




## SAVE MONEY ON MEDICAL TREATMENTS AND PRESCRIPTIONS

Product	Benefits	Added Value
<b>TELEMEDICINE PLAN</b>  	Physician consult with Employee or dependent member via video, phone, or email. Treatment for common conditions: Cold & Flu symptoms, Sinus issues, Allergies, Stomach viruses, Sore Throat, Infections, and more.	<b>24/7/365 Access to Care from Doctor</b> for routine health conditions. <b>NO COPAY to use the service</b> <b>Payroll rate \$10/month (EE &amp; Family)</b> <b>Direct Pay: Individual - \$12.95/month</b> <b>Family - \$19.95/month</b>
	Discounts up to 80% on most prescription drugs. Discounts for every member of the family, including pets. GoodRx is not insurance.	<b>GoodRx</b> <b>No cost to Employee</b> Download app to use at pharmacies <a href="https://www.goodrx.com">https://www.goodrx.com</a>
	Compare prices on lab tests, surgeries, and other medical procedures in your area. Can help you save on your out of pocket costs	<b>Healthcare Bluebook</b> <b>No cost to Employee</b> Download the app <a href="https://www.healthcarebluebook.com">https://www.healthcarebluebook.com</a>

Employee name: \_\_\_\_\_ DOB \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Gender M or F

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

Child name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

Child name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

Child name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

Child name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

Child name \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

**If NOT payroll deducted please provide your banking information below:**

Bank Name: \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number \_\_\_\_\_



866-733-0423

Email: [info@EnhanceMyBenefits.com](mailto:info@EnhanceMyBenefits.com)