

It's easy to start saving with Preferred Mail Service.

To take advantage of the savings already available through your plan's Preferred Mail Service Pharmacy, Prescription Solutions® by OptumRx,TM simply choose one of these easy options:

Option 1: Call Prescription Solutions by OptumRx.



Call **1-877-769-8839** TTY **711**, 24 hours a day, 7 days a week. Please have your current prescription label with you when you call.

Option 2: Talk to your physician.

Tell your physician you'd like to get home delivery of your maintenance medication(s)¹ through Prescription Solutions by OptumRx. Ask for a new 90-day prescription (with three refills) to maximize your savings.

Then you can either:



Complete and print the order form, then mail with your written prescription to: **Prescription Solutions by OptumRx, P.O. Box 2975, Mission, KS 66201**

OR



Ask your physician to call in your prescriptions to **1-800-791-7658** TTY **711**, 8 a.m. – 8 p.m. CT, Monday-Friday, excluding certain holidays, or fax them to **1-800-491-7997**, 24 hours a day, 7 days a week.

Questions?

For more information about Prescription Solutions by OptumRx, visit aarpmedicarerx.com/mail.

¹Maintenance medications are typically those drugs you take on a regular basis for a chronic or long-term condition.

You are not required to use the plan's Preferred Mail Service Pharmacy to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using the Preferred Mail Service Pharmacy. Your prescriptions should arrive in about seven days from the date the completed order is received by the Mail Service Pharmacy. You will be contacted by the Preferred Mail Service Pharmacy if there will be an extended delay in the delivery of your medications.

Prescription Solutions by OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare-approved Part D sponsor. AARP® MedicareRx Plans® carry the AARP name, and UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP.

1 Complete online and print the form, or print the form and complete with black or blue ink. Mail this completed order form with your prescription(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number: Plan Name:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number ()
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name		Physician's Phone Number ()	

2 Health history

If you are a new customer or your allergies or health conditions have changed, please indicate below. The information you provide will allow a more complete review of your current medication request.

Notes to Pharmacy:

3 Generic substitution

FDA-approved generic equivalents will be dispensed for brand-name medications whenever possible, unless you or your physician indicate otherwise. If you require brand-name medications, please list those medications with a "brand-name only" notation below. Note: brand-name medications may be subject to a higher cost.

Notes to Pharmacy:

4 "Keep on file". Do not ship.

All prescriptions will be shipped unless otherwise indicated. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them below.

Do not ship the following medications:

5 Payment and shipping information — do not send cash.

Standard delivery is at no charge. Most orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to www.PrescriptionSolutions.com for drug pricing information 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 Prescription Solutions by OptumRx.
- Charge to my credit card on file.**
- Charge to my NEW credit card.** Visa, MasterCard, AMEX and Discover are accepted.

New Credit Card Number

Expiration Date (Month/Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------

Signature:

Date:

This credit card will be billed for applicable medications, overnight shipping and outstanding balances. **I authorize Prescription Solutions by OptumRx to maintain my credit card on file as payment method for any future charges or outstanding balances.** To modify payment selection, please contact Customer Service.

