

VytlOne Member Portal



User Guide

TABLE OF CONTENTS

WELCOME TO THE VYTLONE MEMBER PORTAL! 3

THE MEMBER PORTAL AT A GLANCE..... 4

CREATE YOUR PORTAL ACCOUNT 5

UPDATE YOUR ACCOUNT INFORMATION 6

 SECURITY INFO 6

 MANAGE NOTIFICATIONS 6

VYTLONE PHARMACY PRESCRIPTIONS - SIGN UP FOR HOME DELIVERY 7

VYTLONE PHARMACY PRESCRIPTIONS - REFILL YOUR PRESCRIPTIONS 7

VIEW YOUR PRIOR AUTHORIZATIONS 9

DEDUCTIBLE & OUT OF POCKET 9

VIEW YOUR PRESCRIPTION HISTORY 10

MANAGE YOUR DEPENDENTS 11

LOCATE A PHARMACY AND PRICE DRUGS 12

 PRICE A MEDICATION 12

 FIND A PHARMACY 13

VIEW YOUR PLAN INFORMATION 14

READ F.A.Q..... 15

INITIATE A CHAT 16

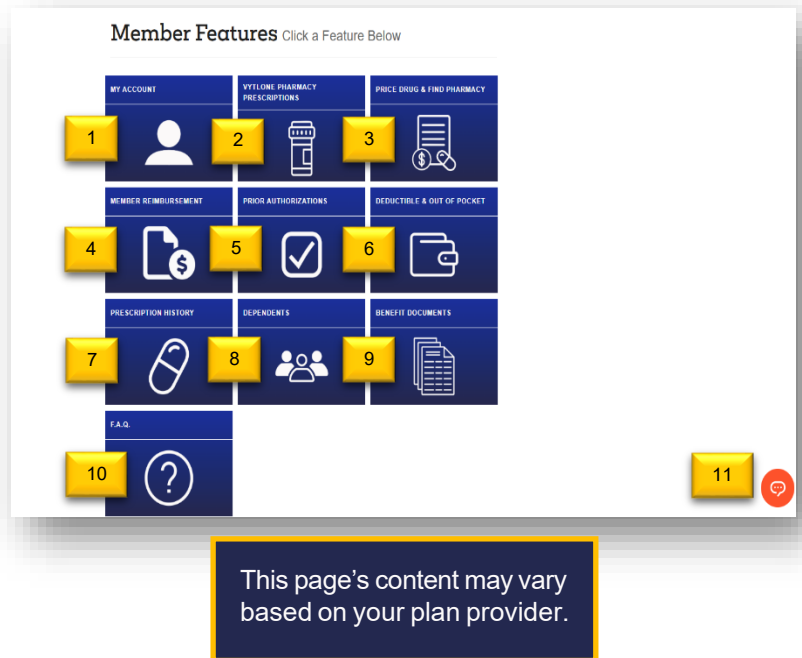
WELCOME TO THE VYTLONE MEMBER PORTAL!

The Member Portal is your one-stop resource for managing your pharmacy benefits. Through the portal, you can conveniently refill prescriptions, locate in-network pharmacies, check the estimated cost of medications, and access important benefit information.

Our goal is to make managing your pharmacy benefits simple, convenient, and accessible. We are continually enhancing the Member Portal by adding new features and improving existing functionality, ensuring you have the tools and information you need to make informed decisions about your prescription care - all at your fingertips.

This guide contains instructions on how to perform key benefit management activities and more and is organized by screen tiles so you can quickly find the information you need, like:

1. Update your account information
2. VytOne pharmacy prescriptions
3. Locate pharmacy and pricing drugs
4. Submit a reimbursement claim
5. View your prior authorizations
6. View your deductible and out-of-pocket accumulators
7. View your prescription history
8. Manage your dependents
9. View your plan information
10. Read F.A.Q.
11. Initiate a chat via the Chat Feature



QUESTIONS?

Contact our Member Advocates at

1-800-687-0707

or via the **Chat Feature** if you have any questions or encounter any issues while using the Member Portal.

