



Member Portal Overview

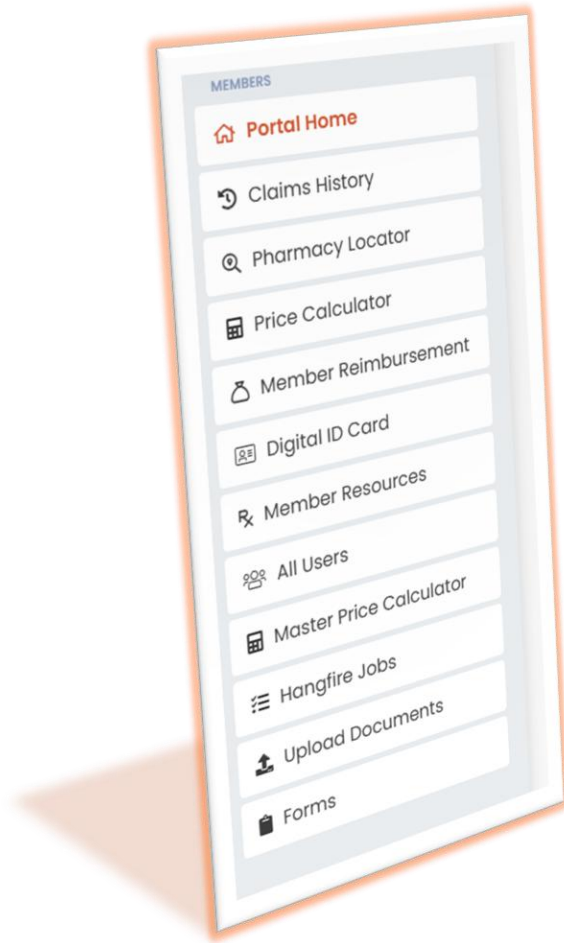
Member Portal Overview

The member portal offers a variety of self-serve options to help you maximize your pharmacy benefits. It's easily accessible through our website (disclosedrx.com), and signing up is simple:

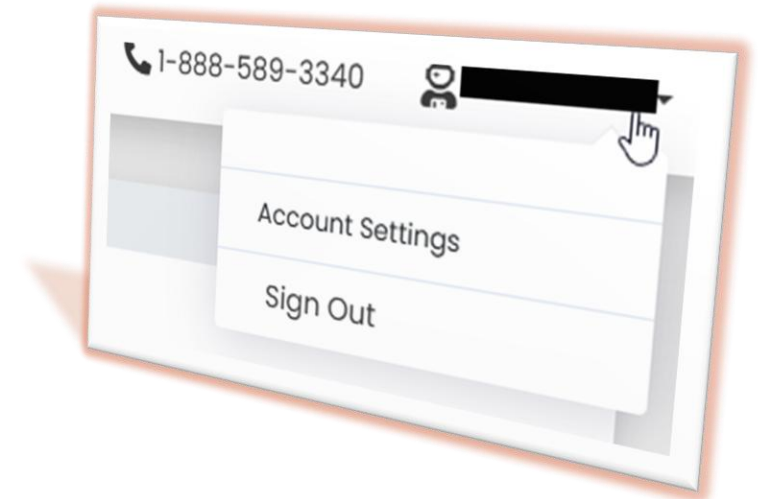
- Use your **member ID number** and **date of birth** to create an account.

A screenshot of the 'Members Portal' login form. It features the DisclosedRx logo and the title 'Members Portal'. The form includes fields for 'Email' and 'Password', a 'Remember me?' checkbox, and a 'Login' button. Below the button are links for 'Forgot Password? Click Here' and 'Don't have an account? Create one here!'.A screenshot of the 'Members Portal Registration' form. It includes the DisclosedRx logo and the title 'Members Portal Registration'. The form has fields for 'Email', 'Password', 'Confirm password', 'First Name', 'Last Name', 'Member Id Number', and 'Date of birth' (with a hint 'mm/dd/yyyy'). There are red error messages: 'The Email field is required.' and 'The Password field is required.' At the bottom are 'Register' and 'Cancel' buttons.

