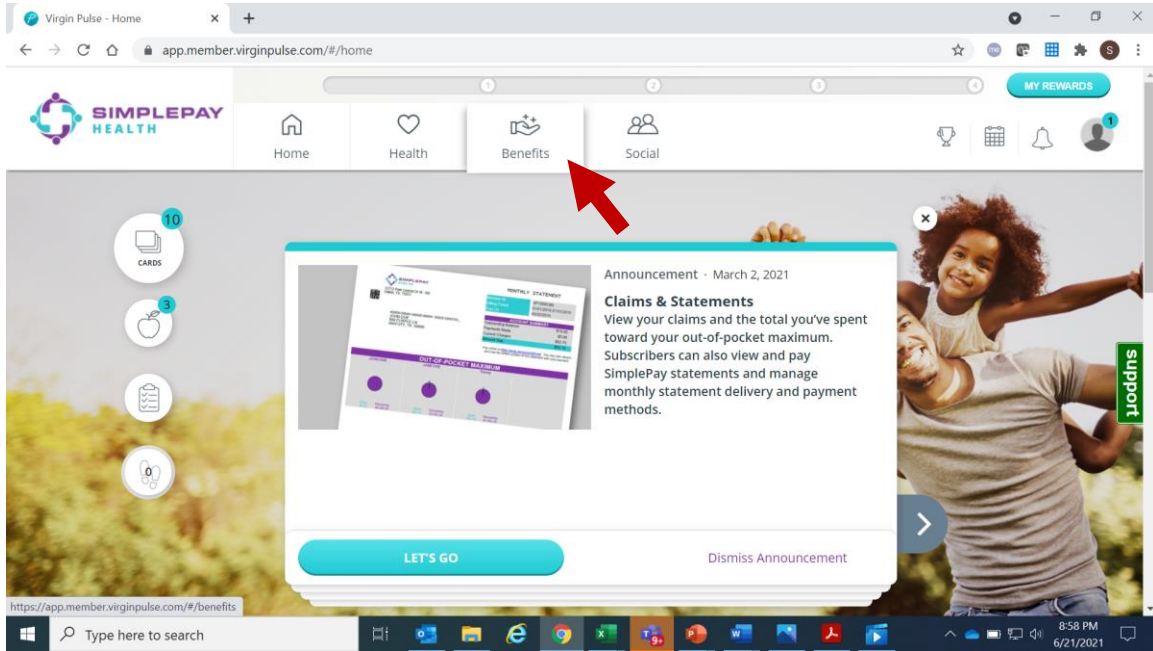
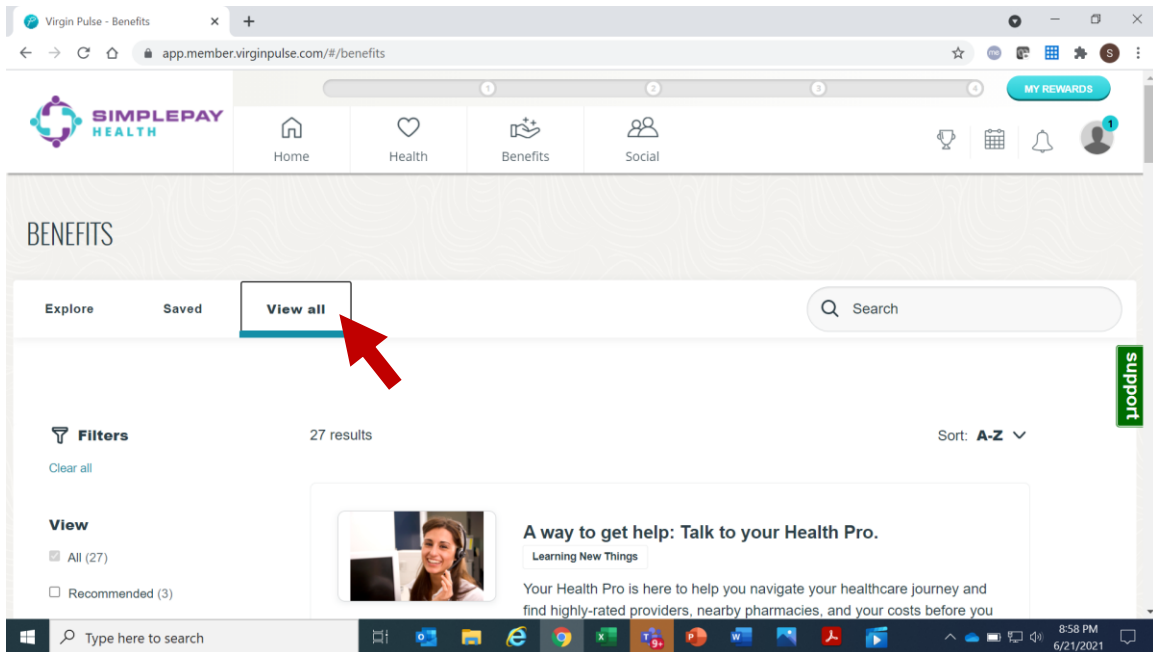


HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

Step 1: Sign into simplepayhealth.com and click on the “Benefits” tab

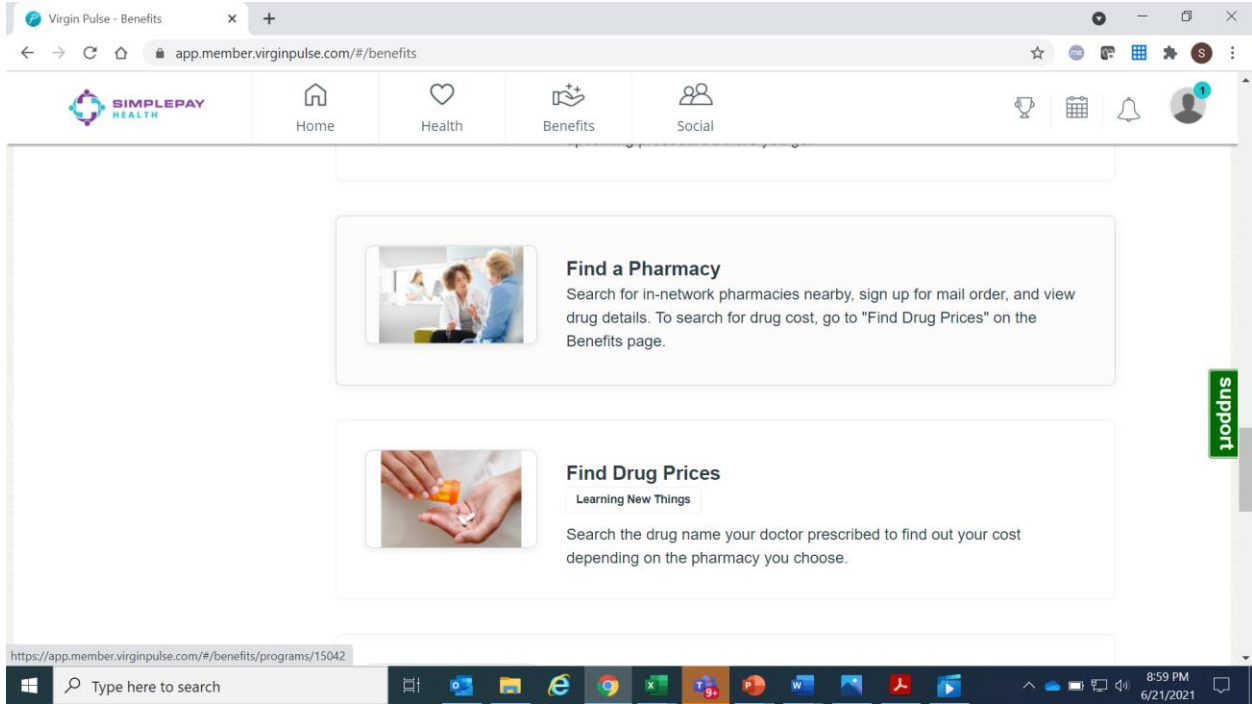


Step 2: To find the price of a drug or a pharmacy benefit card, click “View All”



HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

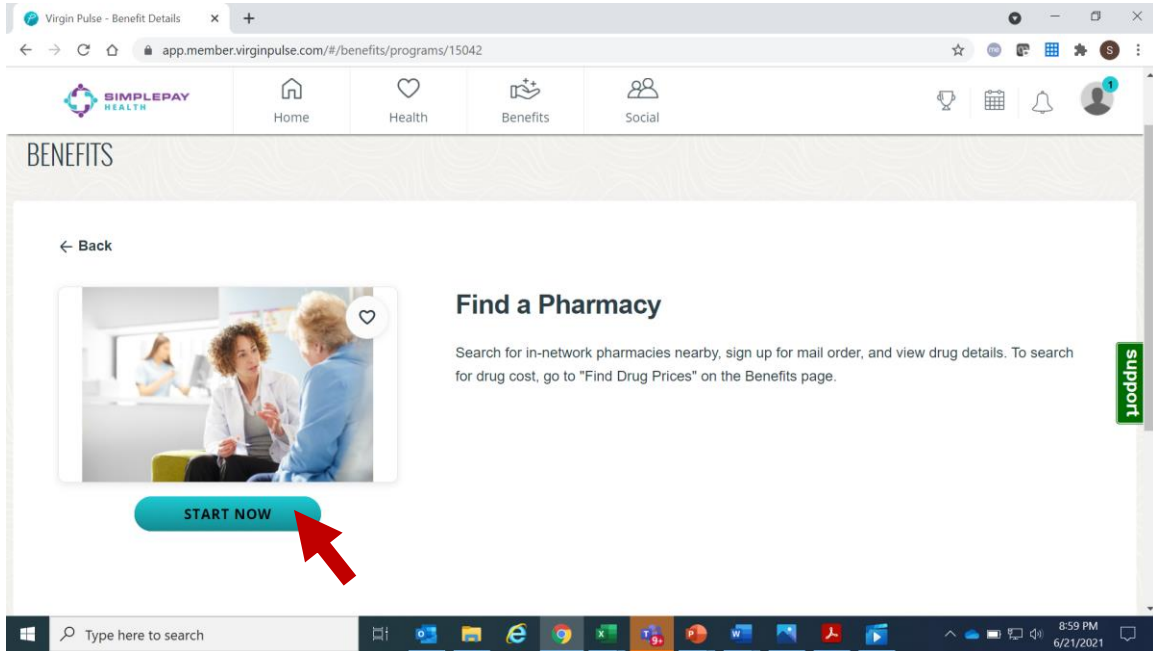
Step 3: Scroll down the list of the benefit cards until you see the two benefit cards below:



