

**4 Medications Available for Refill**

Please fill in only the circle(s) next to the prescriptions you would like refilled through your new Mail Service Pharmacy, OptumRx. Example: ● Refill ○ Do Not Refill

Medication name / Dosage Eligible refill date	Eligible for Hassle-Free Fill ↓
○ <Transferred Drug Name/Dosage 1> <Transferred Drug 1 Eligible Refill Date>	
○ <Transferred Drug Name/Dosage 2> <Transferred Drug 2 Eligible Refill Date>	
○ <Transferred Drug Name/Dosage 3> <Transferred Drug 3 Eligible Refill Date>	
○ <Transferred Drug Name/Dosage 4> <Transferred Drug 4 Eligible Refill Date>	
○ <Transferred Drug Name/Dosage 5> <Transferred Drug 5 Eligible Refill Date>	

For a full list of your medications that are ready to refill at OptumRx, please <Field position 36/Lookup + Column WEB CTA>

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.

**5 Special Instructions to Pharmacy**

Please include special instructions to the pharmacy here:

**6 Payment and Shipping Information (do not send cash)**

Your medication should arrive within 10 business days from the date we receive your completed order. If your order is not complete, delivery may take longer. There is no charge for standard delivery. If you would like overnight shipping, please indicate below.

You may visit <Web CTA> 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).  

Credit Card Number					
Expiration Date (Month/Year)			Visa, MasterCard, AMEX and Discover are accepted.		
- **Check enclosed.** All checks must be signed and made payable to: OptumRx.
- **Charge to my credit card.**

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.

ORX6017\_121026

P.O. Box 2975, Mission, KS 66201



# CONTINUE RECEIVING YOUR MEDICATIONS BY MAIL.

<Dear><First Name><Last Name>,</p>
</div>
<div data-bbox="528 366 981 457" data-label="Text">
<p>Your <Plan Name> plan has transitioned from Medco to OptumRx™ Mail Service Pharmacy. The name may be different, but the convenience of receiving your maintenance medications<sup>1</sup> by mail is the same. Your prescriptions have already been transferred, safely and securely, to OptumRx Mail Service Pharmacy.</p>
</div>
<div data-bbox="528 522 948 562" data-label="Text">
<p><b>To continue receiving your medications by mail through OptumRx, please take a few minutes to verify your prescriptions that are available for refill.</b></p>
</div>
<div data-bbox="528 579 951 610" data-label="Section-Header">
<p><b>It's simple: ONE STEP. THREE EASY OPTIONS.</b></p>
</div>
<div data-bbox="560 626 608 704" data-label="Image">
<img alt="Icon of a laptop representing website access.">
</div>
<div data-bbox="537 718 637 780" data-label="Text">
<p>Visit <b><website></b> and click on manage my prescriptions.</p>
</div>
<div data-bbox="656 659 680 679" data-label="Text">
<p>OR</p>
</div>
<div data-bbox="719 626 771 704" data-label="Image">
<img alt="Icon of a telephone handset representing calling.">
</div>
<div data-bbox="691 718 817 758" data-label="Text">
<p>Call OptumRx at <b><1-XXX-XXX-XXXX></b>.</p>
</div>
<div data-bbox="812 659 836 679" data-label="Text">
<p>OR</p>
</div>
<div data-bbox="875 626 930 704" data-label="Image">
<img alt="Icon of an envelope representing mailing the form.">
</div>
<div data-bbox="845 718 964 780" data-label="Text">
<p>Complete the attached form and mail it in the postage-paid envelope.</p>
</div>
<div data-bbox="612 831 938 856" data-label="Text">
<p><b>More important plan information and order form inside.</b></p>
</div>
<div data-bbox="938 822 968 868" data-label="Image">
<img alt="Arrow icon pointing right.">
</div>
<div data-bbox="788 875 975 930" data-label="Image">
<img alt="UnitedHealthcare logo.">
</div>
<div data-bbox="522 926 602 945" data-label="Page-Footer">
<p>UHC6170\_121211</p>
</div>

## Frequently asked questions.

### Who is OptumRx?

OptumRx is your plan's mail service pharmacy, a UnitedHealthcare affiliate, offering high-quality pharmacy benefit services. You will also enjoy additional advantages, such as an easy online experience, superior customer service and access to our in-house mail service pharmacy.

### What does OptumRx offer?

OptumRx provides convenient 3-month supplies of maintenance medications delivered right to your mailbox. Licensed pharmacists are available 24/7 to answer your questions. You can also receive friendly refill reminders by email or text message.

### How soon will I receive my first medication order from OptumRx?

Prescription orders are delivered by U.S. Mail and will arrive in about 10 business days from the date OptumRx receives the order. There is no shipping charge for standard delivery to U.S. addresses, including U.S. territories. Next-day delivery is available for an additional charge. If you have an email address on file, you'll receive a confirmation when your prescription ships. If you don't have an email address on file, you'll receive a phone call.

As you know, taking your medications is an important step in improving and maintaining your health. Access to prescription mail service through OptumRx is just one of the ways we're working harder to make health care easier. Once again, to continue receiving your medications by mail through OptumRx, please call us at <1-XXX-XXX-XXXX>.

**If you've already contacted OptumRx and placed a medication refill order, no further action is needed.**



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

You are not required to use OptumRx to obtain a 3-month supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's mail service pharmacy.

Your first medication order from OptumRx should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

<Closing Disclaimer>



## Transferred Prescriptions Refill Form

<b>1</b> Please use black or blue ink when filling out this form. Be sure to fill out all sections to ensure that your transferred prescriptions can be refilled. Then mail it in the enclosed postage-paid envelope. Note: new prescriptions included with this form will also be filled and mailed to you.			
Primary Member ID Number		(Additional coverage, if applicable) Secondary Member ID Number	
<Last Name>		<First Name>	
<Delivery Address>			
<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	
<b>2 Health History</b>			
<b>Medication Allergies:</b>		<b>Health Conditions:</b>	
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Erythromycin	<input type="radio"/> Arthritis	<input type="radio"/> Glaucoma
<input type="radio"/> Aspirin	<input type="radio"/> NSAIDs	<input type="radio"/> Asthma	<input type="radio"/> Heart Condition
<input type="radio"/> Cephalosporins	<input type="radio"/> Penicillin	<input type="radio"/> Cancer	<input type="radio"/> High Blood Pressure
<input type="radio"/> Codeine	<input type="radio"/> Quinolones	<input type="radio"/> Diabetes	<input type="radio"/> High Cholesterol
<input type="radio"/> None Known	<input type="radio"/> Sulfa	<input type="radio"/> None Known	<input type="radio"/> Osteoporosis
<input type="radio"/> Tetracyclines	<input type="radio"/> Others:	<input type="radio"/> Thyroid Disease	<input type="radio"/> Others:
Over-the-counter/Herbal medications taken regularly:			
<b>3 Hassle-Free Fill<sup>SM</sup> Program</b>			
Fill in the circle if you would like to enroll in the Hassle-Free Fill Program through OptumRx <sup>TM</sup> Mail Service Pharmacy.			
<input type="radio"/> Yes, I would like to enroll in the Hassle-Free Fill Program.			
Through the Hassle-Free Fill Program, your qualifying Mail Service medications will be automatically shipped to you as they are available for refill.			

**IMPORTANT** — please select medications to refill and complete payment and shipping information on back side.