THE MEMBER PORTAL AT A GLANCE

MY ACCOUNT



MY ACCOUNT

Change your password, manage your notification settings, and contact a member advocate.

VYTLONE PHARMACY PRESCRIPTIONS



VYTLONE PHARMACY PRESCRIPTIONS

Enroll in home delivery of maintenance medications and manage home delivery information and refills.

PRICE DRUG & FIND PHARMACY



PRICE DRUG & FIND PHARMACY

Search for your medication, view estimated cost, or find pharmacies.

PRIOR AUTHORIZATIONS



PRIOR AUTHORIZATIONS

Check the status of any prior authorization.

DEDUCTIBLE & OUT OF POCKET



DEDUCTIBLE & OUT OF POCKET

View your deductible and maximum out-of-pocket totals and limit.

DEPENDENTS



DEPENDENTS

Add and manage your dependents.

PRESCRIPTION HISTORY



PRESCRIPTION HISTORY

View and print prescription activity.

F.A.Q.



F.A.Q.

Find answers to commonly asked member portal and home delivery questions.

BENEFIT DOCUMENTS



BENEFIT DOCUMENTS

View your plan information such as formulary and more.

MEMBER REIMBURSEMENT



MEMBER REIMBURSEMENT

Submit a reimbursement claim for prescriptions purchased out of pocket.

CREATE YOUR PORTAL ACCOUNT

You must create an account the first time you access the Member Portal. Registration can be completed on or after your coverage effective date, which is the first day your pharmacy benefits become available. To successfully register, please have your member ID card available, as you will need information from the card to verify your identity and set up your account. Once registration is complete, you will have access to the tools and resources available through the Member Portal.

1. Go to ***members.vytone.com/app/#***.
2. Click **Create Account**.
3. Enter the email address you want to use for your login credentials.
4. A one-time passcode will be sent to the email address provided.
5. Enter the code sent to your email address to proceed with creating your account.
6. You will then be prompted to provide the following information to complete the creation of your account.
 - a. Password
 - b. Re-enter password
 - c. First & Last Name
 - d. Date of Birth (Format mm/dd/yyyy)
 - e. Rx Group # (*found on your ID card*)
 - f. Subscriber/Member ID (*found on your ID card*)
 - g. State/Province
7. After clicking Next, your account will have been created and you will be given the option to select your preferred method of authentication, moving forward. You can choose either email or phone number. If you prefer email, select "Use a different verification option".

Keep your account secure

Add your phone number so we can text you whenever we need to verify it's you.

+1

▼

Phone number

[Use a different verification option](#)

Message and data rates apply.

Cancel

Next

Log Into Your Account ⓘ

Log In

Create Account

YOUR RX ACCOUNT

Add details

We just need a little more information to set up your account.

Password

Password

Re-enter password

Re-enter password

First Name

First Name

Last Name

Last Name

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Rx Group #

Rx Group #

Subscriber ID / Member ID

Subscriber ID / Member ID

State/Province

Note: If any of the information is entered incorrectly in step 6, the "Complete My Patient Profile" Member Portal screen will appear. You will be required to complete the form and provide the corrected information.

UPDATE YOUR ACCOUNT INFORMATION

Update your account information, including your email address, communication preferences, and notification settings. To view or make changes to your current information, select the appropriate option from the left-hand navigation menu. Any updates you make will be reflected in your account settings once saved.

SECURITY INFO

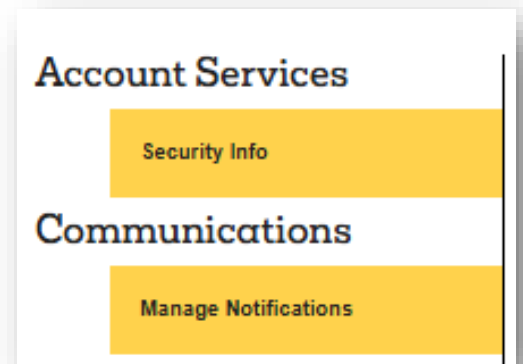
Change e-mail address here. Update your E-mail address for your login credentials.

