



Get To Know MyDrugBenefit



Standard Benefit ▾

Retail	Member Responsibility	Days Supply
Tier 1	\$10.00	30
Tier 2	\$20.00	30
Tier 3	\$30.00	30

Retail Notes : This information is a general summary of benefits and costs related to your prescription benefit plan. Please refer to your Summary Plan Description located in the Message Center for additional benefits information or contact your Plan Administrator at [insert phone #].

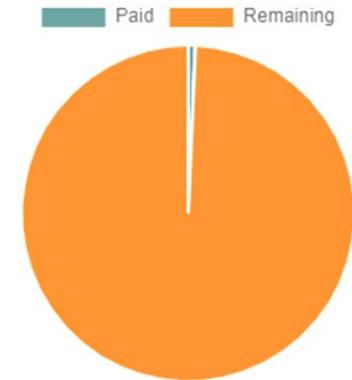
Mail	Member Responsibility	Days Supply
Tier 1	\$20.00	90
Tier 2	\$40.00	90
Tier 3	\$60.00	90

Mail Notes: This information is a general summary of benefits and costs related to your prescription benefit plan. Please refer to your Summary Plan Description located in the Message Center for additional benefits information or contact your Plan Administrator at [insert phone #].

	Individual	Family
Deductible	\$250.00	\$0.00
Maximum Out Of Pocket	\$4,000.00	\$5,000.00

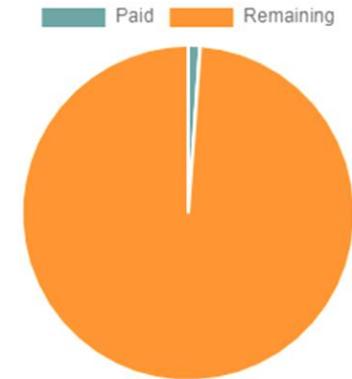
Maximum Out Of Pocket ▾

Individual Maximum Out Of Pocket



You've paid \$27.00 / \$4,000.00 of your Individual Maximum out of Pocket.

Family Maximum Out Of Pocket



You've paid \$57.00 / \$5,000.00 of your Family Maximum Out of

Search Claims

Search

Clear

Pro Tip

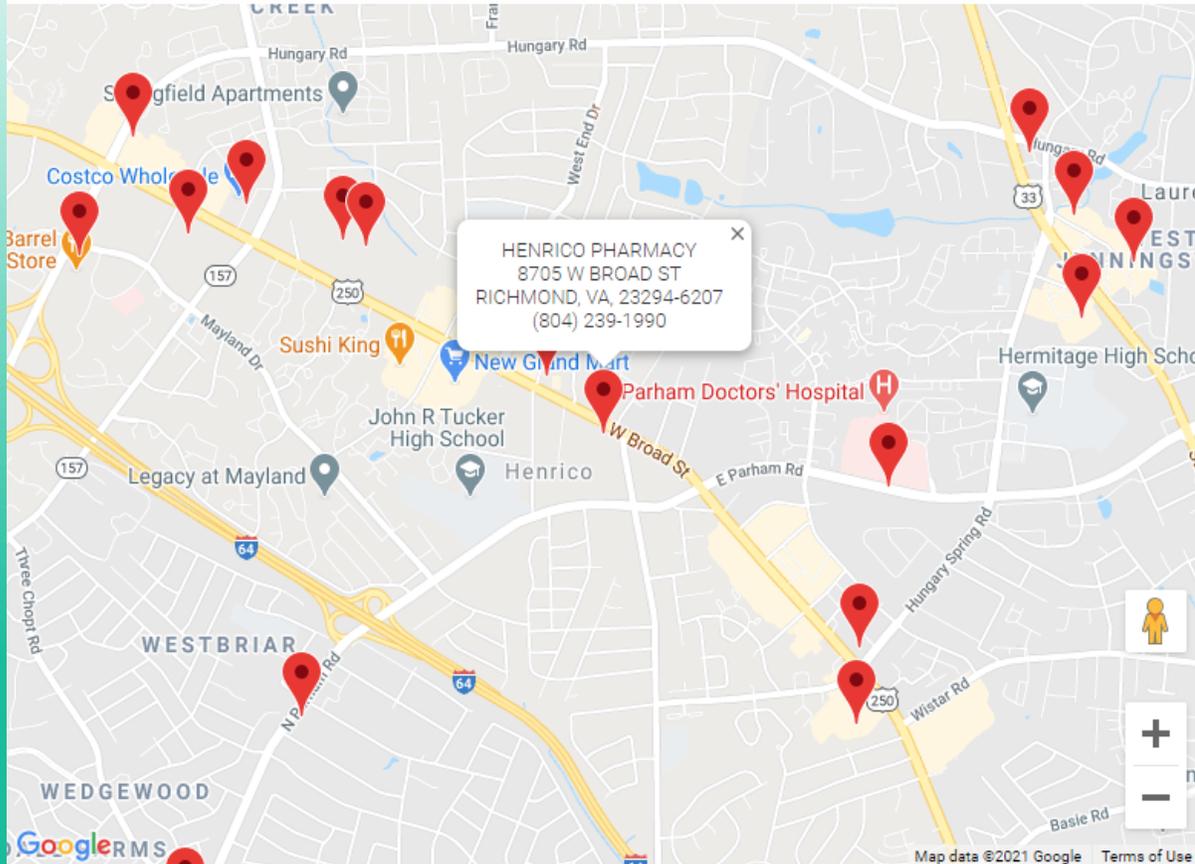
Click on a claim to view detailed information about it. Click on the column name to sort your claims.

