MEMBER PORTAL GUIDE

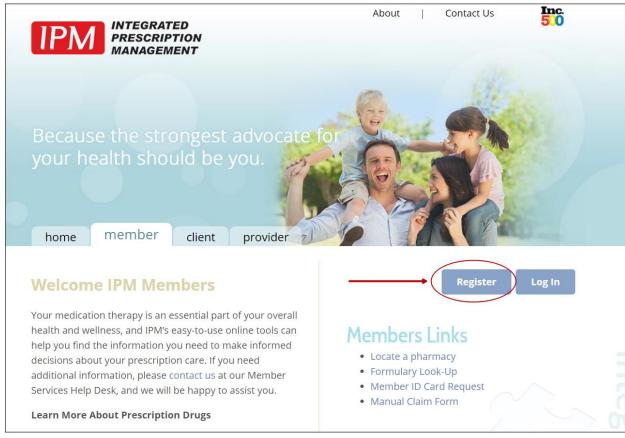# Table of Contents

REGISTRATION

To access the member portal, open your internet browser with the following address: **http://www.rxipm.com** and follow the steps below:
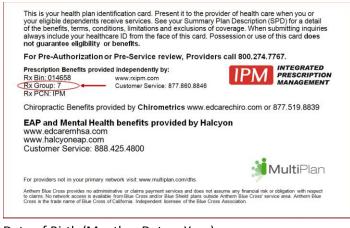
1. Click on the "member" tab:

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
      (The Rx Group number on the back of your card)

   e. Date of Birth (Month – Date – Year)

   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 IPM's Terms & Conditions and click on the check box to agree.
   d. Click on the 'Submit' button

Member Sign Up (Con't)

Your eligibility has been approved. Please continue below...

Email: * (We will send your portal activation code here)

my_email@email.com

Password: *

••••••••

Confirm Password: *

••••••••

☑ Agree to the IPM's Terms & Conditions.   **Submit**

5. You will be receiving an activation code on your email:

> Welcome to RxIPM Online Portal
> ==
>
>
> JOHN DOE, Thank you for your registration.
> You will need to finalize your registration process by copy-paste the following activation code:
>
> df65fbcd-c8b2-48a9-bec8-1bb2d54ff7ad
> Login at http://rxipm.com/login?initiate=activation
>
> Please do not share your login information with anyone else for your own privacy and security.
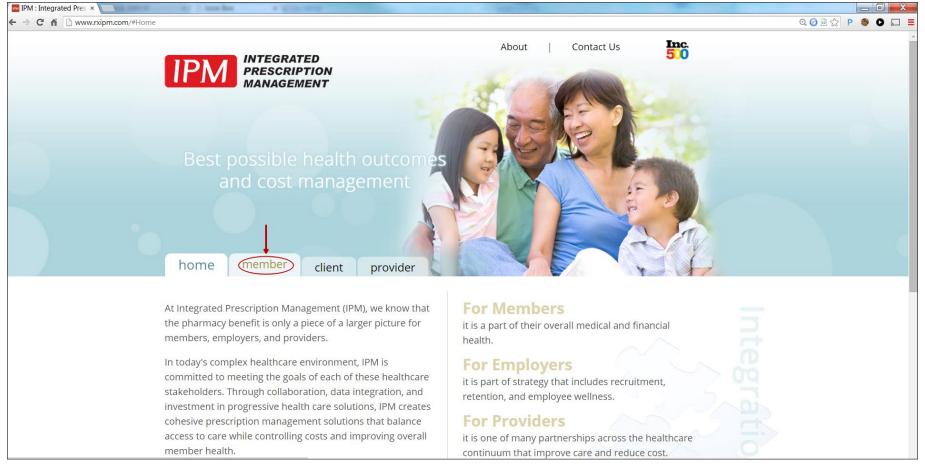
6. Please copy the activation code, click the link on the email (or go back to the internet browser), and paste the code in the 'One-time Activation Code' field. Please also enter your email and password.