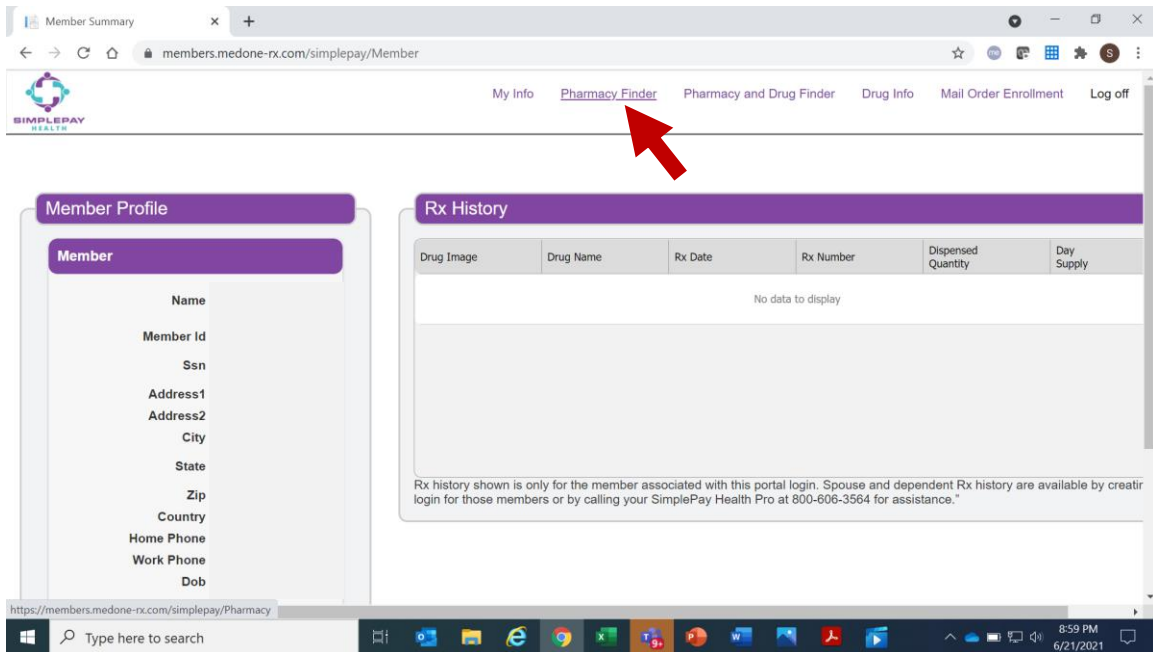


HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

To Find a Pharmacy, please click on the “Find a Pharmacy” benefit card and click “Start Now”



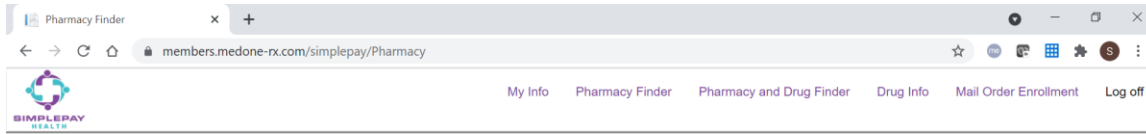
Step 1: Click on the “Pharmacy Finder” link in the top row menu





HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

Step 2: Enter your preferred zip code and distance parameter in the search box



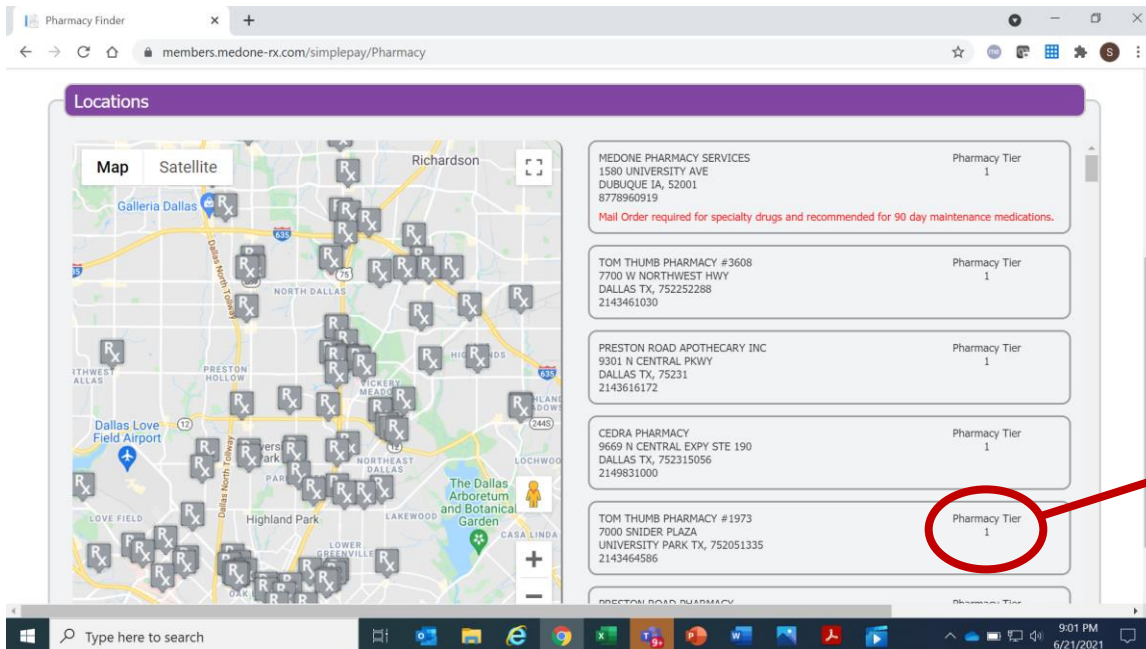
Pharmacy Finder

75225 Within 5 Miles

Search



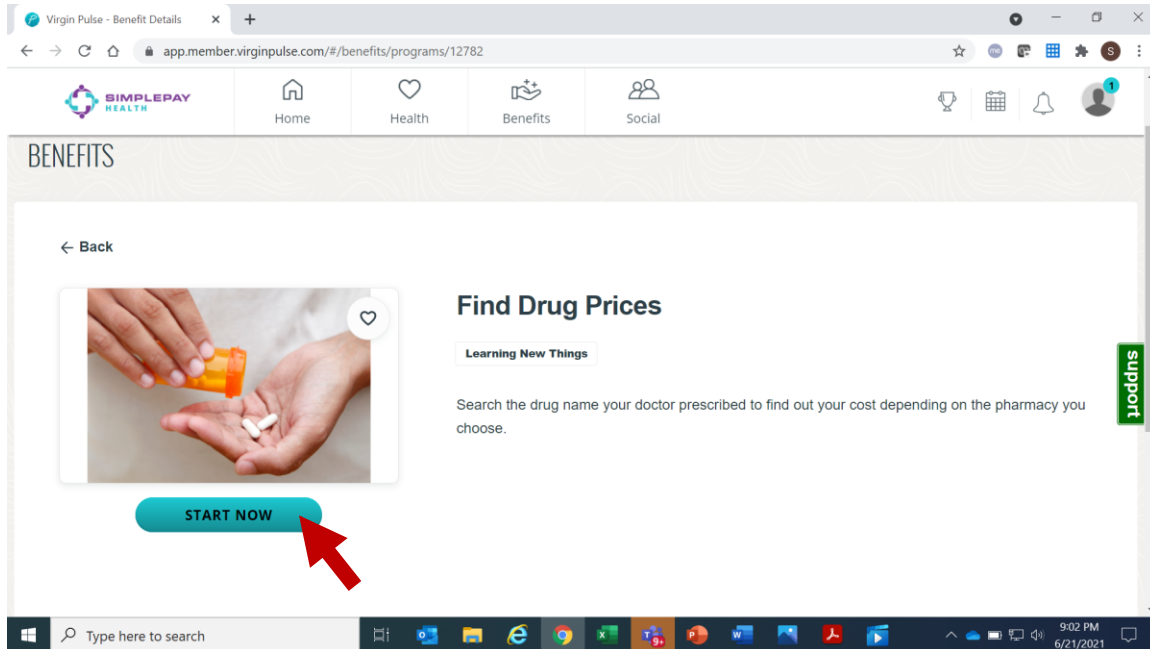
Step 4: View your results



