## **Discover the convenience of home** delivery from OptumRx<sup>®</sup>

As part of your prescription drug plan, you can enjoy home delivery from OptumRx, your plan's preferred mail service pharmacy. With OptumRx, you save a trip to the local pharmacy and you can call to talk to a pharmacist any time.

It's easy to get started:

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Place your order. To order a supply of your maintenance medication, visit **Optumrx.com** or call OptumRx at 1-888-279-1828, TTY 711, 24 hours a day, 7 days a week.

**OptumRx fills your order and mails it** to you.

The medication arrives within 7–10 days. You pay \$0 for standard shipping.

## Sign up for OptumRx home delivery today.

Visit **Optumrx.com** to get started with just a few clicks. If you're not completely happy, you can switch back to your local retail pharmacy at any time.

For a personal consultation to find out if you could save, call OptumRx at 1-888-279-1828, TTY 711, 24 hours a day, 7 days a week.

You can also complete the enclosed form with your doctor and mail it to: OptumRx, P.O. Box 2975, Mission, KS 66201.



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#### **CONVENIENCE**

- Save time traveling to and from the pharmacy and waiting in lines
- No charge for standard shipping

#### **COMFORT**

• Consult with a pharmacist any time from the comfort of your own home

#### **CONTROL**

• Reminders are available by email, phone or text<sup>2</sup> to help you take your medications the way your doctor prescribed them

### Start using home delivery from OptumRx.

Visit Optumrx.com today. Or call OptumRx at 1-888-279-1828, TTY 711, 24 hours a day, 7 days a week.

# **UnitedHealthcare**<sup>®</sup>

<sup>1</sup>Maintenance medication is the medication you take regularly for a chronic or long-term condition.

<sup>2</sup>OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

You are not required to use OptumRx home delivery for a supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-888-279-1828, TTY 711. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Plans are insured or covered by UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.



Member and	physician	informat	ion — pleas	se use blac	ck or blue	e ink. One forr	n per member.
Member ID Number							
(Additional coverage, if	applicable) S	econdary Me	mber ID Numbe	er.			
Last Name		First Name			MI		
Delivery Address							Apt. #
City			State	State ZIP			
Phone Number with Are	ea Code						
Date of Birth (mm/dd/yyyy)		Gender OMOF	Email	Email			
Physician Name							
Physician Phone Numbe	er with Area (	Iode					
Health history	/						
Medication Allergies: O None known O Amoxil/Ampicillin	O Cephalosporins O N		Erythromycin NSAIDs Penicillin	O Quir O Sulfa O Tetra		O Others:	
Health Conditions: O None known O Arthritis	O Cancer (		Glaucoma Heart condition High blood pressu	O Oste	o cholesterol eoporosis oid Disease	O Others:	
Over-the-counter/herbal medications taken regularly:							
Payment and	shipping	informat	ion — do n	ot send ca	sh		
Standard delivery is inclu order is received. Compl extended delay in deliver	eted refill ord	lers should ar					
You may log on to <b>optu</b> may not be returned for			icing informatio	n is available b	efore enclos	ing payment. Once	shipped, medications
Ship overnight. Add \$12.50 to order amount (subject to change).							
Check enclosed. All checks must be signed and made payable to: OptumRx.			Expiration [				rCard, AMEX
○ Charge to my credit ○ Charge to my NEW		and Discove			er are accepted.		
Signature:		Date:					
For new prescription ord related to prescription or payment method for a	rders. By sup	olying my crea	lit card number,	I authorize C	OptumRx to	maintain my cred	it card on file as
Mail this com Mission, KS 6							P.O. Box 2975,
iviission, KS 6	0201. DU	NUISIAP	LE UK IAPE	PRESCRIP			

### **NEW PRESCRIPTION MAIL-IN ORDER FORM**



**NRX001**