Navigation Panel & Account Settings

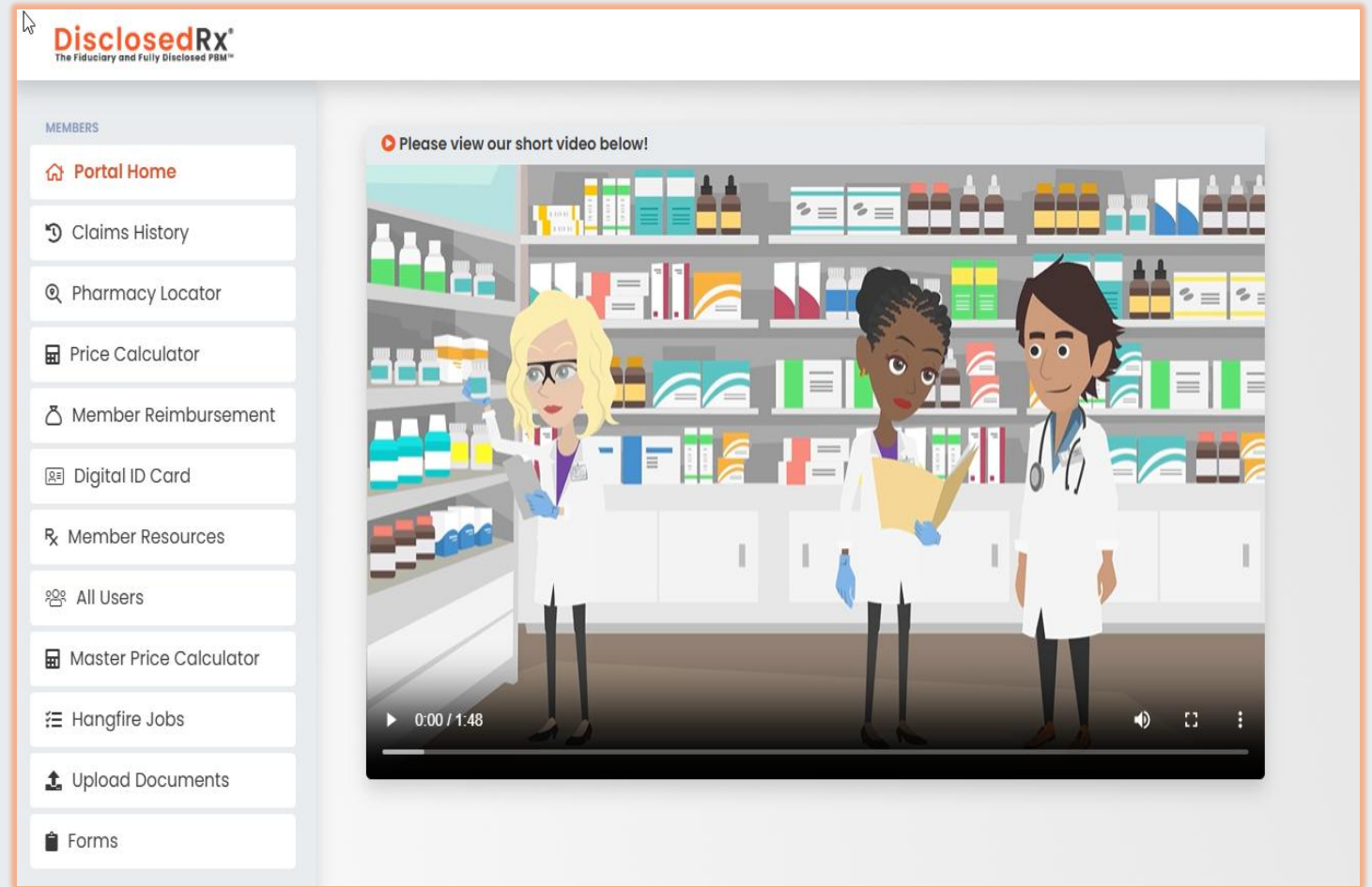


- After you are logged in, use the left-hand **Navigation Panel** to easily access and explore features designed to help you manage your medications and health.
- Manage your personal preferences using **Account Settings** (located at the top right):
 - Change your email address
 - Update your password
 - Set up two-factor authentication
 - Manage your personal data



Portal Home

After you have successfully registered and/or logged in, watch the short video on the DisclosedRx portal home page, which will introduce you to the services we offer.