To update your password, use the "Forgot Password" link on the login screen for Member Portal.

To change your login authentication method (text or email), call Member Services.

MANAGE NOTIFICATIONS

Select your preferred contact method for prescription and Vyt!One notifications: Text, Email, Voice Message, and Do Not Contact. **Note:** We will contact you even if you select 'Do Not Contact' if there is a problem with filling or shipping your prescription.



VYTLONE PHARMACY PRESCRIPTIONS - SIGN UP FOR HOME DELIVERY

Complete the Sign-Up Form to begin receiving medications through VytlOne Home Delivery Pharmacy.

The enrollment process consists of several screens that will guide you through setting up your account. As you progress through the setup, you will be asked to provide important information, including your health information, contact information, and payment information.

Before submitting your enrollment request, carefully review all information entered, including the summary displayed on the final screen, to ensure it is accurate and complete. Once you are satisfied with the information provided, submit the enrollment form for processing.

Please note: Home delivery accounts can only be created on or after your plan's effective date. After your enrollment form is submitted, it may take up to two business days for your account to be established and activated. Once your account has been activated, you will be able to use VytlOne Home Delivery Pharmacy services.

Home Delivery Sign-Up

Here you can sign up for our home delivery services. To get started, click the "Sign Up For Home Delivery" button and then select the member you want to enroll. Then, tell us about their allergies, health conditions, and current medications. You will click the "Continue" button and can return to a previous section by using the "Back" button.

If you have any questions, please call Home Delivery Customer Service at (800) 687-0707.

[Sign Up For Home Delivery](#)

VYTLONE PHARMACY PRESCRIPTIONS - REFILL YOUR PRESCRIPTIONS

You can refill your or your dependent's home delivery prescriptions on the VytlOne Pharmacy Prescriptions page.

Refill Prescriptions For:

View:

List

Grid

Shipping Address:

Choose Address

Personal Info

Add/Update Credit Card

My Refills

Credit Card: 1111

NO ITEMS SELECTED

Select to Fill	Rx#	Name	Quantity	Days Supply	Next Refill	Refills Remaining	Status
☐	4031479	LISINOPRIL 10 MG TABLET	30.0	30.0	07/12/2026	4.0	Refill Available
☐	4031480	AMOXICILLIN 500 MG CAPSULE	30.0	1.0	06/21/2026	3.0	Refill Available

* Order totals are estimated using previous copay amounts and may not reflect actual cost when processed.

Review Order

1. Select the prescription holder from the “**Refill Prescriptions For**” dropdown.
Note: If you do not have any linked dependents, your name will automatically appear in this field and no action is needed.
2. Select the “**Shipping Address**” for your prescription from the dropdown options.
Note: To update your delivery address, contact information, or add new address information, navigate to **Personal Info**.
3. Add or update your credit card information by clicking “**Add/Update Credit Card**”.
Note: To update your billing address, you will be required to re-enter your credit card information. Updates to your credit card number and/or expiration date will apply only to future orders; pending orders will not be updated automatically. If you'd like pending orders to be charged to your new credit card, please contact Member Services via our live chat feature or by phone at the number listed on your prescription card.
4. Select the prescription(s) you would like to refill.
Note: The **Status** column indicates whether refills are available or if VytOne must contact your provider before your prescription can be refilled.
5. Click “**Review Order**” to verify your order details before submitting your refill request.

Review Order

This order contains **1** prescription(s) for <Member Name> via home delivery.

Rx#	Name	Quantity	Days Supply	Co-pay*	Status
4031479	LISINOPRIL 10 MG TABLET This prescription can be refilled.	30.0	30.0	Unavailable	Refill Available

*Co-pays are estimated based on previous orders.
If no previous order exists, the co-pay estimate is unavailable.
The actual co-payment amount will be determined when the order is processed.

Total Co-pay Is Not Available For This Order.

If you have any questions about your co-pay, please contact customer service at (800) 687-0707.

