# Try home delivery from OptumRx.

With OptumRx®, your copay could be as low as \$0<sup>1</sup> for many medications.

#### How it works.

- **Order up to a 3-month supply** of your maintenance medications ones you take regularly from OptumRx.
- **2** OptumRx fills your order, and sends it to you.
- **3** Your medication arrives within 4 to 7 days.

### Four easy ways to set up home delivery:

**ePrescribe.** Ask your doctor to send an electronic prescription to OptumRx.

Online. Log in to optumrx.com and follow the instructions.

Phone. Call OptumRx anytime at 1-888-658-0539, TTY 711.

Customer Service can help you get started.

Mail. Complete this order form and mail it to:

OptumRx, P.O. Box 2975, Mission, KS 66201.

## The benefits of home delivery.



Save a trip to the pharmacy.



Talk to a pharmacist when you have medication questions.



Set up medication reminders.



1 \$0 copay may be restricted to particular tiers, preferred medications, or **home delivery** prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.

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 on January 1 of each year.

You are not required to use OptumRx home delivery for a <90-/100->day day supply of your maintenance medication. If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. Refill orders should arrive in about four business days and new prescriptions should arrive within seven business days from the date OptumRx® receives the completed order. Contact OptumRx anytime at **1-888-658-0539**, TTY **711**.

Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. *ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número que aparece en la parte de atrás de su tarjeta de ID de miembro.* 請注意:如果您說中文,我們免費為您提供語言協助服務。請撥打會員卡背面的電話號碼。

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. OptumRx is an affiliate of UnitedHealthcare Insurance Company.

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<CMS number>



# **NEW PRESCRIPTION MAIL-IN ORDER FORM**

Member and physician	informatio	n — pleas	e use bla	ck or blu	e ink. One fo	rm per member.
Member ID Number						
(Additional coverage, if applicable) S	econdary Mem	ber ID Numbe	r			
Last Name	First Name				MI	
Delivery Address						Apt. #
City		State		ZIP		
Phone Number with Area Code						
Date of Birth (mm/dd/yyyy)	Gender O M O F	Email F				
Physician Name						
Physician Phone Number with Area Code						
Health history						
Medication Allergies: O Aspirin O None known O Cephalos O Amoxil/Ampicillin O Codeine	porins O NS	O Erythromycin O NSAIDs O Penicillin		nolones a acyclines	O Others:	
Health Conditions: O Asthma O None known O Cancer O Arthritis O Diabetes	O He	leart condition O Os		n cholesterol eoporosis roid Disease	O Others:	
Over-the-counter/herbal medications taken regularly:						
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 <b>optumrx.com</b> 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).  New Credit Card Number						
Check enclosed. All checks must be						
signed and made payable to: Optu				iterCard, AMEX		
Charge to my credit card on file.  Charge to my NEW credit card.						
Signature: Date:						
For new prescription orders and mair related to prescription orders. By sup payment method for any future of	olying my credit	card number,	I authorize (	OptumRx to	oinsurance and oth	edit card on file as

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.

