



**US-Rx Care Connectivity Hub
User Guide**

Help us better assist you!

By registering in the Connectivity Hub, you can provide US-Rx Care with the best phone, email, and mailing address to contact you regarding your prescriptions.

Use this link <https://usrxcare.com/synovus/> to register.

You will need your Member ID found on your benefits card to register. All members 18 years and older will need to register themselves and provide their own unique phone and email address. Only they can see their own information, none other. Parents can see information for their dependents under age 18. (Only individuals 18 years or older are eligible to register.)

How to Register

Access the Connectivity Hub from <https://usrxcare.com/synovus/>

Step 1

Click on ‘To access the Connectivity Hub’ link:
To access the Connectivity Hub, [click here](#).



Team Member Pharmacy Benefit Resources

Synovus has multiple resources available to you that are designed to assist you get the most out of your pharmacy benefit managed by US-Rx Care.

In three easy steps, you can take advantage of all the resources available to you.

Step 1: Register To Access The Pharmacy Benefit Connectivity Hub

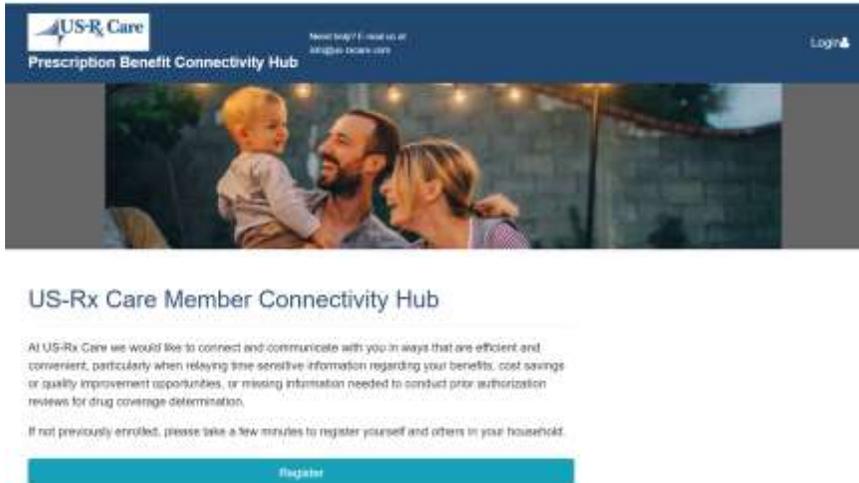
As an important first step, we strongly recommend that you register to access the US-Rx Care Connectivity Hub.

By doing so, US-Rx Care can connect and communicate with you in ways that are efficient and convenient, particularly when relaying time sensitive information regarding your benefits, cost savings or quality improvement opportunities, or missing information needed to conduct prior authorization reviews for drug coverage determination.

To access the Connectivity Hub, [click here](#).

Step 2

If not previously enrolled, click on the 'Register' link highlighted in blue.



Step 3

Enter your registration information:

Register

First name	Last name
Member id found on your benefits card	
Date of birth (mm/dd/yyyy) 18yrs+ Only	
User Name	
E-mail Address	
Set your secure questions	
Question 1	▼
Answer	
Question 2	▼
Answer	
Question 3	▼
Answer	

HAVE A QUESTION? EMAIL US AT info@us-rx.com



Set up your Password – Your password must contain the following:

- ❖ 1 Upper case letter
- ❖ 1 Lower case letter
- ❖ 1 Number
- ❖ Minimum of 8 characters

Setup your password

Must contain 1 upper case letter, 1 lower case letter, 1 number and at least 8 characters

Click on ‘Register’

By clicking Register, you agree to the [terms and conditions](#) and [privacy policy](#) for use of the US-Rx Care Connectivity Hub and related services.

Step 4

Verify and Update

All blank fields marked with “*” are required to be filled in, including email, phone, date(s) of birth, and designation of Primary Insured, Spouse, or Dependent. Any fields with “****” indicate information stored for an individual who our records indicate is 18 years or older. Check all the information that you entered to ensure everything is correct, then click the checkboxes at the bottom and place your first and last name in the text box provided, then press confirm. If there are any errors, scroll to see them.

