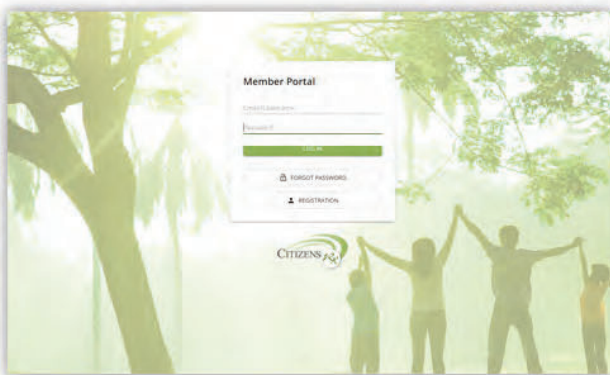


Citizens Rx offers a Member Portal to guide and educate members regarding their pharmacy benefits. After registering with a secure user name and password, participants can navigate the Member Portal to securely view and print individual medication history, order mail service refills, determine drug prices and cost share amounts, locate a nearby pharmacy and more. The Member Portal is also compatible with mobile devices allowing for maximum accessibility and easy navigation. We invite you to visit us at [member.citizensrx.com](http://member.citizensrx.com) and register today.

## AT A GLANCE



### Member Portal Login Screen

Via the login screen, members can login to our secure site or register by setting their personalized user name and password.



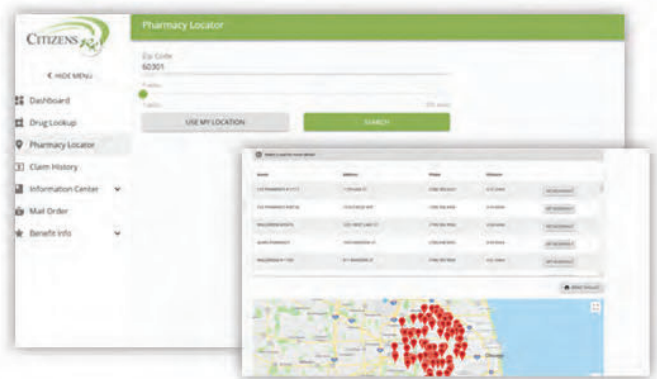
### Dashboard

At a glance, members can view their personal account information and have easy access to specific plan details.



### Drug Lookup

Pharmacy plan information (e.g., drug coverage and cost share information).



### Pharmacy Locator

Locate a Citizens Rx participating network pharmacy in your geographic area. Simply enter the desired Zip Code and a map with a list is generated that includes the pharmacy name and location.

# AT A GLANCE



## Claim History

This section allows members to see their pharmacy claim history, as well as summary claim totals for specified periods of time. Subscribers can view pharmacy claim history for their minor children. Due to HIPAA privacy, each member will need to register separately to review and print their prescription drug history. Subscribers can view pharmacy claim history for their minor children.



## Information Center Downloads

This section includes useful forms such as Patient Bill of Rights, Direct Member Reimbursement and, if applicable a copy of the Prescription Drug Formulary, Preferred Drug List, and Excluded Medications List.



## Mail Orders *(plan specific)*

Participants are redirected to the PraxisRx website with the option to speak to PraxisRx to get started using the mail order pharmacy program. Existing mail order participants have the option to login to proceed with a medication refill request.



## Benefits Info - Plan Info

Members can easily view and utilize their account summary.



# Direct Reimbursement Claim Form

## HOW TO COMPLETE THIS FORM

### *Complete the following*

#### **PART ONE**

##### **Subscriber Information**

1. Copy the Subscriber (Member) ID from the ID Card.
2. Subscriber name, address (including city, state, and zip) and daytime phone number.
3. Patient Name: Person drug was prescribed for.
4. Patient Date of Birth: Month, Day, Year.
5. Patient Sex: Check Male or Female
6. Status: Patient's relationship to subscriber. If other, please write in type of relationship.
7. Please use separate claim form for each family member.