Cancel

☐ By checking this box, you acknowledge the following: Certain states require that we advise patients about the risk of paying for medical services with a credit card. Medical debts have protections under federal and state laws, specifically the prohibitions against wage garnishment, property liens and reporting of medical debt to credit bureaus. If you pay medical bills with a credit card, those protections may not apply. By choosing to pay with a credit card, you acknowledge that you were notified of the risks, and you agree to proceed with this payment method.

Submit Now

VIEW YOUR PRIOR AUTHORIZATIONS

View the status of prior authorization requests for yourself and your covered dependents, including submission details, approval or denial determinations, and applicable approval timeframes. This feature allows you to easily track the progress of requests and review authorization history in one convenient location.

View Prior Authorizations For:

ANN

Prior Authorizations

Member	Prior Authorization Number	Drug Name	Prior Authorization Type	Status	Approval Start Date	Approval End Date
ANN	72361925	EMGALITY 120 MG/ML PEN	INITIAL/PRIMARY	APPROVED	09/27/2021	09/27/2022
ANN	68482406	UBRELVY 50 MG TABLET	INITIAL/PRIMARY	APPROVED	06/09/2021	06/09/2022
ANN	65405618	EMGALITY 120 MG/ML PEN	INITIAL/PRIMARY	APPROVED	03/23/2021	09/19/2021
ANN	64577921	AJOVY 225 MG/1.5 ML AUTOINJECTOR	INITIAL/PRIMARY	DENIED		
ANN	57606081	AIMOVIG 140 MG/ML AUTOINJECTOR	INITIAL/PRIMARY	DENIED		
ANN	53280050	AIMOVIG 70 MG/ML AUTOINJECTOR	INITIAL/PRIMARY	DENIED		

If a prior authorization is not listed please contact Member Services via our live chat feature below or by phone at the number listed on your prescription card.

DEDUCTIBLE & OUT OF POCKET

View your individual and family deductible balances, out-of-pocket spending, and plan limits. This feature allows you to track your progress toward meeting your deductible and maximum out-of-pocket requirements, helping you better understand your current benefit utilization and remaining financial responsibility under your plan.

Deductible & Out of Pocket

Member	Type	Amount to Deductible	Maximum Deductible	Amount to Out of Pocket	Maximum Out of Pocket
TRAVIS	INDIVIDUAL	\$ -	\$ -	\$ 0.00	\$ 4100.00
	FAMILY	\$ -	\$ -	\$ 0.00	\$ 5700.00

Accumulator amounts listed are based on the most recent information we have at the time of display. Individual accumulator amounts shown apply to the member that is logged in. Copayment assistance and other third-party payments are not included in the calculation of your deductible and out-of-pocket maximum. For more information on your accumulators, please refer to your benefit plan documentation.

VIEW YOUR PRESCRIPTION HISTORY

Run a prescription history report for yourself or your covered dependents for a selected date range. Reports can be exported to PDF, making it easy to print, save, or reference your prescription information and Explanation of Benefits (EOB) details.

- Your Year-to-Date prescription history will automatically display when you open the page.
- Use the available filters to view prescription activity for a specific date range.
- Click the Print icon to generate a printable PDF version of your report.

View Reports For:

ANN

Date Range:

Last Year

Year to Date

Custom

My Reports

Comprehensive

Prescription History for Ann Maxtstmbrr from 01/1/2024 through 12/31/2024

Patient	Rx #	Drug / Pharmacy	Fill Date	Day Supply	Quantity	Copay	Plan Amt.	Total Cost
ANN	79202418	FOLIC ACID TAB 400MCG MAXTSTPHARM	01/17/2024	30	90	\$0.00	\$2.99	\$2.99
ANN	79202419	HYDROCHLOROT TAB 25MG MAXTSTPHARM	02/21/2024	30	30	\$3.65	\$0.00	\$3.65

Total Copay: \$ 3.65

MANAGE YOUR DEPENDENTS

Access dependent information and manage their prescriptions. You can add multiple dependents to your account. Permissions are determined by your state of residence's age of consent.

1. Click **Add a Dependent**.
2. Enter the dependent's information in the Add Dependent form.
3. Click **Link to Patient**.

