

SERVE YOU 

Welcome

How to Make the Most
of Your Pharmacy Benefit



Learn more
on next page



We are here to **serve you.**

Serve You Rx has been selected to provide the pharmacy benefit for you and your covered family members. We are here to serve you by helping you maximize your pharmacy benefit and better manage your prescription drug costs through informed decision making.

Questions?

Serve You Rx customer service representatives are available 364 days per year to provide assistance. Simply call us or go online:



800-759-3203



[serve-you-rx.com](https://www.serve-you-rx.com)



Your pharmacy benefit services

HOW CAN YOU SAVE MONEY ON PRESCRIPTIONS?

- **Switch to a lower-cost medication.** Ask your prescriber if your treatment has a generic alternative.
- **Use mail service.** For medications you take regularly, mail service offers a 90-day supply often for less than what you would pay at a retail pharmacy.
- **Use our online tools** to compare pharmacy prices and research lower-cost medication alternatives.

Serve You Rx connects you with the tools and resources you need to make informed decisions about your pharmacy benefit and medications.

Here are several ways to make the most of your pharmacy benefit:

1 Sign up for the Serve You Rx Member Portal

The Serve You Rx website, serve-you-rx.com, has a password-protected members section where you can research drugs, compare prescription costs, find participating network pharmacies, track medication history, and more.

2 Find an In-Network Pharmacy

The Serve You Rx nationwide pharmacy network has thousands of pharmacies, including all chain pharmacies, independent community pharmacies, and mail service pharmacies operated by Serve You Rx. To find a participating pharmacy or to check if your current pharmacy is in our network, log in to the Member Portal at serve-you-rx.com and use the pharmacy search feature or call us at 800-759-3203.



3 Maximize Savings with Mail Service

Mail service can save you time and money by delivering the medications that you take regularly for chronic conditions right to your door.

Our mail order pharmacies provide:

- Free standard home delivery
- Three-month supplies of your medications, which likely cost less than what you would pay at a retail pharmacy
- 24/7 access to pharmacists who can answer questions about your mail prescriptions
- Convenient refill options by phone, by mail, and online
- Secure and confidential packaging that protects against weather and tampering



4 Refer to the Serve You Rx Preferred Drug List

A Preferred Drug List (PDL) is a list of prescription medications covered by your prescription drug plan. Its purpose is to help you and your prescriber choose safe, effective, and cost-efficient drug treatments.

Using drugs on the PDL often results in lower out-of-pocket costs. You can learn which drugs are listed on the PDL by visiting serve-you-rx.com or by calling Serve You Rx customer service at 800-759-3203.

5 Explore Lower-Cost Options

Generic drugs contain the same active ingredients as their brand-name counterparts and can be considerably less expensive. An FDA-approved generic equivalent will be dispensed whenever possible based on availability and your prescriber's approval.

If you choose to have your prescription filled with a brand-name drug when a generic is available, you may be required to pay the cost difference in addition to your copay. We recommend that you ask your prescriber or pharmacist if a generic is available for your medications, as this may provide considerable cost savings for you.

Serve You Rx customer service representatives are available 364 days per year to provide assistance. Simply call us or go online.



800-759-3203



serve-you-rx.com





Mail service that makes life
easier

SERVE YOU 
DIRECT

Serve You DirectRx Pharmacy saves you time and money by delivering the medications you take regularly right to your door.

Learn more
on next page





Getting Started is as easy as

1 Go to **SERVE-YOU-RX.com**

2 Download the **New Prescription Mail-In Order Form**

3 Complete the form and mail it along with the original prescription and copy to:

Serve You DirectRx Pharmacy
P.O. Box 26096
Milwaukee, WI 53226

How to Transfer Prescriptions

To transfer your prescription to us for home delivery, you can:

Complete and mail in the **Prescription Transfer Form**, available for download at serve-you-rx.com

OR

Call Serve You DirectRx Pharmacy (Serve You DirectRx) and provide the following:

- Name and phone number of current pharmacy
- Prescription name and number found on medication label
- Prescriber name and phone number
- Number of refills remaining

How to Refill Prescriptions

There are four easy ways to get your refills if your prescription has been filled by us previously:

- Enroll in **EZAutoFill**, a free service that automatically refills your prescription based on an estimated supply remaining and mails you the medication at no extra charge. You only pay the cost of your copay. (EZAutoFill is not available for certain medications or to patients using Medicare.)
- Visit serve-you-rx.com and use **EZRefillRx**, available 24/7.
- Call 800-759-3203 and use our 24/7 automated refill service. Please have your prescription number and payment information on hand.
- Complete the order form that was included with your previous shipment and mail it to Serve You DirectRx.