#### **PART TWO**

##### **Coordination of Benefits (COB)**

1. If you **do not** have Coordination of Benefits (COB) coverage, Check No.  
If you **do** have COB coverage, check Yes, complete Part Two, and attach a **copy** of: Explanation of Benefits (EOB) or statement from other coverage and/or pharmacy receipt.
2. Name of insured policyholder.
3. Name of insured's employer.
4. Name of other insurance company (if applicable).
5. Insurance policy number from other insurance company (if applicable).

#### **PART THREE**

##### **Pharmacy Information**

1. Pharmacy name, address, and telephone number where the prescription(s) were purchased.
2. Pharmacy ID (NCPDP #): Obtain the number from the pharmacy where prescriptions were purchased.
3. **Attach pharmacy receipts to the form in the space provided.** The receipts must indicate date of service, Rx number, NDC number, quantity, days supply and the amount paid.
4. Use a separate claim form for each pharmacy from which you purchase prescriptions.

**Note: Claim submission is not a guarantee of payment.**

## MAIL THIS FORM TO

**Citizens Rx  
DMR Department  
1144 Lake Street  
Oak Park, IL 60301**



# Direct Reimbursement Claim Form

## PART ONE: To be completed by you

SUBSCRIBER ID

SUBSCRIBER NAME

MAIL ADDRESS STREET

CITY STATE ZIP

DAYTIME PHONE NUMBER

PATIENT'S NAME

PATIENT'S DATE OF BIRTH (MM/DD/YYYY)

SEX:  MALE  FEMALE

RELATIONSHIP:

SUBSCRIBER  SPOUSE  CHILD

OTHER: \_\_\_\_\_

I certify that I (or my eligible dependent) have received the medication described herein and that the patient named is eligible for drug benefits. I also certify that the medication received is not for the treatment of an on-the-job injury, or covered under another benefit plan unless Part Two is completed. I authorize release of all information pertaining to this claim to Citizens Rx, LLC, the plan administrator, insurance underwriter, plan sponsor, policyholder, and/or employer. I certify that all the information entered on this form is correct.

SIGNATURE OF PATIENT, GUARDIAN OR LEGAL REPRESENTATIVE.

## PART TWO: Coordination of Benefits (COB)\*: To be completed by you

HAS YOUR CLAIM BEEN PROCESSED WITH ANOTHER INSURANCE CARRIER?

NO If no, you can skip the remainder of Part Two.

YES If yes, attach a **copy** of: your EOB or statement from the other coverage and/or your receipt from the pharmacy.

NAME OF INSURED POLICYHOLDER

NAME OF INSURED'S EMPLOYER

NAME OF OTHER INSURANCE COMPANY

POLICY NUMBER (OTHER INSURANCE COMPANY)

TYPE OF COVERAGE:  SINGLE  FAMILY

**\* YOUR POLICY/PLAN MUST HAVE A PHARMACY COB CLAUSE IN ORDER TO COORDINATE BENEFITS.**

## PART THREE: Pharmacy Information - To be completed by you or your pharmacist

PHARMACY NAME

MAILING ADDRESS STREET

PHARMACY ID (NCPDP #)

CITY STATE

ZIP PHARMACY TELEPHONE

### FOR COMPOUNDS

**For Compounds:** Pharmacist to identify the specific prescription by date of service and Rx number. Please list name, NDC# and metric quantities of each ingredient in box on left.

SIGNATURE OF PHARMACIST FOR COMPOUNDS

**THE BENEFITS ARE CLEAR**  
PraxisRx Pharmacy Home Delivery

PraxisRx Pharmacy Home Delivery is an easy-to-use pharmacy delivery service that works with your pharmacy benefit.

Use our service for medications you take regularly - both for new and refills. You can trust our registered pharmacists and experienced team to fill your prescriptions accurately, promptly, and conveniently.