If the dependent is under the age of consent, they are automatically linked to your account. If the dependent is over the age of consent, they must create an account and grant you access to their information.

You will receive an email when a dependent grants you access to their account.

Add Dependent

Please Fill Out The Following Form

Any patient over the age of consent that is added using this form must have an account and grant you access before you can manage their account.

First Name

Group #

Member ID

Date of Birth

mm/dd/yyyy

Link To Patient

My Dependents

These are plan members I can do things for.

Name	Born	Status
TAYLOR	1950	Authorized By Patient

Add a Dependent

Other Users

These are permissions I can grant other users.

Has Access

No Access

Name	Born	View My Info	Refill My Prescriptions	Run My Reports	Permissions
TAYLOR	1950				Edit

LOCATE A PHARMACY AND PRICE DRUGS

Search for prescription drug pricing and nearby pharmacies using a combined search or by conducting separate medication and pharmacy searches. When you search for a medication, available information about its common uses will be displayed at the top of the page to help you better understand the drug and its intended purpose.

This feature enables you to compare medication costs, identify in-network pharmacy options, and make informed decisions about where to fill your prescriptions.

The search interface features a blue header with a magnifying glass icon and the text 'Find Drug and/or Pharmacy Information'. Below this is a large blue search box containing three input fields: 'Drug Name', 'Quantity', and 'Days Supply'. A horizontal line separates these from a section with an 'Enter An Address' field, followed by 'City', 'State' (a dropdown menu), and 'Zip' input fields. To the right of these is a 'Radius:' label and a '5 miles' dropdown menu. A yellow 'Search' button is positioned at the bottom right of the search box. Below the search box, a disclaimer states: 'Prescription copayments are only an estimate and may vary based on the submission date and your pharmacy benefit plan policy. Always refer to your benefit plan documentation for more information and consult with your physician or other qualified health provider regarding medication appropriate for your medical condition.'

PRICE A MEDICATION

1. Enter the drug name you'd like to price in the Drug Name field.
2. Select the correct dosage from the dropdown menu.
3. Enter the Quantity and Days' Supply in the corresponding fields.
4. Enter the pharmacy name, city and state, or zip code.
5. Select the distance radius you'd like to search.
6. Click **Search**.
7. Select the radio button beside your desired pharmacy and click **Price It**.
8. The Generic and Brand prices are displayed, including plan amount and total cost of medication. **Note:** Brand is only displayed if you enter a brand-name drug.
9. Click **Find Another Drug** to price a new medication.

The results page shows the search criteria at the top: 'Drug Name: LISINOPRIL TAB 40MG', 'Quantity: 30', and 'Days Supply: 30'. Below this is a disclaimer: 'It is used to treat high blood pressure. It is used to treat heart failure (weak heart). It is used to help heart function after a heart attack. It may be given to you for other reasons. Talk with the doctor.' A yellow 'Find Another Drug' button is on the right. The location is set to 'IA 50111' with a 'Radius: 10 miles' and a yellow 'Search Again' button. A search bar prompts the user to 'Begin typing Pharmacy Name, Address or Phone Number to filter your results'. Below is a table of pharmacies with columns for 'Pharmacy Name', 'Address', 'Distance', 'Phone #', 'Brand Pricing', and 'Generic Pricing'. The first pharmacy, MXP PHARMACY, has 'Brand Pricing' set to 'UNAVAILABLE' and 'Generic Pricing' of '\$3.31'. Other pharmacies listed include MEDICAP PHARMACY, HY-VEE FOOD STORE, WALMART PHARMACY, MARTIN HEALTH, CVS PHARMACY, SYNCHRONY DES, WALGREENS, NEIGHBORHOOD LTC, and WALGREENS. A 'Price It' button is at the bottom right. A disclaimer at the bottom states: 'Pricing is determined based on your benefit plan policy and coverage provisions. The actual price you pay will be calculated at your pharmacy at the time of purchase. Some prescriptions may not be subject to cost sharing if billed as a preventative service. The amount you pay may be different for many reasons, including if: drug prices change, your deductible or out-of-pocket totals are updated, you take a brand drug when a generic equivalent drug is available, you receive copayment assistance or third-party assistance such as a manufacturer's coupon, or you receive your drug from an out-of-network pharmacy. The pricing provided is an estimate and not a guarantee of coverage. Refer to your benefit plan documentation for more information.'