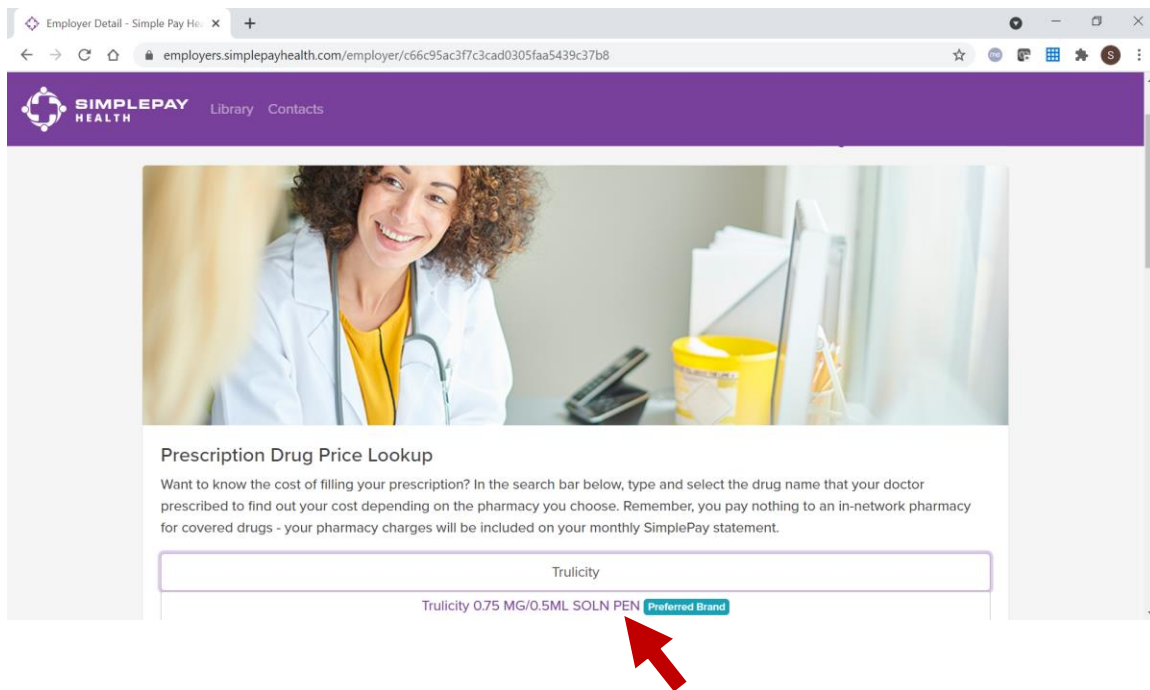
Note: You can see the Pharmacy Tier here. Tier 1 pharmacies have the best benefits and lowest copays.

HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

To Find a Drug Price, please click on the “Find Drug Prices” benefit card and click “Start Now”