Portal Navigation

Claims History

1

View all claims associated with your profile, including: Drug Name, Pharmacy Name, Date Filled, Quantity, Day Supply, Copay, and Claim Type.

2

Note: Due to HIPAA regulations, individuals 18 and older must have their own account to view claims.

3

At this time, members under 18 years old must register under their own account. However, we are working on future functionality to allow cardholders to view claims for minors under their accounts.

MEMBERS						
Claims History						
View Your Claims						
Drug Name	Pharmacy Name	Date	Quantity	Days Supply	Copay	Claim Type
hydroCHLORothiazide	CLINIC PHARMACY	09/20/2023	30	30	\$0.44	Claim: Paid
amLODIPine Besylate	CLINIC PHARMACY	07/13/2023	90	90	\$1.00	Claim: Paid
amLODIPine Besylate	CLINIC PHARMACY	04/13/2023	90	90	\$1.02	Claim: Paid
Benzonatate	CLINIC PHARMACY	12/27/2022	30	10	\$1.26	Claim: Paid
Fluticasone Propionate	CLINIC PHARMACY	12/27/2022	16	30	\$1.86	Claim: Paid
Ipratropium Bromide	CLINIC PHARMACY	12/27/2022	15	30	\$4.51	Claim: Paid
amLODIPine Besylate	CLINIC PHARMACY	12/14/2022	90	90	\$1.52	Claim: Paid
amLODIPine Besylate	CLINIC PHARMACY	09/23/2022	90	90	\$1.52	Claim: Paid
Azithromycin	CLINIC PHARMACY	08/26/2022	6	5	\$1.38	Claim: Paid

Pharmacy Locator

MEMBERS

- Portal Home
- Claims History
- Pharmacy Locator**
- Price Calculator
- Member Reimbursement
- Digital ID Card
- Member Resources
- Upload Documents
- Forms

Pharmacy Locator

Search your area

Zip Code
Zipcode

Pharmacy Range
5

Searches with a wider range may take longer in populated areas.

Search Reset

Pharmacy Range

- 5
- 5**
- 10
- 15

Zip Code
Zipcode

Pharmacy Range
5

Searches with a wider range may take longer in populated areas.

Search Reset

Results
Show 10 entries

Search:

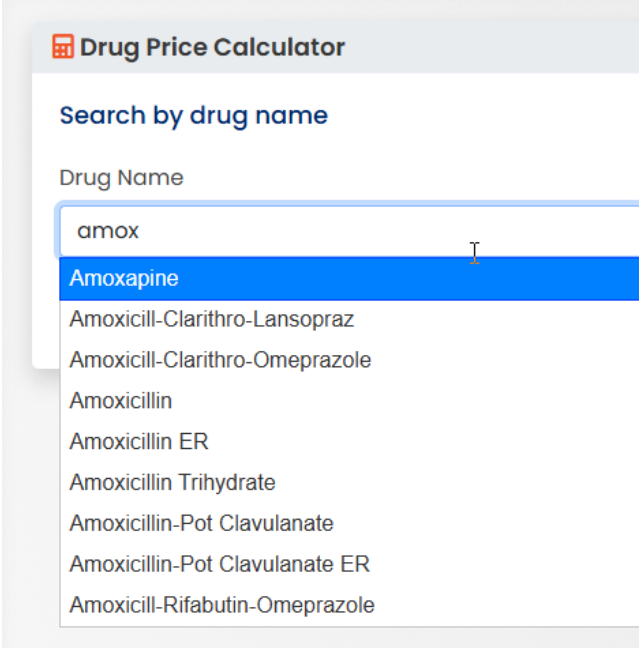
NPI	Name	In Network	Address	Phone
1053306845	HOMETOWN PHARMACY #55 - WALKER	Yes	1181 WALKER AVE NW GRAND RAPIDS, MI 49504	616-458-9640
1073617031	PARKWOOD PHARMACY	Yes	1106 BURTON ST SW WYOMING, MI 49509	616-245-2463
1093732216	SAMS PHARMACY 10-6319	Yes	4326 28TH ST SE KENTWOOD, MI 49512	616-285-3346
1114027448	FAMILY FARE PHARMACY 254	Yes	1225 LEONARD ST NE GRAND RAPIDS, MI 49505	616-459-6203
1174538284	WALGREENS #15007	Yes	425 FULLER AVE NE GRAND RAPIDS, MI 49503	616-776-9925
1205995206	D AND W PHARMACY #1576	Yes	2181 WEALTHY ST SE GRAND RAPIDS, MI 49506	616-451-3404
1225253974	THE CANCER & HEMATOLOGY CENTERS	Yes	710 KENMOOR AVE SE STE 100 GRAND RAPIDS, MI 49546	616-977-4861