Pharmacy Name	Address	Distance	Phone #	Brand Pricing	Generic Pricing
MXP PHARMACY	418 S TYLER ST AMARILLO, TX 79101	Mail Order	(800) 324-5500	UNAVAILABLE	Copay: \$3.31 Plan Amount: \$0.00 Total Cost: \$0.31
MEDICAP PHARMACY	250 SE GATEWAY DRIVE GRIMES, IA 50111	0.4 miles	(515) 985-0101	☐	
HY-VEE FOOD STORE	1541 SOUTH THIRD STE 100 GRIMES, IA 50111	0.5 miles	(515) 985-4527	☐	
WALMART PHARMACY	2150 E 1ST STREET GRIMES, IA 50111	0.9 miles	(515) 985-3857	☐	
MARTIN HEALTH	4621 121ST STREET URBANDALE, IA 50323	3 miles	(515) 727-8090	☐	
CVS PHARMACY	11148 PLUM DRIVE URBANDALE, IA 50322	3.1 miles	(515) 270-5884	☐	
SYNCHRONY DES	4307 NW URBANDALE DR URBANDALE, IA 50322	3.6 miles	(515) 954-4400	☐	
WALGREENS	4000 86TH ST URBANDALE, IA 50322	4 miles	(515) 252-7355	☐	
NEIGHBORHOOD LTC	10711 JUSTIN DR URBANDALE, IA 50322	4.6 miles	(515) 989-8301	☐	
WALGREENS	8200 MERLE HAY JOHNSTON, IA 50131	4.7 miles	(515) 331-0497	☐	

FIND A PHARMACY

1. Enter the pharmacy name, city and state, or zip code.
2. Select the distance radius you'd like to search.
3. Click **Search**.
4. Click **Search Again** to refine your search parameters or find a different pharmacy.

Click here to search for a drug

Location: 320 S Polk Amarillo, TX 79101
Radius: 5 miles
Search Again

Begin typing Pharmacy Name, Address or Phone Number to filter your results

	Pharmacy Name	Address	Distance	Phone #	Price It?
	MXP PHARMACY	416 S TYLER ST AMARILLO, TX 79101	Mail Order	(806) 324-5500	
	MAXOR SPECIALTY PHARMACY	216 S POLK AMARILLO, TX 79101	0.1 miles	(806) 629-6779	
	MARTIN TIPTON PHARMACY LTC	1501 S TYLER ST AMARILLO, TX 79101	0.8 miles	(806) 373-2812	
	MARTIN TIPTON PHARMACY LLC	1501 S TYLER ST AMARILLO, TX 79101	0.8 miles	(806) 373-2812	
	WALGREENS #5611	801 NORTH FILLMORE ST AMARILLO, TX 79107	0.9 miles	(806) 371-8116	
	CVS PHARMACY INC	2012 S WASHINGTON ST AMARILLO, TX 79108	1.4 miles	(806) 379-6191	
	JO WYATT COMMUNITY PHARMACY	1411 AMARILLO BLVD E AMARILLO, TX 79107	1.4 miles	(806) 351-7240	
	UNITED SUPERMARKETS PHARMACY	1501 E AMARILLO BLVD AMARILLO, TX 79107	1.5 miles	(806) 373-7057	
	SAM'S EAST, INC.	2201 ROSS OSAGE DRIVE AMARILLO, TX 79103	1.9 miles	(806) 374-0622	
	OMNICARE PHARMACY OF TEXAS II LP	2770 DUNIVEN CIR AMARILLO, TX 791091621	2.2 miles	(806) 352-1175	

< 1 2 3 4 5 >

Pricing is determined based on your benefit plan policy and coverage provisions. The actual price you pay will be calculated at your pharmacy at the time of purchase. Some prescriptions may not be subject to cost sharing if billed as a preventative service.