You must complete all highlighted fields for each member under the age of 18.

- | | |
|---------------------------|-----------------|
| ✓ First Name | Last Name |
| ✓ Cell Phone for Text Msg | Email/User Name |
| ✓ Date of Birth | Relationship |
| ✓ Address 1 | City |
| ✓ State | Zip |
| ✓ Covered? | |

First Name	Last Name	Cell Phone for Text Msg	Email/User Name	Other Phone	Date of Birth	Relationship
JONATHAN	TEST	222-333-4444	synovus@us-rxcare.com	(Phone area code first)	Date of Birth (MM/DD/YYYY)	Select one w
	Address 1	Address 2	City	State	Zip	Covered?
	1139 MAIN STREET	Address Line 2	HELLERTOWN	PA	19055	<input checked="" type="checkbox"/>

HAVE A QUESTION? EMAIL US AT info@us-rxcare.com



Confirm: All boxes below must be checked to complete your registration, including authorize or not authorize.

By checking the boxes below and clicking submit, you are confirming that:

- You are a parent or guardian for any listed above under the age of 18 and are authorized to receive phone, text or email communications on their behalf or are registering yourself.
- That the information provided will be submitted to and stored may use the information for phone, text, or email outreach.
- US-Rx Care may rely on the accuracy of the information provided without any further research or validation.

I authorize I do not authorize

US-Rx Care to share this contact information with my health plan sponsor so that they too will have accurate and complete contact information for their use as well.

Note: Due to privacy regulations, we are not able to share individual medical information for family members age 18 or older with any other family member. Therefore, any family member age 18 or older, must register independently.

Enter your name here and click on the 'Confirm' button to submit:

Enter your name and click on the confirm button to submit.

Confirm

Note: You will receive this error message if you've not completed all fields:

Error: Please confirm that the information provided will be submitted to and stored by US-Rx Care and US-Rx Care may use the information to contact the individual(s) listed.



Step 5

Once you click on Confirm, if no error messages, you are in the site and registered.

Home Landing Page:

The screenshot shows the home landing page of the US-Rx Care Prescription Benefit Connectivity Hub. The page has a dark blue header with the US-Rx Care logo on the left, the text "Prescription Benefit Connectivity Hub" below it, and a "Log off" button on the right. Below the header is a light blue navigation sidebar with buttons for Home, Right Med App, Drug Benefit Portal, About, My Profile, Manage Household, and Log off. The main content area is titled "News / Updates / Helpful Tips" and contains a welcome message: "Welcome to the Prescription Benefit Connectivity Hub. Utilize the navigation links to the left to access available functions. Click on About to learn about the available functions." The footer is dark grey and contains the copyright notice: "Copyright © 2022 US-RX Care. All rights reserved. [Privacy Policy](#) | [Terms of Use](#)".

HAVE A QUESTION? EMAIL US AT info@us-rxcare.com

Right Med App (My Savings) Tab – Will allow you to see any pharmacist recommended lower-cost alternatives for medications prescribed for you in the past. Simply click on the box for any or all and then click on either **Fax Request(s) to Doctor** or **Print Request(s) to Bring to Doctor**.

Need help? E-mail us at info@us-rxcare.com
Home
My Savings
My Claims
Profile
Log off

Available Cost Savings Opportunities

We recommend that you ask your doctor if you can take advantage of any of the lower cost alternatives for medications prescribed for you in the past. Simply check the box for any or all and then click on either Fax Request To Doctor or Print Request to Bring To Doctor. If we have a valid fax number on file for your doctor, a request will automatically get faxed to them on your behalf if you select that option. You can print a copy of the request at any time by clicking the Print Request option as well. If the plan copay displayed below is the same for both your previously prescribed drug and the recommended lower cost alternatives, the overall cost shared by you and the plan will be less and your out of pocket cost for the lower cost option(s) may be less than your maximum copay under the plan.