- Shows pharmacy options in the area – locate by Zip Code to find pharmacies withing 5, 10, or 15 miles of your location.
- The search returns the Pharmacy NPI, Pharmacy Name, Address, and Phone Number.

DRUG PRICE CALCULATOR

The Drug Price Calculator provides functionality to:

- Compare medication prices across different pharmacies, including mail order.
- Customize by strength, quantity, and days' supply to see how pricing changes.
- The copay amounts shown by this calculator are estimates based on the most commonly dispensed National Drug Code (NDC) for each medication.
 - Note: Since pharmacies may dispense a different NDC, particularly for generics that come from various manufacturers, the actual cost may vary.



The screenshot shows a web interface titled "Drug Price Calculator". Below the title is a section "Search by drug name" with a text input field labeled "Drug Name". The input field contains the text "amox". A dropdown menu is open below the input field, displaying a list of suggestions: "Amoxapine", "Amoxicill-Clarithro-Lansopraz", "Amoxicill-Clarithro-Omeprazole", "Amoxicillin", "Amoxicillin ER", "Amoxicillin Trihydrate", "Amoxicillin-Pot Clavulanate", "Amoxicillin-Pot Clavulanate ER", and "Amoxicill-Rifabutin-Omeprazole". The "Amoxapine" option is highlighted in blue.

- Search by Drug Name and a list of pharmacy options will appear, along with pricing for total cost, copay, and any applicable messages

DRUG PRICE CALCULATOR

In addition to entering the Drug Name, use the drop-down fields to enter prescription-specific information, such as Forms, Drug Strength, Quantity, Days' Supply, Zip Code, and Pharmacy Range in miles.

Drug Price Calculator

Search by drug name

Drug Name
Amoxicillin

Forms: CAPS Strength: 250 MG Quantity: 30

Supply: 1 Month Zip Code: Pharmacy Range: 5

We'll price your nearby pharmacies. Searches with a wider range may take longer in populated areas.

Submit

The copay amounts shown by this calculator are estimates based on the most commonly dispensed National Drug Code (NDC) for each medication. Since pharmacies may dispense a different NDC, particularly for generics that come from various manufacturers, the actual cost may vary.

Drug Price Calculator

Search by drug name

Drug Name
Amoxicillin

Forms: TABS Strength: 500 MG Quantity: 20

Supply: 1 Month Zip Code: 49508 Pharmacy Range: 5

We'll price your nearby pharmacies. Searches with a wider range may take longer in populated areas.

Submit

The copay amounts shown by this calculator are estimates based on the most commonly dispensed National Drug Code (NDC) for each medication. Since pharmacies may dispense a different NDC, particularly for generics that come from various manufacturers, the actual cost may vary.

Price Results

Mail-Order Pharmacy	Total Cost	Co-Pay	Message
PRESCRIPTION MART Website	\$10.05	\$2.01	
POSTAL PRESCRIPTION SERVICES - KROGER Website	\$5.13	\$1.03	