Member Log-In

Please login below to access your info.

One-time Activation Code: *

df65fbcd-c8b2-48a9-bec8-1bb2d54ff7ad

Re-Send Activation Code

Email: *

my_email@email.com

Password: *

●●●●●●●●●●

Submit

Activation Needed.

You had registered but your account is not yet activated.
← Please enter your activation code sent to your email.

IPM Customer Service

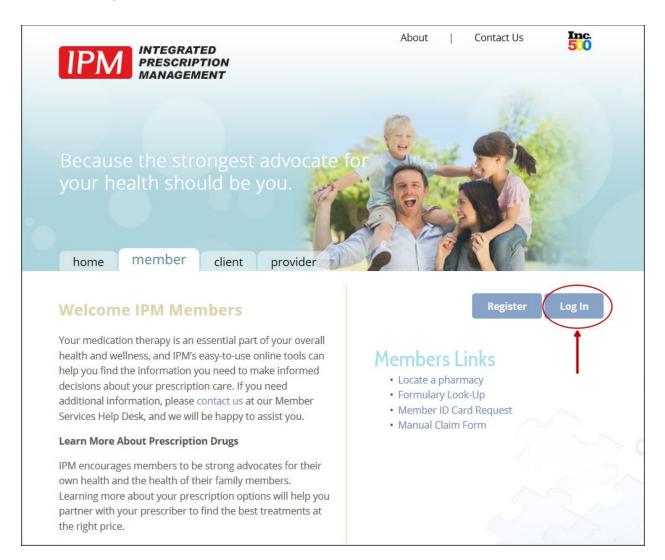email us at info@rxipm.com
or call 1.877.860.8846

Integration

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: http://www.rxipm.com and click on the 'member' tab:
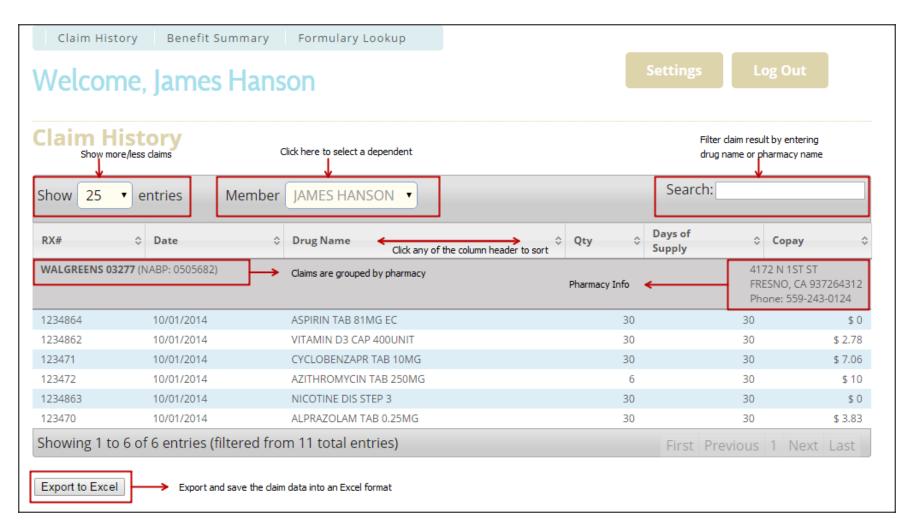
2. Click on the 'Log In' button:

3. Enter the email and password that you had set during the registration process and click the 'Submit' button:
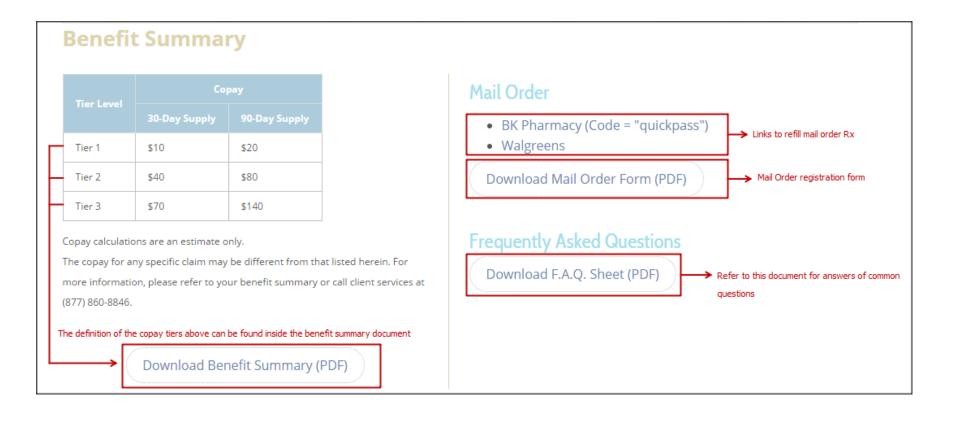
MEMBER PORTAL FEATURES

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, Qty, Days of Supply, 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).

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.
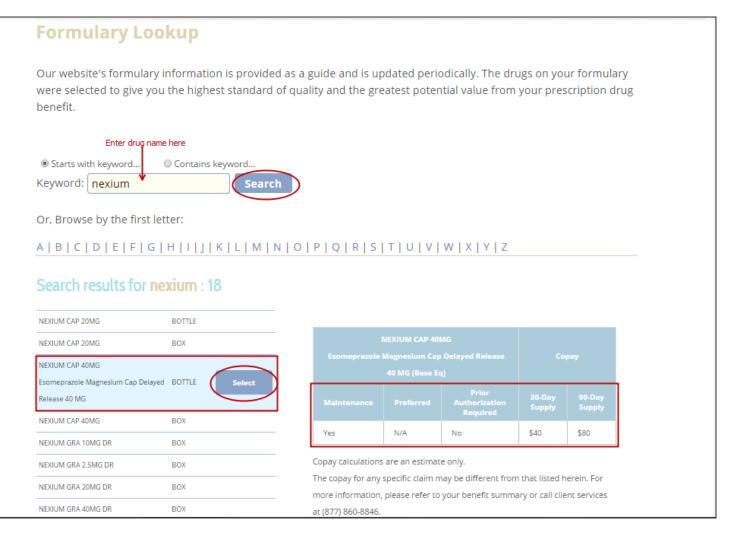
Benefit Summary

Tier Level	Copay	
	30-Day Supply	90-Day Supply
Tier 1	$10	$20
Tier 2	$40	$80
Tier 3	$70	$140

Copay calculations are an estimate only.

The copay for any specific claim may be different from that listed herein. For more information, please refer to your benefit summary or call client services at (877) 860-8846.

The definition of the copay tiers above can be found inside the benefit summary document

Download Benefit Summary (PDF)

Mail Order

- BK Pharmacy (Code = "quickpass")
- Walgreens

→ Links to refill mail order Rx

Download Mail Order Form (PDF) → Mail Order registration form

Frequently Asked Questions

Download F.A.Q. Sheet (PDF) → Refer to this document for answers of common questions

MAIL ORDER REFILL

To refill your mail order prescriptions through BK Pharmacy, click on the BK Pharmacy link in the Benefit Summary section (as described above) . Choose the delivery method, enter the prescription number, enter the word 'quickpass' in the 'Code' field, then press the "Quick Refill" button.

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.

CHANGING 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.

Account Settings

Change My Password

You will be prompted to log out upon successful submission. Please log back in with your new password.

Current Password: New Password: Confirm New Password:

| User validation | | | Update

Update My Email Address

Current Email: jhanson@rxipm.com (confirmed)

You will be asked to verify your new email address by logging into your new email account and click the confirmation link.

Current Password: New Email: Confirm New Email:

| User validation | | | Update