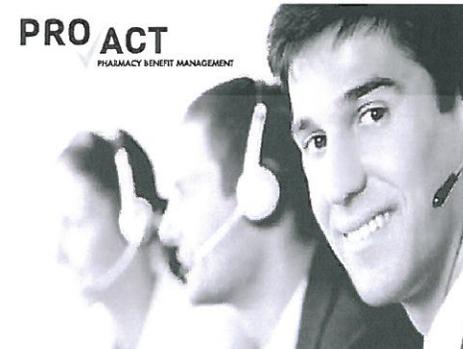


Member Guide

PRO ACT
PHARMACY BENEFIT MANAGEMENT



Customer Service

TEL: 1.877.635.9545

FAX: 1.315.287.7864

EMAIL: Service@ProActRx.com

HOURS: Mon - Fri [5:00am - 8:00pm] Sat [7:00am - 4:30pm]

Sun [7:00am - 3:30pm]MST

LANGUAGES CAPABILITIES: English, Spanish, Chinese, French, + many more

SERVICE FUNCTIONS:

- Benefit Overview
- Eligibility
- Prior Authorization

TEL: 1.866.287.9885

EMAIL: MailOrder@ProActPharmacyServices.com

GETTING STARTED:

1. Sign Up

~You must complete a New Patient Profile Form

Online - www.proactrx.com/mail-order

Print & Mail - www.proactrx.com/mail-order

Via Phone - 1.866.287.9885

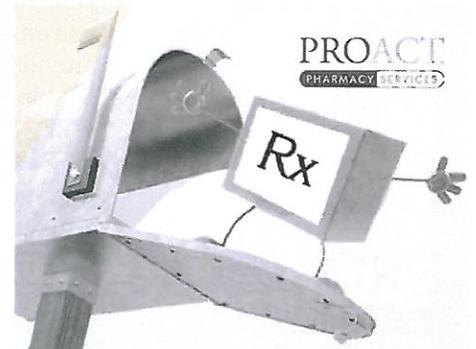
2. Submit New Rx

Via Mail - print order form online and submit with new script.

Via Fax (by prescribing physician) - 1.315.287.3330

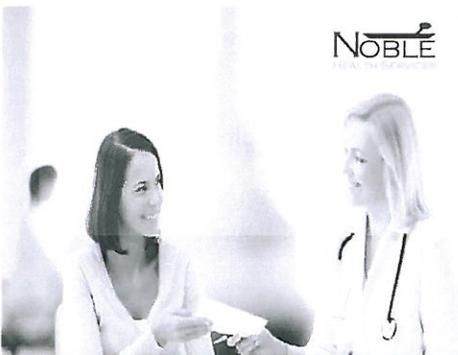
E-Prescribe - Submit to "ProAct Pharmacy Services"

NPI: 1154438877



Mail Order

NOBLE



Specialty Drugs

TEL: 1.888.843.2040

FAX: 1.888.842.3977

HOURS: 24 hours a day, 7 days a week

SUBMITTING A NEW PRESCRIPTION

Via Mail: You or your doctor can mail your new prescription.

Noble Health Services

6040 Tarbell Road

Syracuse, NY 13206

Via Fax: 1.888.842.3977

Via Phone: Your doctor can call one of our Registered Pharmacists.

1.888.843.2040

E-Prescribe: Noble Health Services accepts electronic prescription.

PRO ACT
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Customer Service

T 1.877.635.9545

F 315.287.7864

www.ProActRx.com

- ✓ Benefits
- ✓ Eligibility
- ✓ Prior Authorization

PROACT

PHARMACY SERVICES

Mail Order Pharmacy

T 1.866.287.9885

F 315.287.3330

www.ProActPharmacyServices.com

- ✓ Enrollment
- ✓ Auto Refill
- ✓ Transfers
- ✓ Order Status



Specialty Pharmacy

T 1.888.843.2040

F 888.842.3977

www.NobleHealthServices.com

- ✓ Enrollment
- ✓ Clinical Guidance
- ✓ Order Status
- ✓ Copay Assistance

Welcome.

Dear Member,

Effective 07/01/2016, Montana Municipal Interlocal Authority will be switching from your current pharmacy benefit manager to ProAct, Inc. As such, we'd like to welcome you on board. As an employee owned company we pride ourselves in our ability to provide a high touch service model where YOU are our top priority. We genuinely look forward to providing you with the pharmacy benefits that'll help you get well and stay well.

Owning and operating our own mail order and specialty pharmacies enables us to provide a streamlined prescription delivery system that minimizes disruption to you and your dependents.

Information is also immediately available by visiting www.ProActRx.com.

If you have any prescriptions that are filled at a retail pharmacy, please be sure to present your new identification card to inform your pharmacy of the change. For detailed information pertaining to mail order pharmacy, specialty pharmacy please reference the enclosed member guide.

On behalf of the entire staff at ProAct we would like to welcome and assure you that we are looking forward to assisting you with your pharmacy benefit needs.

If you have any questions, please contact our toll-free customer service help-desk at: 1-877-635-9545.

[Mon – Fri 5 am – 8 pm], [Saturday 7 am – 4:30 pm], [Sunday 7 am – 3:30 pm] MST

Effective 07/01/2016 our customer service helpdesk will be open 24 hours a day, 7 days a week.

Sincerely,

Your Dedicated ProAct Team
ProAct, Inc.

EFFECTIVE JULY 1ST

Dear Member,

This is your temporary prescription ID card. Cut it out and keep it with you at all times. Use this card, along with your current ID, until you receive your permanent ID card in the mail. This card can be used to verify your coverage (and coverage for dependents, if applicable).

Cut out along dashed line

<p>1-866-287-9885 or www.proactpharmacy.com</p> <p>MAIL ORDER – PROACT PHARMACY SERVICES</p> <p>Proact Pharmacy Helpdesk: 1-877-635-9545 or www.proactrx.com</p> <p>PROACT PHARMACY BENEFIT MANAGEMENT</p>	<p>Montana Municipal Interlocal Authority Prescription Card</p>	<p>MEMBER ID: Use previous ID number on medical ID card</p> <p>GROUP: MMIA</p> <p>BIN #: 017366</p> <p>PCN #: 9999</p> <p>This card covers insured and dependents. Administered by ProAct</p>
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HOW TO OBTAIN A PRESCRIPTION:

1. If you go to a pharmacy, be sure to bring your insurance identification card. If the pharmacy needs to verify your coverage, they may call ProAct, Inc., at 1-877-635-9545.
2. If you have paid the full cash price for a prescription, submit a claim for reimbursement to ProAct Inc., at the address below. Submit the full itemized receipt (must include name of drug, dosage, and prescribing doctor) with a completed direct member reimbursement form (contact ProAct to request a copy) to the address below.

ProAct Inc.
1230 US Highway 11
Gouverneur, NY 13642
Attn: DMR Department

If you have any questions, please contact our toll-free customer service helpdesk at 1-877-635-9545.
[Mon – Fri 5 am – 8 pm], [Saturday 7 am – 4:30 pm], [Sunday 7 am – 3:30 pm] MST

****Effective 07/01/2016 our customer service helpdesk will be available 24 hours a day, 7 days a week****

Sincerely,
YOUR DEDICATED PROACT TEAM
PROACT, INC.