRx card, and Lilly Diabetes Savings Card to the pharmacist.
- After the pharmacist submits the claim to SmithRx, the pharmacist can submit the claim to your Lilly Diabetes Savings Card (For the pharmacist: BIN 018844, Coverage Code type 08).

¹ Your copay may already be \$0 if your plan has opted into preventative coverage. This program may not apply to you if you're already paying \$0 through your benefit.