Why pay more?
Try home delivery.

Visit **myuhc.com** and click on “Manage My Prescriptions.” Or open the Health4Me app and select “Prescriptions and Medications.”

For a personal consultation to find out how much you could save, call customer service at the number on the back of your ID card.

UnitedHealthcare®

[1]OptumRx provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

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UnitedHealthcare®

Get started with medication home delivery.

Simple. Convenient.
And most people save money, too.

Fill your prescriptions with home delivery.

How it works.

1 **Order up to a three-month supply** of your maintenance medication — ones you take regularly — by mail, phone or online.

2 **OptumRx® fills your order,** mails it to you and lets you know when to expect your delivery.

3 **Your medication arrives** within 7 to 10 days of placing the order.

Four easy ways to enroll:

Online.
Visit **myuhc.com®** and select "Manage My Prescriptions" or open the **UnitedHealthcare® Health4Me®** app and choose "Prescriptions and Medications."

Phone.
Call the toll-free number on the back of your health plan ID card.

Mail.
Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201.**

Fax/ePrescribe.
Ask your doctor to call OptumRx for instructions on how to fax your prescription. Or your doctor can send an electronic prescription to OptumRx.

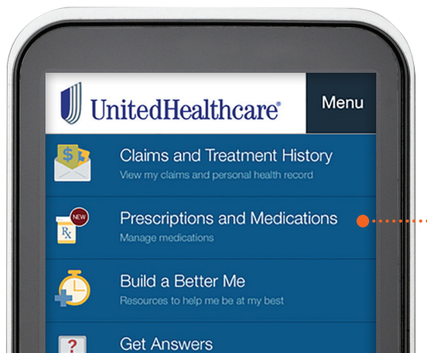
The benefits of home delivery.

Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.

Your maintenance medication usually costs less.

$0 Pay nothing for standard shipping.

Phone, text[1] and email reminders help you remember every dose and every refill.



Manage your medication home delivery on the go.

Order and track your prescriptions online or with the **Health4Me** app.

OPTUMRx® UnitedHealthcare®

NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender ○ M ○ F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies:	○ Aspirin	○ Erythromycin	○ Quinolones	○ Others:
○ None known	○ Cephalosporins	○ NSAIDs	○ Sulfa	
○ Amoxil/Ampicillin	○ Codeine	○ Penicillin	○ Tetracyclines	
Health Conditions:	○ Asthma	○ Glaucoma	○ High cholesterol	○ Others:
○ None known	○ Cancer	○ Heart condition	○ Osteoporosis	
○ Arthritis	○ Diabetes	○ High blood pressure	○ Thyroid Disease	

Over-the-counter/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **myuhc.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

○ **Ship overnight.** Add $12.50 to order amount (subject to change).
○ **Check enclosed.** All checks must be signed and made payable to: OptumRx.
○ **Charge to my credit card on file.**
○ **Charge to my NEW credit card.**

New Credit Card Number

Expiration Date (Month/Year) ___/___

Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ **Date:** _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.