Retail Pharmacy	Total Cost	Co-Pay	Message
HOMETOWN PHARMACY #51 - GRAND RAPIDS 4353 KALAMAZOO AVE SE GRAND RAPIDS, MI 49508	\$14.38	\$2.88	
FAMILY FARE PHARMACY 265 6127 KALAMAZOO AVE SE KENTWOOD, MI 49508	\$14.38	\$2.88	
FAMILY FARE PHARMACY 115 2275 HEALTH DR SW WYOMING, MI 49519	\$14.38	\$2.88	
FAMILY FARE PHARMACY 2900 BURLINGAME AVE SW WYOMING, MI 49509	\$14.38	\$2.88	
ZUAM PHARMACY, LLC 4301 KALAMAZOO AVE SE STE 13 GRAND RAPIDS, MI 49508	\$4.73	\$0.95	
JANUS RX 300 68TH ST SE STE 147 GRAND RAPIDS, MI 49548	\$4.73	\$0.95	
MEIJER PHARMACY #199 1801 MARKETPLACE DR SE CALEDONIA, MI 49316	\$4.83	\$0.97	
MEIJER PHARMACY #311 1540 28TH ST SE GRAND RAPIDS, MI 49508	\$4.83	\$0.97	
MEIJER PHARMACY #036 5500 CLYDE PARK AVE SW WYOMING, MI 49509	\$4.83	\$0.97	
COSTCO WHOLESALE CORPORATION 5100 28TH ST SE GRAND RAPIDS, MI 49512	\$5.08	\$1.02	
SAMS PHARMACY 10-6319 4326 28TH ST SE KENTWOOD, MI 49523	\$5.28	\$1.08	

The search returns local and mail order pharmacy results. For Mail Order options, the website link is included.

Member Reimbursement

Member Reimbursement provides DisclosedRx members with an online form to submit a request for reimbursement or accumulator adjustment.

- Submitted claims will be reviewed within 3 weeks.
- Member will be notified regarding reimbursement or accumulator adjustment decision.
- Member should fill out/complete open fields.
- Member should attach any applicable documents, including receipts for medications.

Member Reimbursement

Important Information About Your Reimbursement Request

To process your reimbursement, your submission **must include the following documentation:**

1. Pharmacy Hang Tag or Detailed Printout

This should include:

- Medication name
- Date filled
- Amount billed to insurance (if applicable)
- Quantity dispensed
- Pharmacy name & address
- Your out-of-pocket cost

If you don't have the original hang tag, a detailed pharmacy printout with the same information is acceptable.

2. Receipt Showing Payment

Must clearly display:

- Amount paid
- Date of purchase

All documents must include:

- Member's full name
- Pharmacy name and address
- Prescription fill date

Incomplete submissions will not be reviewed until all required documentation is received.

Thank you for helping us process your request promptly.

[Print Form](#)

Cardholder Information

Id Number Group Id Employer

First Name Last Name DOB

Address Address 2 (optional)