Payment Information

Payment is required before your order will be shipped. To learn your copay amount, call the number on the back of your health plan or prescription drug plan ID card or call us at 800-759-3203. Serve You DirectRx accepts all major credit cards, Flexible Spending Account cards, Health Savings Account cards, and personal checks. You can choose to submit your method of payment with the order form or call us with your debit or credit card information at 800-759-3203.

Shipping

Standard home delivery is provided at no charge. Serve You DirectRx uses secure and confidential packaging that is tamper-evident and weather-resistant. Most orders are filled within two business days and mailed first class. Orders that require special handling are shipped express delivery (e.g., UPS). Members who provide an email address with their order will receive an email from Serve You Rx that includes the order tracking number. You can also check the status of your order by calling 800-759-3203.

Questions? Serve You DirectRx customer service is available 364 days per year, and Serve You DirectRx pharmacists are available 24/7 to answer questions about your mail service medications.

Simply call **800-759-3203**.

Frequently Asked Questions about Home Delivery

from Serve You DirectRx



1. When do I use Serve You DirectRx and when do I use my local pharmacy?

Serve You DirectRx is an easy and convenient way to receive and save money on the medications you take on a regular basis (e.g., drugs for high blood pressure, diabetes, high cholesterol, heart conditions, asthma, arthritis, birth control, etc.). Your prescription insurance card should be used at your local pharmacy when there is an immediate need for medication to treat an acute condition (e.g., antibiotics for an infection). Your local pharmacy is also a resource when you are first starting a medication that you eventually want to have filled through our mail service.

2. How long will it take to receive my mail order?

Most orders are shipped out of our pharmacy within two business days of being received. The time needed for delivery depends on the mail carrier service. We send standard orders first class using the United States Postal Service. Orders that need special handling (e.g., refrigerated medications) are shipped using express services, such as UPS. If you are mailing an order form to refill your prescription, we recommend mailing it when you have at least two weeks supply left of your medication. If you have questions about the status of your order, call us at 800-759-3203.

3. Can I order refrigerated items or controlled substances through your mail service?

Yes, items requiring refrigeration are shipped overnight in special packaging that keeps the drug at the required temperature. Controlled substance orders can be filled; however, individual state regulations may apply.

4. What are generic drugs?

Generic drugs contain the same active ingredients as their brand-name counterparts and can be considerably less expensive. Therefore, an FDA-approved generic equivalent will be dispensed whenever possible based on availability and your prescriber's approval.



SERVE YOU DIRECT



Call us at **800-759-3203**
Pharmacists are available 24/7



Send us a message through
our **Contact Us** page
at serve-you-rx.com
Please allow 48 hours for a
response to your message



Visit the **Frequently Asked
Questions** page on our
website, serve-you-rx.com

For questions about your
prescription drug plan benefit,
such as copays and deductibles,
please call the toll-free phone
number on the back of your
health plan or prescription
drug plan ID card.

If you need assistance, have a
complaint, or need to report an
error, call 800-759-3203.

If you need communication
assistance, call 800-759-3203
or complete the **Request for
Accessibility Assistance**
form available on our website
at serve-you-rx.com. Translation
services are available at no
cost by dialing 800-759-3203.
TTY 711

5. Can I get a brand-name drug when a generic version is available?

If you choose to have your prescription filled with a brand-name drug when a generic is available, you may be subject to a higher cost or copay for the medication. We recommend that you ask your prescriber or pharmacist if a generic is available for your medications, as this may provide considerable cost savings for you.

6. What is a preferred drug?

Your prescription drug insurance plan has established a formulary or preferred drug list (PDL). Preferred drugs are brand-name drugs that are listed on the PDL. Non-preferred brand-name drugs have higher coinsurance than preferred brand-name drugs. You will be charged the non-preferred brand copay if your drug is not on the PDL or if your prescriber insists on dispensing a brand-name drug when a generic is available.

7. What if there is an emergency and I need to get my medications?

If you have been impacted by an emergency or disaster and have an urgent need to get your medications, please call us at 800-759-3203.

8. Who do I contact if I have a question about my prescription?

If you have a question or concern about your prescription or order, call us at 800-759-3203. We have customer service representatives available 364 days per year and our pharmacists are available 24 hours per day, seven days per week to answer questions about medications dispensed by Serve You Rx mail service pharmacies.

