



Get your medication delivered right to you.

Get up to a 90-day supply of your maintenance medications shipped right to you from OptumRx®, your plan's mail service pharmacy.

Up to a 90-day supply means you can:

- Take fewer trips to the pharmacy.
- Always have a supply on hand.
- Be more likely to take your medication when you're supposed to.

With mail service, you also get:

- Free standard shipping.
- Access to a pharmacist by phone anytime day or night by calling **(855) 798-5674 (TTY 711)**.

How to enroll:



ePrescribe

Your doctor can send an electronic prescription to OptumRx.



Online

Register or sign in at www.HSMedicareRx.com.



Phone

Call OptumRx at **(855) 798-5674 (TTY 711)**, 24 hours a day, 7 days a week.



Mail

Or, complete and mail the attached form to OptumRx with your prescription. Our address is at the bottom of the form.



How it works:

- 1** Order up to a 90-day supply of your maintenance medication—the ones you take regularly.
- 2** OptumRx fills your order and mails it to you.
- 3** Your medication arrives within 7 to 10 days of placing your order.



Frequently asked questions

• Do I have to use mail service from OptumRx for my maintenance medication?

You are not required to use our mail order program through OptumRx, an affiliate of UnitedHealthcare Insurance Company, for a 90-day supply of your maintenance medications. You can also get a 90-day supply of your maintenance medications at a network retail pharmacy.

• I haven't used OptumRx mail service before. Do I have to approve my first mail service prescription order?

Yes. If you have not used OptumRx mail service, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Call OptumRx toll-free at **(855) 798-5674 (TTY 711)** if you have questions about how to approve your first prescription. You can call any day, any time.

• How long does it take to get my mail service order from OptumRx?

New prescriptions from OptumRx should arrive within 10 business days from the date the completed order is received. Refill orders should arrive in about 7 days.



This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change January 1 of each year.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

HealthSelect MedicareRx is an Employer Prescription Drug Plan provided by ERS and administered by United Healthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. We offer free services to help you communicate with us. For example, we can send you letters in other languages or large print. Or you can ask for an interpreter. To ask for help, please give us a call. You can reach us at the toll-free phone number on your member ID card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación. 請注意：如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

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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 <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies: <input type="radio"/> None known <input type="radio"/> Amoxil/Ampicillin	<input type="radio"/> Aspirin <input type="radio"/> Cephalosporins <input type="radio"/> Codeine	<input type="radio"/> Erythromycin <input type="radio"/> NSAIDs <input type="radio"/> Penicillin	<input type="radio"/> Quinolones <input type="radio"/> Sulfa <input type="radio"/> Tetracyclines	<input type="radio"/> Others: _____
Health Conditions: <input type="radio"/> None known <input type="radio"/> Arthritis	<input type="radio"/> Asthma <input type="radio"/> Cancer <input type="radio"/> Diabetes	<input type="radio"/> Glaucoma <input type="radio"/> Heart condition <input type="radio"/> High blood pressure	<input type="radio"/> High cholesterol <input type="radio"/> Osteoporosis <input type="radio"/> Thyroid Disease	<input type="radio"/> Others: _____

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 **optumrx.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.

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.

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