City State Zip

Phone Number

Member Information

First Name Last Name

DOB Gender

Member Information

First Name Last Name

DOB Gender

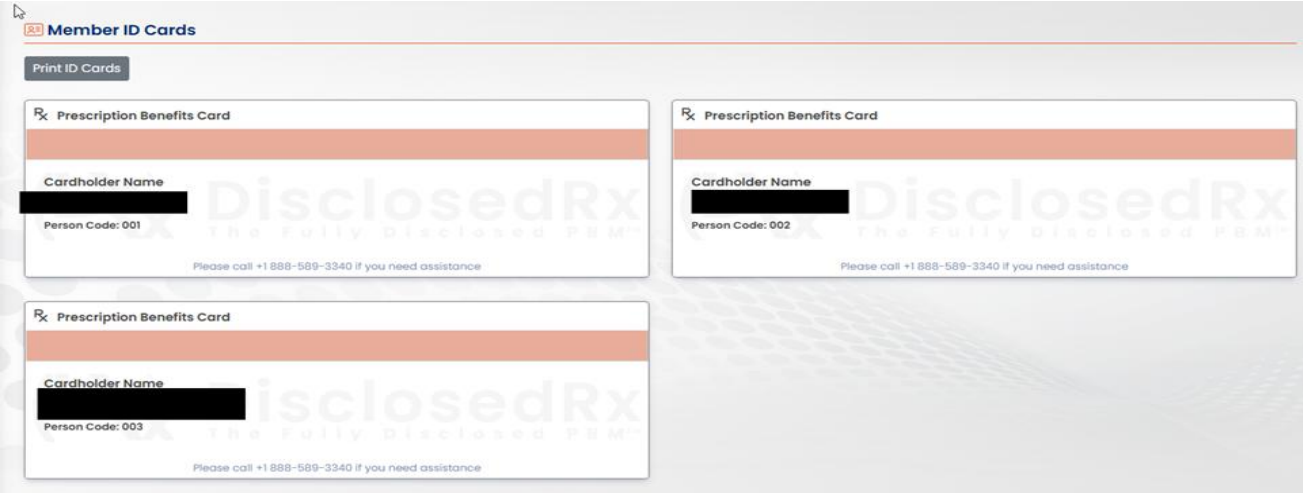
Person Code Relationship To Cardholder

Medication Information

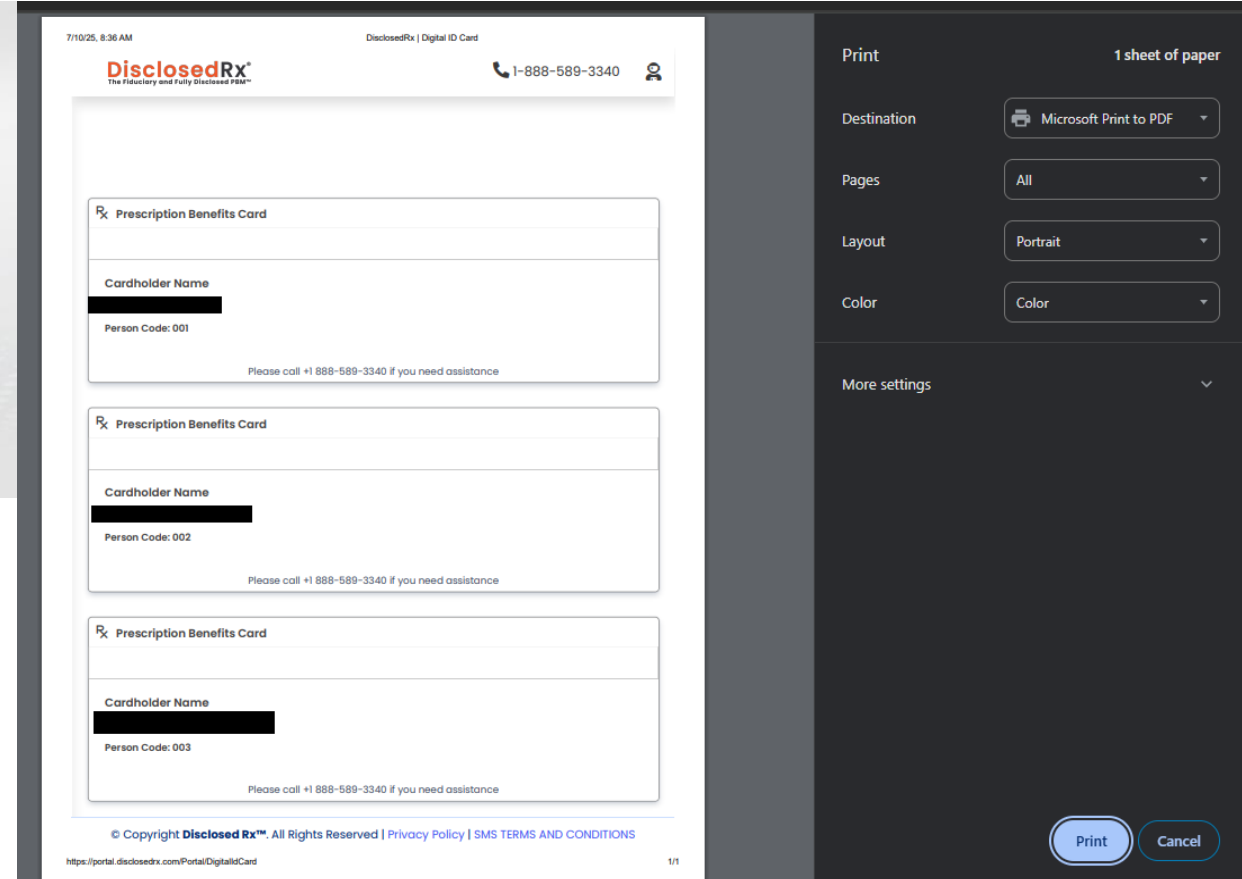
Medications

Upload Documents (up to 5 attachments allowed)

Choose Files No file chosen



Digital ID Card



Members can quickly access their DisclosedRx pharmacy processing information

Provides member with ability to print their Rx ID card

Digital ID card does not replace the physical card mailed after open enrollment and only includes pharmacy information (not medical)

Member Resources

Member Resources

Formulary List

Below is a link to the 2025 DisclosedRx Premier formulary. This is a comprehensive list of prescription drugs, but your particular plan may exclude some of the drugs on this list, or may include some drugs not on this list. For specific questions about drug coverage, please contact member services at 1.888.589.3340.

