



## HOW DOES THE MyRxSAVINGS DISCOUNT DRUG PLAN WORK?

MyRxSavings is an American company helping fellow Americans to obtain prescription drugs at a substantial discount from retail prices. The MyRxSavings Prescription Discount Card is accepted at over 54,000 pharmacies throughout the United States including all of the major chain stores such as Safeway, Long's, Costco, Walgreen's, CVS, Rite Aid, OSCO, Thrifty Drugs, etc. There are no pre-existing conditions, no health questions asked, no deductibles, no monthly or annual maximum and there is no age limit. This is not an insurance plan but a discount drug plan that is managed and designed by pharmacists to help save you money on your prescription drugs.

This may sound too good to be true but the proof is in the savings. You will receive a proof of savings report which will be mailed to you twice a year documenting the savings realized by using the MyRxSavings Discount Card. 100% Satisfaction is Guaranteed! Use the Discount Card for 30 days and if you are not completely satisfied, we will promptly refund 100% of your initial access fee.

The MyRxSavings Discount Card covers in excess of 11,000 prescriptions. If you have questions concerning your prescription, please contact the Pharmacy Benefit Manager at 1-800-546-5677.

## ADDITIONAL QUESTIONS?

- Telephone: 800-948-2332
- Facsimile: 800-876-9295
- E-mail: [questions@myrxsavings.net](mailto:questions@myrxsavings.net)
- Website: [www.myrxsavings.net](http://www.myrxsavings.net)

## MyRxSAVINGS DISCOUNT DRUG PLAN

Immediate Savings on Prescription Drugs

- Over 11,000 Prescription Medications Discounted
- Accepted at over 54,000 Pharmacies Nationwide including Safeway, Longs, Costco, Walgreens, OSCO, CVS, Rite Aid ...and more
- Guaranteed Enrollment – NO Health Questions Asked
  - NO Pre-existing Conditions Limitations
  - NO Deductibles, NO Monthly or Annual Benefit Maximums
  - NO Age Limits
- Semi-Annual Proof of Savings Report
  - 100% Satisfaction Guaranteed

### SAMPLE PRESCRIPTION DRUG TIERS

Tier cost levels are based on strength, dosage and quantity

#### TIER 1: (Up to \$10.00)

Atenolol	Diazepam	Lisinopril	Prednisone
Amoxicillin	Erythromycin	Naproxen	Propranolol
Bio-Throid	Glyburide	Nitroglycerin	Tetracycline
Captopril	Hydralazine	Phenobarbital	Temazepam

#### TIER 2: (Up to \$20.00)

Albuterol	Didrex	Penicillin	Sumycin
Ampicillin Sulfate	Diflucan	Percocet	Terazosin
Benazepril	Metformin	Placidyl	Trioridazine
Darvon	Nembutal	Premarin	Verapamil

#### TIER 3: (Up to \$50.00)

Accupril	Cozaar	Levitol	Periostat
Ambien	Diovan	Maxifed	Prempro
Avapro	Fosamax	Norvasc	Tamoxifen
Climara	Lexxel	Percodan	Visicol

#### TIER 4: (Discount)

Allegra	Clarinox	Imitrex	Nexium
Altace	Cipro	Lipitor	Oxycontin
Celebrex	Evista	Lotrel	Paxil
Cefzil	Flomax	Neurontin	Prevacid

Marketed By:

This is NOT an insurance plan of coverage.



MyRxSavings

THE S.O.S. PRESCRIPTION DRUG DISCOUNT PLAN  
 "America's Lifeline to Lower Cost Prescription Drugs"



SAVINGS | SAFETY | SECURITY

## PRESCRIPTION DRUG COST TIERS

### TIER 1

You pay \$10.00 or less per prescription

### TIER 2

You pay \$20.00 or less per prescription

### TIER 3

You pay \$50.00 or less per prescription

### TIER 4

Prescription drugs in Tier 4 are discounted from the suggested retail pharmacy price and can range from 13% to 60%

### MAIL ORDER

100 days supply through mail order available at additional discounts for maintenance drugs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN YOU FILL PRESCRIPTIONS AT SUCH COST SAVINGS?

This program gives you similar pricing as to what the largest insurance companies and HMOs receive through their bulk purchasing contracts. The difference here is that we eliminated much of the “administrative costs” in managing a discount prescription program. The program is managed by pharmacists and not by insurance executives.

### HOW DO I KNOW I AM REALLY RECEIVING THE DISCOUNTS YOU STATE IN THE PROGRAM?

We will mail you twice a year a “Proof of Savings” report illustrating your actual savings by using our pharmacy network. The report will show the manufacturer’s suggested retail price of your drug purchases versus your MyRxSavings discount price.