For more answers to frequently asked questions about mail service and prescriptions (e.g., drug recalls, safe drug disposal, etc.), visit **FAQs** at serve-you-rx.com.

Get started today!



Simply download and follow the instructions on the **New Prescription Mail-In Order Form** or **Prescription Transfer Form** available at serve-you-rx.com

OR

Call your prescriber and request that an electronic prescription be sent or faxed to:

Serve You DirectRx Mail Order
10201 Innovation Drive, Suite 600
Milwaukee, WI 53226

FAX 866-494-0364

Hours of Operation

Pharmacy Hours:

Monday – Friday: 7:30 a.m. to 5 p.m. (CST)
Pharmacists are available 24/7 for consults

Customer Service Hours:

Monday – Friday: 7:30 a.m. – 9 p.m.
Saturday: 8 a.m. – 6 p.m.
Sunday: 9 a.m. – 3 p.m.
Closed Christmas Day

800-759-3203

SERVE-YOU-RX.com

New Prescription Mail-in Order Form



Please print using blue or black ink. **One form per member.**

If you have questions or need additional forms, visit serve-you-rx.com.

Mail this completed order form with your new prescription(s) to Serve You DirectRx Pharmacy, P.O. Box 26096, Milwaukee, WI 53226. Do not staple or tape prescriptions to the order form.

PRESCRIPTION BENEFIT CARDHOLDER INFORMATION

Prescription Benefit Plan Name: _____

Member ID #: _____ Group #: _____ BIN #: _____ PCN: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Gender: Male Female Email Address: _____

Permanent Address: _____ City: _____ State: _____ ZIP: _____

Delivery Address: _____ City: _____ State: _____ ZIP: _____
(If different than the permanent address) For this order only

Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____
 Mobile Work Home Mobile Work Home

MEDICATION ALLERGIES

No known allergies Aspirin Codeine Iodine Quinolones Tetracyclines
 Amoxil/Ampicillin Cephalosporins Erythromycin Penicillin Sulfa Drugs Others: _____

HEALTH CONDITIONS

None Asthma Epilepsy High blood pressure Osteoporosis Others: _____
 Acid Reflux Depression Glaucoma High cholesterol Prostate issues
 Arthritis Diabetes Heart problem Migraine Thyroid – low / high

Over-the-counter/herbal medications taken regularly: _____

ADDITIONAL PROCESSING INFORMATION

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here: _____

Notes to pharmacy: _____

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. **Brand-name medications may be subject to a higher cost.**

PAYMENT & SHIPPING Do not send cash.

- Ship overnight** (Please add \$35 to order amount)
 Check (Payable to: Serve You DirectRx Pharmacy) Total Amount Enclosed: \$ _____
 Charge to my credit card on file
 Charge to a NEW credit card: Mastercard VISA American Express Discover

Name as it Appears on Credit Card: _____

Billing Address: _____ Billing ZIP Code: _____

Credit Card #: _____ - _____ - _____ Expiration Date (month/year): ____/____

Cardholder Signature: _____ Today's Date (month/day/year): ____/____/____

I authorize Serve You DirectRx Pharmacy to maintain this NEW credit card on file and use as payment for future charges.

Signature: _____ Today's Date (month/day/year): ____/____/____

Standard processing time for orders is 2-3 business days from the date the completed order is received at the pharmacy. Please allow additional time for delivery when placing your order. *Serve You DirectRx* will contact you if there will be a delay in processing your order. Once shipped, medications may not be returned for a refund or adjustment.

Prescription Transfer Form

Please print using blue or black ink. **One form per member.**

If you currently use a mail service or local pharmacy to fill your prescriptions, you can easily transfer them to Serve You DirectRx Pharmacy by completing this form. An order will be placed for all prescriptions marked "Fill" on page 2. If you have questions or need additional forms, visit serve-you-rx.com.