Select For Doctor Consideration	Prescribed Drug / Max Copay	Alternative Drug / Max Copay
<input type="checkbox"/>	Vilbryd tab 40mg \$100	Escitalopram (generic for lexapro) 20mg Tablets \$10 Fluoxetine capsule (generic for prozac) 40mg Capsules \$10 Sertraline hcl (generic for zoloft) 100mg Tablets \$10
<input type="checkbox"/>	Myrbetriq tab 25mg \$100	Oxybutynin er (generic for ditropan xl) 5mg Tablets \$20 Toviaz 4mg Tablets \$47 Trospium (generic for sanctura) 20mg Tablet \$20
<input type="checkbox"/>	Azelastine spr 0.15% \$10	Fluticasone propionate (generic for flonase) 50mcg Nasal spray \$10

Note:

Max Copay reflects the plan Rx copay tiers, but does not reflect the impact of annual plan deductibles or out of pocket maximums. To determine your actual out of pocket cost including the impact of annual plan deductibles or out of pocket maximums, visit the [Drug Benefit Portal](#) to look up your dollar cost on any medication at any local pharmacy.

Fax Request(s) to Doctor

Print Request(s) to Bring to Doctor

My Savings – For a list of Medications you have filled in the past, a “save on your medications” indicator in green highlights medications for which pharmacist recommended lower cost alternatives are available. Click on the My Savings link at the top to print or fax lower cost recommendations to share with your doctor.

Need help? E-mail us at info@us-rxcare.com
Home
My Savings
My Claims
Profile
Log off

Claims History

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM

Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled
AZELASTINE SPR 0.15% <i>Save on this medication</i>	Fred meyer pharmacy	6494982	\$72.25	\$31.00	25	ALEXANDRA MEIER, MD	01/30/2022
NYAMYC POW 100000	Fred meyer pharmacy	6495529	\$3.51	\$31.00	30	SARA SMITH, NP	01/29/2022
MYRBETRIQ TAB 25MG <i>Save on this medication</i>	Fred meyer pharmacy	6501610	\$932.75	\$270.00	90	ALEXANDRA MEIER, MD	01/29/2022
VIIBRYD TAB 40MG <i>Save on this medication</i>	Fred meyer pharmacy	6501608	\$612.10	\$270.00	90	ALEXANDRA MEIER, MD	01/29/2022
ATORVASTATIN TAB 10MG	Fred meyer pharmacy	6465732	\$13.80	\$0.00	90	ALEXANDRA MEIER, MD	01/29/2022
Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled

[Show more results](#)

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM



Use the **dropdown** next to 'Log off' to access the same information your dependents under the age of 18.

RightMed Need help? E-mail us at info@us-rxcare.com Home My Savings My Claims Profile **Log off**

Claims History

NOTE: LAST FILLED CLAIM DATE(S) SHOWING HERE CAN LAG BY UP TO 45 DAYS. REAL TIME CLAIMS HISTORY IS ACCESSIBLE THROUGH THE MEMBER PORTAL AT MEMBER.USRXCARE.COM

Medication	Pharmacy	RX Number	Plan Paid Amount	Your Copay Amount	Days Supplied	Doctor	Last Date Filled
AZELASTINE SPR 0.15% Save on this medication	Fred meyer pharmacy	6494982	\$72.25	\$31.00	25	ALEXANDRA MEIER, MD	01/30/2022

Forgot Password

If you receive the below message, Click on Forgot Password link: [Forgot password?](#)

And you will receive an email to reset your password. Note: depending on your e-mail service provider it may take a few minutes for the reset e-mail password to arrive in your in box.

Log in

Error: Invalid Username or Password. x

njimenez@us-rxcare.com

.....

[Forgot password?](#)

Sign in

Not a member? [Register](#)

Contact Us:

If you need further assistance, email us at info@us-rxcare.com

HAVE A QUESTION? EMAIL US AT info@us-rxcare.com