

Welcome to PharmAvail

PharmAvail is your pharmacy benefit manager. We work with your employer and manage your prescription benefit plan. We are pleased to introduce our Member Portal, an easy-to-use online tool to help you make informed decisions about your prescription care.

MEMBER PORTAL

Our Member Portal is a service available to you through our website, www.pharmavail.com.

1. To register, click on the "Member" tab on our website. See image to the right.
2. From the "Member" screen, click the "Register" button on the right side of the screen. See image below.
3. After selecting "Register," you will be able to sign-up and create a member log-in using your email address.

After registering online, you will be able to access and search for:

- Prescription claim history
- PharmAvail's Drug Formulary
- Preferred status on specific drugs
- Nearby pharmacies
- Mail order pharmacy information
- Order Member ID Cards, if administered by PharmAvail

Please contact PharmAvail at 1.800.933.3734 if you have any questions.

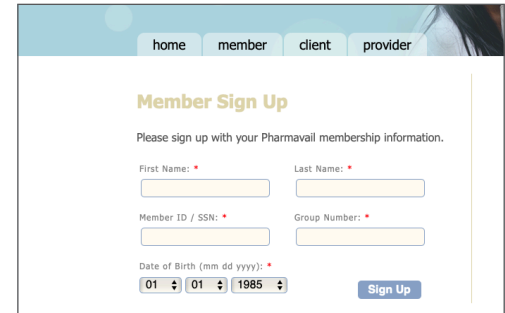


PharmAvail Member Portal Guide

REGISTRATION

To access the member portal, open your internet browser with the following address: <https://pharmavail.com> and follow the steps below:

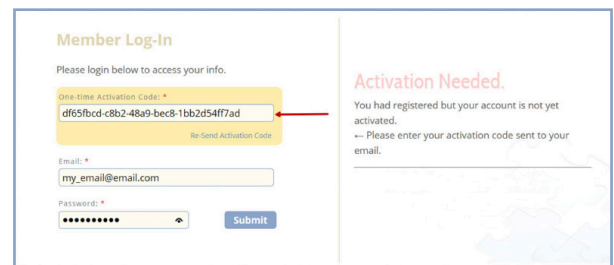
1. Click on the "Member" tab
2. Click on "Register":
3. Please enter the following:
 - A. First Name
 - B. Last Name
 - C. Member ID or Social Security Number
 - D. Group Number [Group Number] (The Rx Group number on the [front/Back] of your card).
 - E. Date of Birth (Month – Day – Year)



The screenshot shows the 'Member Sign Up' page. At the top, there are navigation tabs for 'home', 'member', 'client', and 'provider'. The main heading is 'Member Sign Up'. Below it, a message says 'Please sign up with your Pharmavail membership information.' The form includes fields for 'First Name', 'Last Name', 'Member ID / SSN', and 'Group Number'. There is also a 'Date of Birth (mm dd yyyy)' field with dropdown menus for month (01), day (01), and year (1985). A 'Sign Up' button is located at the bottom right of the form.

Click on the 'Sign Up' button to continue.

4. Once your information is validated:
 - A. Please enter your email address and password. The password has to satisfy the following criteria: must contain at least 8 Alpha-Numeric characters, must contain at least 1 uppercase letter (A-Z), must contain at least 1 number (0-9)
 - B. Enter your password one more time in the 'Confirm Password' field.
 - C. Review Pharmavails Terms & Conditions and click on the check box to agree
 - D. Click on the 'Submit' button
5. You will be receiving an activation code on your email.
6. Please copy the activation code, click the link on the email (or go back to the internet browser), and paste the code in the 'One-time Activation Code' field. Please also enter your email and password.



The screenshot shows the 'Member Log-in' page. The heading is 'Member Log-in'. Below it, a message says 'Please login below to access your info.' There is a 'One-time Activation Code' field with the value 'df65fbcd-c8b2-48a9-bec8-1bb2d54ff7ad' and a 'Send Activation Code' link. There are also fields for 'Email' (my_email@email.com) and 'Password'. A 'Submit' button is located at the bottom right. On the right side of the page, there is a red heading 'Activation Needed.' and a message: 'You had registered but your account is not yet activated. -- Please enter your activation code sent to your email.'