[DisclosedRx 2025 Formulary List](#)

Direct Member Reimbursement Fillable Form

[Click Here](#) to download a fillable and printable PDF form for Direct Member Reimbursement Requests

DisclosedRx is here to help you with your everyday prescription needs. Our goal is to get you your medication at the lowest price possible for you. Below you will find some resources for mail-order, retail-90, and specialty pharmacy options available to you. If you have any questions, please do not hesitate to contact our member services, available 24/7 at [1.888.589.3340](tel:18885893340).

Mail Order Pharmacy

You have many options for mail-order pharmacy, as DisclosedRx does not require the use of a particular mail-order provider. If you currently have mail order scripts with Amazon, Pill Pack, Kroger, etc., you may continue to fill through those pharmacies by simply updating your prescription benefit information (found above and on your ID card) with your mail-order pharmacy.

DisclosedRx has found that Postal Prescription Services (a Kroger company) has better pricing on most maintenance mail-order medications. You can sign up for an account and upload your script information at <https://www.ppsrx.com/rx/signin>.

Please allow 10 to 14 calendar days from the day you submit your order to receive your medication(s).

Retail 90

DisclosedRx has an extensive Retail 90 network that allows you to fill 90-day prescriptions of maintenance medications at retail pharmacies. Filling these medications at a 90-day supply will typically reduce your copay over time. Example:

- **30-day copay structure:**
 - Brand (Non-Preferred) = \$60
 - Brand (Preferred) = \$35
 - Generic (Both Preferred & Non-Preferred) = \$15
- **90-day copay structure:**
 - Brand (Non-Preferred) = \$120
 - Brand (Preferred) = \$70
 - Generic (Both Preferred & Non-Preferred) = \$30