The amount you pay may be different for many reasons, including if:

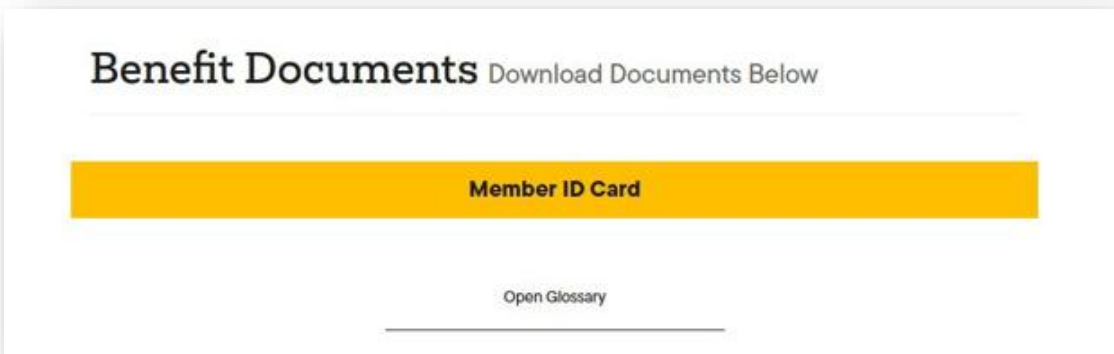
- drug prices change,
- your deductible or out-of-pocket totals are updated,
- you take a brand drug when a generic equivalent drug is available,
- you receive copayment assistance or third-party assistance such as a manufacturer's coupon, or
- you receive your drug from an out of network pharmacy.

The pricing provided is an estimate and not a guarantee of coverage. Refer to your benefit plan documentation for more information.

VIEW YOUR PLAN INFORMATION

Access important plan resources in one convenient location, including your formulary, specialty drug list, member ID card, welcome packet, and other benefit-related documents.

If VytlOne produces your member ID card or welcome packet, you can view, download, or print these documents directly from the Member Portal, provided they were issued within the past 24 months. This feature gives you quick access to important materials whenever you need them.



READ F.A.Q.

Visit the FAQ page to find answers to frequently asked questions about VytOne Home Delivery Pharmacy and the Member Portal. The FAQ section provides helpful information on common topics, allowing you to quickly find the information you need.

MEMBER PORTAL

Frequently Asked Questions:

320 S. POLK STREET, SUITE 200, AMARILLO, TEXAS 79101

Welcome to VytOne!

Below are frequently asked questions and answers about our Home Delivery Program.

How do I pay for my prescriptions?

- Contact VytOne Member Services at 800-687-8629 to add or update your credit card information.
- If you are mailing in your prescriptions, you can send a check, money order, or credit/debit card information along with your HOME DELIVERY FORM. Orders cannot be processed without payment.

Please note that orders cannot be processed without payment.

How will my prescription order be mailed to me?

- Your medications are generally delivered via first-class mail by the US Postal Service.
- We offer expedited shipping through UPS or FedEx for an additional fee. Please note that UPS or FedEx requires a physical address and will not deliver to PO Boxes.
- Refrigerated medications, such as insulin, are shipped UPS or FedEx overnight at no additional cost to you.

How long does it take to receive my prescriptions?

- You should receive your medication within five business days from the time VytOne Pharmacy receives and processes your prescription. *Note: It may take longer to receive your order if a prescription requires intervention (i.e. prior authorization).*

What happens if my prescription requires a prior authorization?

- If your prescription claim is rejected at VytOne Pharmacy due to a prior authorization, we will obtain the necessary information to process the request and reach out to you if needed.
- Typically, this process takes 24-48 hours, depending on how quickly the required information is obtained from your physician.
- If you have any questions regarding the status of a prior authorization request, please call VytOne Member Services at 800-687-0707.

What happens when my prescription is out of refills?

- When your prescription has no refills remaining, we will contact the prescribing doctor for a new prescription.
- If you have changed physicians since you last filled your prescription, please contact your physician to request a new prescription.

May I fax or email new prescriptions?