Date	Medication	Copay
02/01/2021	LISINOPRIL 40 MG TABLET	\$4.20
02/01/2021	METFORMIN HCL 850 MG TABLET	\$6.11
02/01/2021	GLIMEPIRIDE 4 MG TABLET	\$5.86
01/01/2021	LISINOPRIL 40 MG TABLET	\$2.94
01/01/2021	METFORMIN HCL 850 MG TABLET	\$4.13
01/01/2021	GLIMEPIRIDE 4 MG TABLET	\$3.50
12/02/2020	LISINOPRIL 40 MG TABLET	\$2.94
12/02/2020	ATORVASTATIN 40 MG TABLET	\$3.41
12/02/2020	METFORMIN HCL 850 MG TABLET	\$4.13
12/02/2020	GLIMEPIRIDE 4 MG TABLET	\$3.50
10/26/2020	LISINOPRIL 40 MG TABLET	\$0.00
10/26/2020	ATORVASTATIN 40 MG TABLET	\$0.00
10/26/2020	METFORMIN HCL 850 MG TABLET	\$0.00
10/26/2020	GLIMEPIRIDE 4 MG TABLET	\$0.00
10/25/2020	FLUOCINONIDE 0.05% OINTMENT	\$0.00

 Enter an Address...

Search Clear

Use Current Location In-Network Only



Distance	Pharmacy	Network/Pharmacy Type
0.60 mi.	HENRICO PHARMACY 8705 W BROAD ST RICHMOND, VA, 23294-6207	In-Network Only Community/Retail Pharmacy
0.62 mi.	CVS PHARMACY #01536 8820 WEST BROAD ST RICHMOND, VA, 23294	In-Network Only Community/Retail Pharmacy
0.65 mi.	PATIENT FIRST 2205 N PARHAM RD RICHMOND, VA, 23229	In-Network Only Non-Pharmacy Dispensing Site
0.97 mi.	SAMS PHARMACY 10-6343 9440 WEST BROAD STREET RICHMOND, VA, 23294-5330	In-Network Only Community/Retail Pharmacy
1.01 mi.	KROGER PHARMACY 9480 WEST BROAD STREET RICHMOND, VA, 23294	In-Network Only Community/Retail Pharmacy
1.23 mi.	COSTCO PHARMACY #205 9650 W BROAD ST	In-Network Only Community/Retail Pharmacy

Search Search Clear

[Compose Secure Message](#)

Inbox

Deleted

From	Subject	Date
Unknown User	New Network Pharmacy	10/14/2019 1:55:23pm
Unknown User	Drug Warning Message	10/14/2019 1:54:42pm
Unknown User	Flu Vaccines Available	10/14/2019 1:53:52pm

1 < >

Name Unknown User
Username demo_contact
Subscriber ID
Email
Subject New Network Pharmacy

Great news! Our pharmacy network is expanding to better serve you, and a new pharmacy in your neighborhood has recently joined. Michael's Drug at 100 Main Street, Richmond VA is now participating in our network, and ready to serve you.

Delete

Available on Mobile Devices