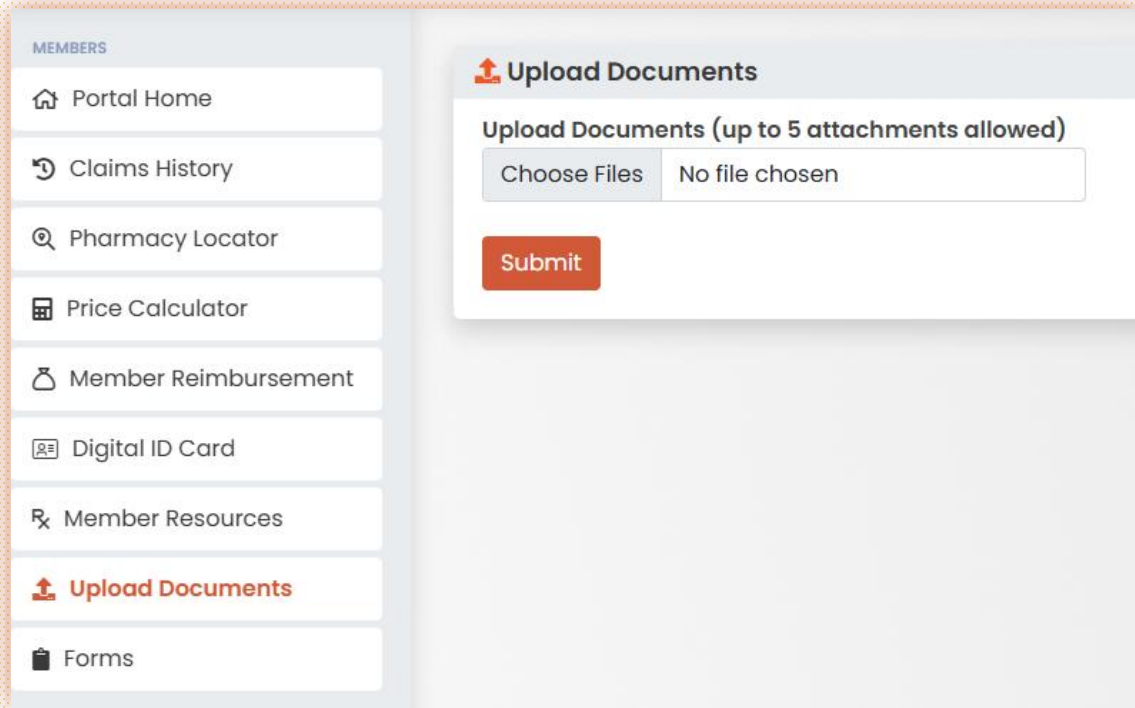
Specialty Pharmacy

DisclosedRx has programs with Prescription Navigators to better serve members who are taking medication(s) for certain chronic illnesses or complex diseases such as rheumatoid arthritis, multiple sclerosis, cancer, and hepatitis C. We are committed to providing you the support you need. Ordering new prescriptions through our specialty pharmacy partners is simple. Just call a Prescription Navigator at [1.888.589.3340](tel:18885893340) to get started. They will work with you and your prescriber.

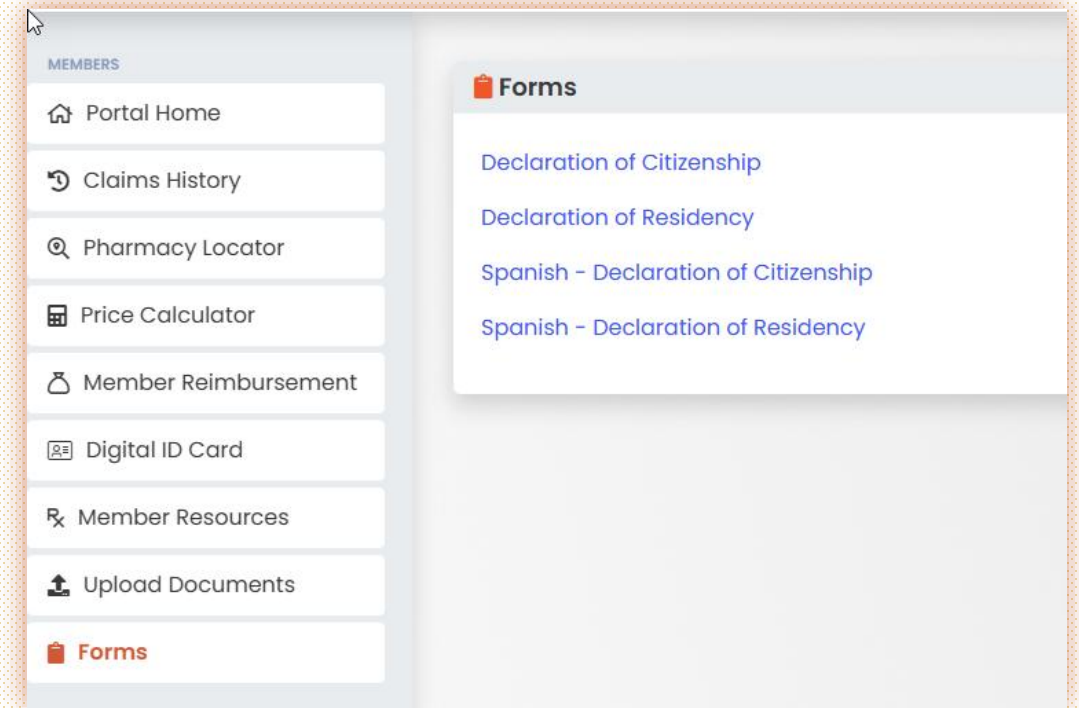
The Member Resources page provides members with useful information such as:

- DisclosedRx Formulary List
- Fillable/Printable Member
- Reimbursement Form
- Savings opportunities
- Mail Order Pharmacy
- Retail 90
- Specialty Pharmacy Options

Upload Documents/Forms



A convenient space to upload documents for our Savings Program enrollment



Access links to all required forms for our Savings Program enrollment

Finally, a PBM You Can Trust:

DisclosedRx Delivers Real Results



www.DisclosedRx.com

DisclosedRx
The Fiduciary and Fully Disclosed PBM®