ACCESSING MEMBER PORTAL

After completing the registration process above, the member portal can be accessed by following the steps below:

1. Open your internet browser and enter the following address: <https://pharmavail.com> and click on the 'member' tab

2. Click on the 'Log In' button
3. Enter the email and password that you had set during the registration process and click the 'Submit' button

Member Log-In

Please login below to access your info.

Email: *

Password: *

[Forgot Password?](#)

MEMBER PORTAL FEATURES

Claim History

The claim history is displayed for the registered user. The primary cardholder would also be able to view the claim history for their dependents under the age of 18. The claim history for the dependents can be viewed by selecting the name of the dependent from the list of available members. The claims shown are grouped by each of the pharmacies that filled the prescriptions. The claims can also be ordered by each of the column headers (Rx#, Date, Drug Name, Quantity, Days of Supply, and Copay). To save the claim history data, click on the 'Export to Excel' button (Open "ExportedData.xls" at the bottom of your browser or in your 'Download' folder).

Claim History | Benefit Summary | Formulary Lookup

Welcome, John Doe

Claim History

Show more/less claims

Click here to select a dependent

Filter claim result by entering drug name or pharmacy name

RX#	Date	Drug Name	Qty	Days of Supply	Copay
<small>WALGREENS 03277 (NABP: 0505682)</small> → <small>Claims are grouped by pharmacy</small>					
			<small>Pharmacy Info</small> ←		
1234864	10/01/2014	ASPIRIN TAB 81MG EC	30	30	\$ 0
1234862	10/01/2014	VITAMIN D3 CAP 400UNIT	30	30	\$ 2.78
123471	10/01/2014	CYCLOBENZAPR TAB 10MG	30	30	\$ 7.06
123472	10/01/2014	AZITHROMYCIN TAB 250MG	6	30	\$ 10
1234863	10/01/2014	NICOTINE DIS STEP 3	30	30	\$ 0
123470	10/01/2014	ALPRAZOLAM TAB 0.25MG	30	30	\$ 3.83

Showing 1 to 6 of 6 entries (filtered from 11 total entries)
First Previous 1 Next Last

→ Export and save the claim data into an Excel format

Benefit Summary

The benefit summary shows the default copays for your prescription benefit. The definition of the tier copays can be seen in the benefit summary document (if available for your plan). You can also refill your mail order prescriptions by clicking one of the links in this section. If you have not registered with the mail order provider, you can download the mail order registration form. The answers to the most common questions can be accessed from the F.A.Q. sheet document (if available for your plan).

Formulary Lookup

Formulary lookup is a tool that can be used to determine the estimated copay for your prescriptions. Enter the name of the drug and click the 'Search' button. A list of matching drugs is displayed along with the associated strength (e.g.: 40 MG) and form (e.g.: BOTTLE). Choose one from the list and click the 'Select' button. A table of information will be shown which includes whether it is a maintenance medication, whether the medication is within a formulary, whether a prior authorization is required, and the estimated copays for 30-day supply and 90-day supply.

Formulary Lookup

Our website's formulary information is provided as a guide and is updated periodically. The drugs on your formulary were selected to give you the highest standard of quality and the greatest potential value from your prescription drug benefit.

Enter drug name here

Starts with keyword... Contains keyword...

Keyword:

Or, Browse by the first letter:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

Search results for nexium : 18

NEXIUM CAP 20MG	BOTTLE
NEXIUM CAP 20MG	BOX
NEXIUM CAP 40MG Esomeprazole Magnesium Cap Delayed Release 40 MG	BOTTLE
NEXIUM CAP 40MG	BOX
NEXIUM GRA 10MG DR	BOX
NEXIUM GRA 2.5MG DR	BOX

NEXIUM CAP 40MG Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)			Copay	
Maintenance	Preferred	Prior Authorization Required	30-Day Supply	90-Day Supply
Yes	N/A	No	\$60	\$80

Copay calculations are an estimate only.

CHANGE PASSWORD & EMAIL

To change your password and/or the registered email address, click on the 'Settings' button on the top right corner of the portal.