- Only your doctor can fax, electronically submit, or call in new prescriptions.

How do I refill my prescriptions?

There are several options available for ordering refills:

- If your plan utilizes VytOne Pharmacy, click the Refills Tile. Select your shipping address, prescriptions you want refilled, and click Review Order. Confirm your details, and click Submit Now.
- If your plan does not utilize VytOne Pharmacy, please contact your plan administrator for instructions and in-network options.
- Members can call 800-687-8629 and follow the menu instructions to refill medications or to speak with a Member Advocate about refills.
- The earliest refill date is printed at the bottom of your prescription bottle.

Note: You may be asked for your prescription number when discussing refills. It is a number, beginning with a 92, found at the top left corner of your prescription bottle. The prescription number will remain the same until your refills run out.

Helpful Tips:

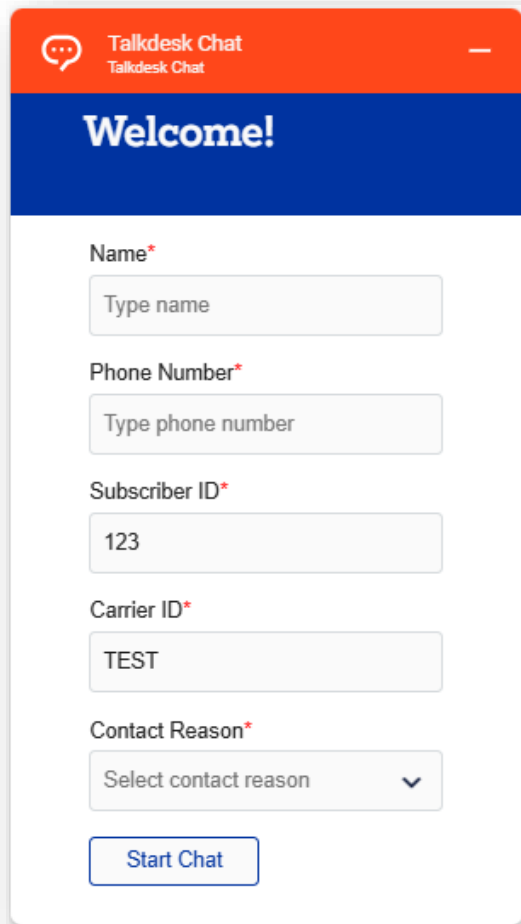
VytOne Pharmacy may need to obtain a new prescription from your physician due to certain scenarios. The most common reasons would be a prescription with no refills remaining or any changes to a current prescription.

Please make sure your address is correct when filling a prescription at VytOne Pharmacy. To change or update your address, click the Back to Features button and select the My Account tile or call VytOne Pharmacy Member Services at 800-687-8629.

INITIATE A CHAT

The Member Portal allows you to securely communicate with Vyt!One Member Advocates through a private, HIPAA-compliant live chat feature. This convenient tool enables you to ask questions and receive assistance while protecting your personal health information.

To help expedite service, your Member ID and Plan ID are automatically populated within the chat, allowing a Vyt!One Member Advocate to quickly locate your account and provide personalized support.



The image shows a mobile app interface for initiating a chat. At the top is an orange header with a speech bubble icon, the text "Talkdesk Chat", and a hamburger menu icon. Below this is a blue banner with the word "Welcome!". The main form area is white and contains five labeled input fields, each with a red asterisk indicating it is required: "Name*", "Phone Number*", "Subscriber ID*", "Carrier ID*", and "Contact Reason*". The "Name" field contains the placeholder "Type name". The "Phone Number" field contains the placeholder "Type phone number". The "Subscriber ID" field contains the value "123". The "Carrier ID" field contains the value "TEST". The "Contact Reason" field is a dropdown menu with the placeholder "Select contact reason" and a downward arrow. At the bottom of the form is a blue button with the text "Start Chat".

Talkdesk Chat
Talkdesk Chat

Welcome!

Name*

Type name

Phone Number*

Type phone number

Subscriber ID*

123

Carrier ID*

TEST

Contact Reason*

Select contact reason ▼

Start Chat