### HOW CAN I DETERMINE WHICH TIER LEVEL MY PRESCRIPTION DRUG FALLS INTO?

You can access our 4 Tier price list at our website located at [www.myrxsavings.net](http://www.myrxsavings.net). If you can not locate your medication, you can contact the Pharmacy Benefit Manager at 1-800-546-5677.

### WHAT DISCOUNTS CAN I EXPECT UNDER THIS PROGRAM?

Discounts on individual prescriptions vary. Typically, the discounts will range from 13% to 60% off manufacturer’s suggested retail price. What is unique about the program is the 4 Tier price list. For most generic drugs, the maximum cost is \$10.00 but at times can be even less. Tier 2 drugs are set at a maximum cost of \$20.00 and Tier 3 drugs at a maximum of \$50.00. The plan design states “Up to the Tier Payment” which at times may be less than the stated Tier cost providing you with further savings.

### HOW SOON CAN I ACCESS THE PHARMACY NETWORK?

The effective date of your enrollment into the program is the day after MyRxSavings receives your application and your first month’s payment. An email confirming your enrollment and a temporary identification card will be emailed to you. The Member Enrollment Kit with your permanent identification cards will be mailed to you.

### IS THIS AN INSURANCE PLAN?

No, this is not an insurance plan. The program is a pharmacy network with over 54,000 participating pharmacies.

### ARE THERE ANY LIMITATIONS TO THE PROGRAM SUCH AS PRE-EXISTING HEALTH CONDITIONS AND LIMITS TO THE AMOUNT OF PRESCRIPTIONS FILLED?

There are no pre-existing conditions and there are no monthly or calendar year maximum benefits. Furthermore, there is no age limit to participants in the program.

### DO I NEED TO FILL OUT ANY CLAIM FORMS OR SUBMIT ANY PAPERWORK FOR THE DISCOUNTS?

No, there are no claim forms or any paperwork to fill out and the discounts are given at the time of purchase at the local pharmacy.

### I CURRENTLY HAVE A HIGH DEDUCTIBLE HEALTH INSURANCE PLAN. WILL THIS PROGRAM BE OF BENEFIT TO ME?

Yes, most high deductible health plans do not have a discount pharmacy benefit. You typically end up paying the maximum retail price for your prescriptions. Prescriptions filled under our program will be discounted and the costs may also be eligible for deductible credits and count towards the plan’s financial out of pocket maximum.

### WHAT IS THE 100% SATISFACTION GUARANTEE POLICY?

Use the MyRxSavings pharmacy discount card in the first 30 days and if you are not completely satisfied with the amount of savings, you will be refunded 100% of your initial access fee.

## MyRxSAVINGS ENROLLMENT FORM

### A. Tell Us About Yourself

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_  
 Date of Birth:     /     /     Sex:    Male    Female  
 Telephone: (     )     -     \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email\*: \_\_\_\_\_

\* An email address is required if you want an immediate enrollment confirmation and a temporary I.D. card.

### B. Additional People to be Enrolled

Spouse's Name: \_\_\_\_\_ D.O.B. / /  
 Child's Name: \_\_\_\_\_ D.O.B. / /  
 Child's Name: \_\_\_\_\_ D.O.B. / /  
 Child's Name: \_\_\_\_\_ D.O.B. / /

#### Monthly Access Fee:

Individual:	\$9.95	Individual + Spouse:	\$15.95
Individual + Child(ren):	\$15.95	Family:	\$21.95

A. Select your plan monthly access fee: \$ \_\_\_\_\_  
 B. If you are prepaying more than 1 month, multiply the number of months by the monthly rate (Semi-Annual = x 6, Annually = x 12) \$ \_\_\_\_\_  
 C. Add the one time enrollment fee of \$10.00 or enter Savings Code Number \$ \_\_\_\_\_  
**Total (A + C or B + C) = \$ \_\_\_\_\_**  
 D. Member of a group or association sponsored plan  
 Name: \_\_\_\_\_

### C. Select Your Payment Option

#### For Semi-Annual or Annual Payments:

Attach a check made payable to MyRxSavings and mail to:

**MyRxSavings**  
**1009 Oak Hill Road, 3rd Floor**  
**Lafayette, California 94549**

#### For Monthly Payments:

Credit Card:    VISA    Mastercard  
 Account #: \_\_\_\_\_  
 Expiration Date:     /     (MM/YYYY)

I authorize MyRxSavings to charge the above credit card monthly for enrollment into the MyRxSavings Discount Drug Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You can fax the completed enrollment form to our office at **(800) 876-9295** or mail to the address listed above.

#### Marketing Use Only

Marketed By: Scott	Producer No.: MRX-1000-10079
Date Processed: _____	Date Effective: _____