**SAVE TIME**

- No trips to the pharmacy
- No waiting in line
- Fast, convenient service
- Order fewer times per year
- Free delivery to your door or PO Box



We look forward to  
serving your

**HOME DELIVERY  
PHARMACY NEEDS**



PraxisRx Pharmacy  
**HOME DELIVERY**

A Pharmacy at Your Door

Mail Prescriptions to:



5455 W. Waters  
Suite 214  
Tampa, FL. 33634

1.888.903.7453  
[www.praxisrx.com](http://www.praxisrx.com)



ALL HANDS WORK TOGETHER AS ONE

# HOW TO USE PRAXISRX PHARMACY HOME DELIVERY

## OBTAINING YOUR PRESCRIPTION

- PraxisRx Pharmacy can contact your physician for you
- You can obtain a prescription from your physician and send it to PraxisRx Pharmacy by mail
- Your Physician can send a prescription to PraxisRx Pharmacy by fax or through electronic prescribing to PraxisRx Pharmacy
- Be sure to ask your physician to write the prescription for a 90-day supply with three refills and authorize a one-year supply (when appropriate)
- Auto refills may be available to members. Please contact customer service for more information

## PAYMENT IS DUE AT TIME OF ORDER

- Credit Card (you can elect to securely save your credit card information for future online or automated voice refills)
- Check (by mail)
- Money Order

## REMEMBER

- Allow up to 10 days from the time you mail your prescription until you receive the medication in your mailbox.
- Faster shipping is available, for an additional cost, by contacting customer service.
- Contact customer service for additional forms, or visit our website at [www.praxisrx.com](http://www.praxisrx.com) to print as many as you need.

## ABOUT GENERICS

Generic medications will be used when available and appropriate. The Food and Drug Administration requires a generic medication to be as safe and effective as its brand counterpart. Generic medications are considerably less expensive than brand name drugs.

## IF YOU NEED MEDICATION RIGHT AWAY

Request two prescriptions from your physician, one for an initial 30-day supply that your local pharmacy can fill immediately, and one for a 90-day supply with three refills to fill through PraxisRx.

*\* By law, prescription fax forms and e-prescriptions are valid only from a prescriber's office.*



## ADDITIONAL INFORMATION

- Provide your phone number in case we need to contact you
- Provide your e-mail address to receive shipment notifications and refill reminders
- If you need a new prescription, we will contact your physician
- We will contact you by phone if your order is delayed.

PraxisRx Pharmacy  
CUSTOMER SERVICE  
Call toll-free 1.888.903.7453

## REGISTRATION OPTIONS

Call us with your registration information

Fill out the enclosed registration form

Register online at [www.praxisrx.com](http://www.praxisrx.com)

Visit our website [www.praxisrx.com](http://www.praxisrx.com) to register or manage your prescriptions online.

## Mental health support happens here

easy as...

1

**Download** the clever health app by scanning the QR code below.

2

**Enter** your mobile phone number then create your clever story.  
**Select** "clever connections", then "get care".

3

**Complete** the prompted onboarding screens.  
**Schedule** an appointment or **request** to connect immediately.

### Common feelings:

- Feeling overwhelmed
- Need to vent
- Career challenges
- Feeling isolated
- Financial difficulties
- LGBTQIA+ community
- Parenting
- Fearing vulnerability

### Why use clever connections?

Service is available 24/7  
Connect one-on-one with a clever connector  
Anonymous conversations  
Discuss real-world challenges  
Be connected to emergency resources immediately, if necessary  
Access helpful resources and programs  
Receive proactive check-ins



**Confidential therapy on your terms**

 [cleverhealth.ai/apex](https://cleverhealth.ai/apex)

  Download the app

# MedExpert



## New Services Available

MedExpert provides you access to current, accurate, & unbiased information from professionals recognized as experts in their field. There's no cost to you.

## When to call MedExpert

- Assistance locating a primary care provider
- Questions & assistance surrounding preventative screening
- Coordinating and scheduling lab work

## MedExpert assists your healthcare team

MedExpert uses information published around the world daily to answer your questions & support your healthcare needs.

With one toll-free call, you can be connected with a MedExpert doctor. We can help you learn about the latest available treatments, research and help coordinate all services that can improve the quality of your life.

To contact MedExpert please call **1-800-999-1999 • 7am to 7pm PST, M-F**

## Who is MedExpert?

MedExpert is a U.S. company that uses on-staff doctors to help answer your health care questions. This program is completely confidential and is being offered at no additional cost to you. MedExpert DOES NOT replace your doctor—it is a program that lets you take your health care a step further. We encourage you to discuss your MedExpert call and any information you received with your doctor.