Mail the completed transfer form along with payment, if applicable, to Serve You DirectRx Pharmacy, P.O. Box 26096, Milwaukee, WI 53226. Or fax to 866-494-0364

PRESCRIPTION BENEFIT CARDHOLDER INFORMATION

Prescription Benefit Plan Name: _____

Member ID #: _____ Group #: _____ BIN #: _____ PCN: _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Gender: Male Female Email Address: _____

Permanent Address: _____ City: _____ State: _____ ZIP: _____

Delivery Address: _____ City: _____ State: _____ ZIP: _____
(If different than the permanent address) For this order only

Primary Phone #: (____) _____ - _____ Mobile Work Home

Secondary Phone #: (____) _____ - _____ Mobile Work Home

MEDICATION ALLERGIES

No known allergies Aspirin Codeine Iodine Quinolones Tetracyclines

Amoxil/Ampicillin Cephalosporins Erythromycin Penicillin Sulfa Drugs Others: _____

HEALTH CONDITIONS

None Asthma Epilepsy High blood pressure Osteoporosis Others: _____

Acid Reflux Depression Glaucoma High cholesterol Prostate issues

Arthritis Diabetes Heart problem Migraine Thyroid – low / high

Over-the-counter/herbal medications taken regularly: _____

PAYMENT & SHIPPING Do not send cash.

Ship overnight (Please add \$35 to order amount)

Check (Payable to: Serve You DirectRx Pharmacy) Total Amount Enclosed: \$ _____

Charge to my credit card on file

Charge to a NEW credit card: Mastercard VISA American Express Discover

Standard processing time for orders is 2-3 business days from the date the completed order is received at the pharmacy. Please allow additional time for delivery when placing your order. *Serve You DirectRx* will contact you if there will be a delay in processing your order. Once shipped, medications may not be returned for a refund or adjustment.

Name as it Appears on Credit Card: _____

Billing Address: _____ Billing ZIP Code: _____

Credit Card #: _____ - _____ - _____ Expiration Date (month/year): ____/____

Cardholder Signature: _____ Today's Date (month/day/year): ____/____/____

I authorize Serve You DirectRx Pharmacy to maintain this NEW credit card on file and use as payment for future charges.

Signature: _____ Today's Date (month/day/year): ____/____/____

PRESCRIPTION TRANSFER INFORMATION

Last Name: _____ First Name: _____ MI: _____ Gender: Male Female

| | |
|---|--|
| RX#: _____ | DRUG NAME/STRENGTH: _____ |
| <input type="checkbox"/> Fill <input type="checkbox"/> Do Not Fill At This Time | <input type="checkbox"/> Fill And Place On EZAutoRefill (automatic refill) <i>EZAutoFill is not available to Medicare Patients</i> |
| Directions For Use: _____ | |
| Prescriber Name: _____ | Prescriber Phone#: (_____) _____ - _____ |
| Pharmacy Name: _____ | Pharmacy Phone #: (_____) _____ - _____ |

| | |
|---|--|
| RX#: _____ | DRUG NAME/STRENGTH: _____ |
| <input type="checkbox"/> Fill <input type="checkbox"/> Do Not Fill At This Time | <input type="checkbox"/> Fill And Place On EZAutoRefill (automatic refill) <i>EZAutoFill is not available to Medicare Patients</i> |
| Directions For Use: _____ | |
| <input type="checkbox"/> Prescriber and Pharmacy Information Same As Above | |
| Prescriber Name: _____ | Prescriber Phone#: (_____) _____ - _____ |
| Pharmacy Name: _____ | Pharmacy Phone #: (_____) _____ - _____ |

| | |
|---|--|
| RX#: _____ | DRUG NAME/STRENGTH: _____ |
| <input type="checkbox"/> Fill <input type="checkbox"/> Do Not Fill At This Time | <input type="checkbox"/> Fill And Place On EZAutoRefill (automatic refill) <i>EZAutoFill is not available to Medicare Patients</i> |
| Directions For Use: _____ | |
| <input type="checkbox"/> Prescriber and Pharmacy Information Same As Above | |
| Prescriber Name: _____ | Prescriber Phone#: (_____) _____ - _____ |
| Pharmacy Name: _____ | Pharmacy Phone #: (_____) _____ - _____ |

| | |
|---|--|
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| <input type="checkbox"/> Prescriber and Pharmacy Information Same As Above | |
| Prescriber Name: _____ | Prescriber Phone#: (_____) _____ - _____ |
| Pharmacy Name: _____ | Pharmacy Phone #: (_____) _____ - _____ |

| | |
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| Directions For Use: _____ | |
| <input type="checkbox"/> Prescriber and Pharmacy Information Same As Above | |
| Prescriber Name: _____ | Prescriber Phone#: (_____) _____ - _____ |
| Pharmacy Name: _____ | Pharmacy Phone #: (_____) _____ - _____ |

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. **Brand-name medications may be subject to a higher cost.**