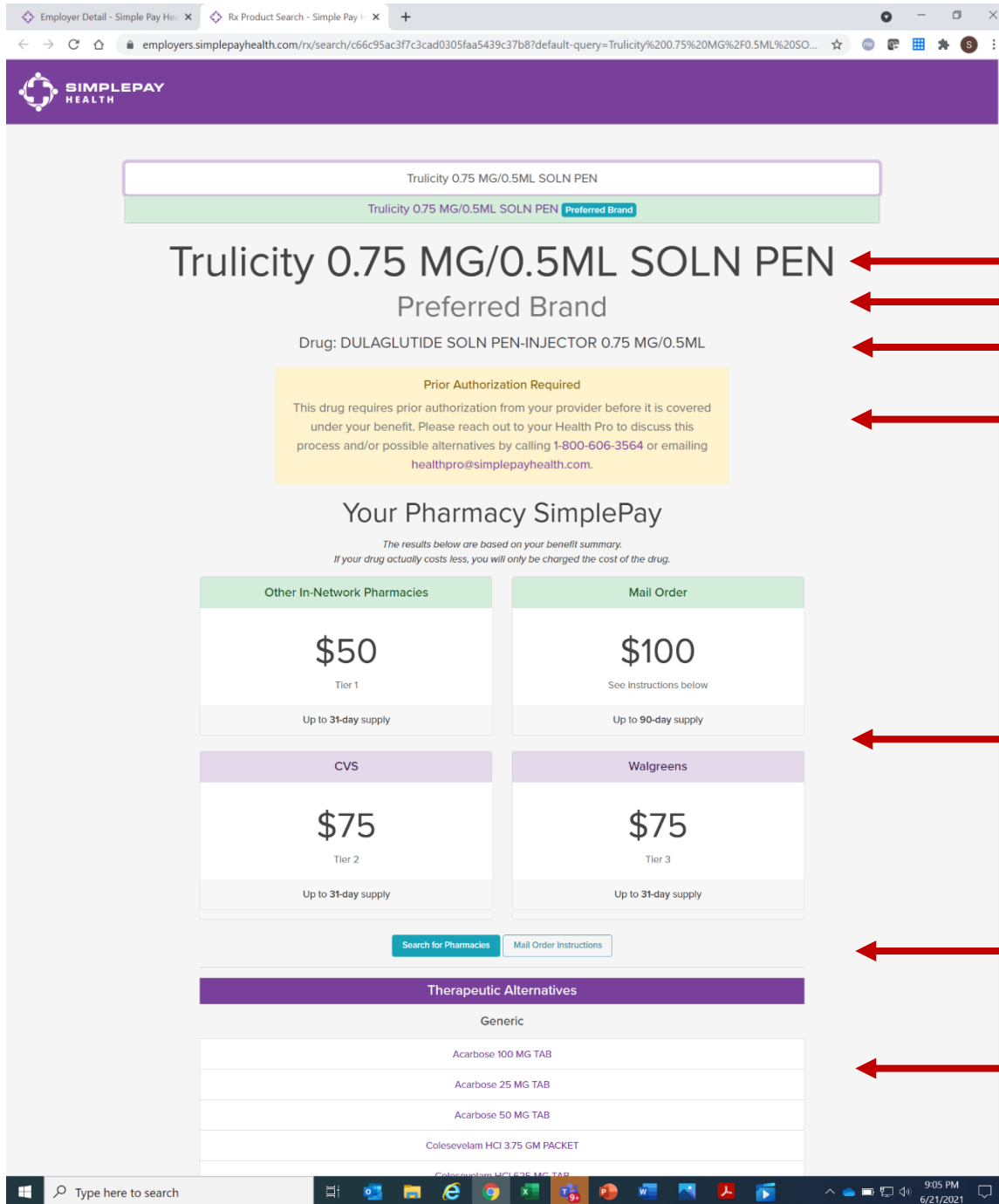


Step 1: Type the name of your drug into the search box and click on the result that best matches the exact name and dosage of your drug



HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

Step 2: View your results



Trulicity 0.75 MG/0.5ML SOLN PEN

Trulicity 0.75 MG/0.5ML SOLN PEN **Preferred Brand**

Trulicity 0.75 MG/0.5ML SOLN PEN

Preferred Brand

Drug: DULAGLUTIDE SOLN PEN-INJECTOR 0.75 MG/0.5ML

Prior Authorization Required

This drug requires prior authorization from your provider before it is covered under your benefit. Please reach out to your Health Pro to discuss this process and/or possible alternatives by calling 1-800-606-3564 or emailing healthpro@simplepayhealth.com.

Your Pharmacy SimplePay

*The results below are based on your benefit summary.
If your drug actually costs less, you will only be charged the cost of the drug.*

Other In-Network Pharmacies	Mail Order
<p>\$50</p> <p>Tier 1</p> <p>Up to 31-day supply</p>	<p>\$100</p> <p>See instructions below</p> <p>Up to 90-day supply</p>
CVS	Walgreens
<p>\$75</p> <p>Tier 2</p> <p>Up to 31-day supply</p>	<p>\$75</p> <p>Tier 3</p> <p>Up to 31-day supply</p>

[Search for Pharmacies](#) [Mail Order Instructions](#)

Therapeutic Alternatives

Generic

Acarbose 100 MG TAB
Acarbose 25 MG TAB
Acarbose 50 MG TAB
Colesevelam HCl 3.75 GM PACKET
Colonyx 1250 MG TAB

- ← **Name of the Drug**
- ← **Type of Drug**
- ← **Technical Name of the Drug**
- ← **Special requirements before a drug can be purchased**
- ← **Prices by pharmacy type and days supply**
- ← **Click here for Mail Order program enrollment**
- ← **Possible drug alternatives that may have lower prices**



HOW TO FIND THE MEMBER PRICE OF A DRUG OR FIND A PHARMACY

THANK YOU!

MORE QUESTIONS?

www.simplepayhealth.com

healthpro@simplepayhealth.com

800.606.3564