## What can MedExpert do for me?

MedExpert uses research and individuals who are recognized as experts in their field to answer your medical questions over the phone. Examples of questions you might ask are: *Is this treatment right for me?* and *Can I take these drugs together?*

MedExpert can also help you:

- Identify how the best in the world would treat your medical condition
- Explain your treatment options and test results
- Understand what your medications are doing and review warnings about taking multiple medications
- Expedite your physician wait lists
- Transfer your medical records
- Consider whether a surgery is medically necessary
- Explain your medical bill
- Identify and connect you with support groups and other community programs that may enrich your life
- Coordinate your physicians

## Will I speak to a live person? Where are they located?

Yes, when you call MedExpert, your call will be answered by a Medical Information Coordinator. Based on the nature of your call, you will have the opportunity to speak with a MedExpert doctor. All MedExpert personnel are located in the United States, mostly in California.

## What communication can I expect from MedExpert?

In cooperation with your Apex MEC Plan, you may receive communication about the program. MedExpert may also make occasional phone calls to help you get started with the program. MedExpert strives to provide excellent, fast followup to your questions. You will get courteous, professional help when you call. If you do not want to be contacted by MedExpert, you can let them know by calling their toll-free phone number.

# Consumer ID Theft Program



## Providing protection for consumers digital life.

Every year millions of Americans fall victim to identity thieves. It's a real threat, and protection has become a necessity.

### Program Overview

The program is deployed on an embedded basis and cannot be sold as an "opt-in". Enrolled consumers must reside in the United States in order to be eligible. Composite rate per household.

### Identity Restoration

Recovering from identity theft on your own can be time consuming. Let us help make it less of a pain. Our dedicated, highly qualified, ID restoration specialists will work on your behalf to help you recover from ID theft.

### Lost Wallet Assistance

Losing your wallet is a headache. We make it a less painful ordeal by helping you cancel and reissue your credit and ID cards and up to 15 different forms of identification.

### Up to \$1M Identity Theft Insurance

This Consumer ID Theft Program provides up to \$1 million in coverage for certain out-of-pocket expenses related to the theft of your personal information.

### Stolen Funds (Cash Recovery) Replacement

Lost funds due to identity theft can be difficult to replace. As part of your Consumer ID Theft Program, it provides coverage terms up to \$100,000 in cash recovery for unauthorized electronic funds transfer from a credit/debit card, checking or money market account established for personal use.

### Credit Monitoring Powered by Experian®

You'll have access to a suite of tools powered by Experian® to alert you to suspicious activity involving identity fraud. These tools include access to your Experian® Credit Report, Experian® VantageScore®, Credit Monitoring and Alerts and Dark Web Monitoring.

### About NorthPoint / Experian®

The program is deployed in collaboration with Experian®, one of the world's largest & most respected consumer services companies. NorthPoint, a majority veteran owned entity, is entirely focused on delivering unique cyber insurance products through its proprietary platforms.

For additional information, please call 800-562-3918 or visit: <https://northpointidtheft.com/apex/>

*The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company under group or blanket policy(ies). The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Review the Summary of Benefits.*



Powered by  experian.



Free and Unlimited Telemedicine

# Set Up a Teladoc Account



## Getting Started with Teladoc®



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

### SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at [Teladoc.com](http://Teladoc.com), click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

### REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

### PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

**Online:** Log into [Teladoc.com](http://Teladoc.com) and click "My Medical History".

**Mobile app:** Log into your account and complete the "My Health Record" section. Visit [Teladoc.com/mobile](http://Teladoc.com/mobile) to download the app.

**Call Teladoc:** Teladoc can help you complete your medical history over the phone.

**Talk to a doctor anytime for FREE**



[Teladoc.com](http://Teladoc.com)



1-800-835-2362



[Facebook.com/Teladoc](https://www.facebook.com/Teladoc)



[Teladoc.com/mobile](http://Teladoc.com/mobile)

Download  
the app:



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