

Here's how the program works...

Present the Sav-Rx Card to any of the 58,000 **Sav-Rx Advantage** network pharmacies. The Sav-Rx card guarantees you the lower of the Sav-Rx contracted price and the pharmacy's everyday price on all covered medications. Please call 1-800-890-8170 for more information.



Use the Sav-Rx mail service pharmacy to obtain lower prices on many prescriptions. As an eligible member of the Sav-Rx Advantage Prescription Drug Plan, you and your eligible dependents are covered under the mail service pharmacy benefit. Under this benefit, you can obtain all of your covered prescriptions through the Sav-Rx mail service pharmacy. This order form provides information on how to use the mail service pharmacy.

Saving Money With Generics

Drugs have two names: a trademark or "brand" name and a chemical or "generic" name. By law, brand and generic drugs must meet the same standard for safety and effectiveness. Many brand prescriptions have a less expensive "generic equivalent" available. You will receive generic substitutes unless your physician will not allow a generic substitute or you specify otherwise on the order form. Ask your doctor to prescribe generic drugs whenever possible.

Using The Mail Service

Important--Please Note

This form can be used by Sav-Rx members only. Your prescription(s) will be filled for the quantity prescribed by your physician up to the supply limit. For example if your prescription is written for a 30-day supply with two refills, you will receive a 30-day supply. The refills cannot be combined to equal one 90-day supply. Please encourage your doctor to write for a 90-day maintenance supply to take full advantage of your mail service benefit.

For your first order: Be sure to remove the information section of this brochure to register you and your dependents. Send it along with your first prescription. Please register all covered members, even if each person does not have a prescription enclosed at this time.

Prescriptions & Refills by Fax:

Your doctor may fax your prescription to Sav-Rx. Our number is **888-810-1394**.

Refill by phone (with credit card):

Call Sav-Rx Customer Service 1-800-890-8170. Please have your prescription number(s) and credit card ready.

For new and refill orders by mail:

Always complete the supplied order form (included with each delivery). Enclose the form with your new written prescription(s).

To avoid delays: Always include the appropriate payment required at the time your order is placed.

Customer Service: For questions regarding your order, or to speak with a customer service representative call toll-free: 1-800-890-8170.

Important:

It is standard pharmacy practice to substitute generic equivalents for brand drugs whenever possible. You will receive generic substitutes whenever possible, unless your physician will not allow a generic substitute or you specify otherwise (see below).

By checking this box, I elect to receive brand drugs for all prescriptions in this order whenever possible. By making this choice, I understand that under my benefit plan, I will be responsible for the 100% of cost of each drug.

Complete this section indicating how you wish to pay for your medication.

Please do not send cash.

Check or money order enclosed \$ _____

Charge to my credit card

CARDHOLDER NAME

CREDIT CARD NUMBER

EXPIRATION DATE

CARDHOLDER SIGNATURE

Visa Mastercard Discover

Make checks payable to:

Sav-Rx Pharmacy

P.O. Box 8

Fremont, NE 68026

For Refills or Customer Service:

1-800-890-8170

or Fax: 1-888-810-1394

Customer Information & Order Form

FIRST TIME USERS: Use this form to register with the mail service pharmacy at the time you place your first order. Please register all covered members.

PLEASE PRINT CLEARLY. Enclose this form with your prescription(s) and payment. A reorder form and envelope will be included with each delivery.

MEMBER INFORMATION

NAME (LAST, FIRST)

MEMBER #	DOB (MO/DAY/YR)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS

CITY	STATE	ZIP
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DAYTIME PHONE	EVENING PHONE
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DR. NAME	DR. PHONE
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DEPENDENT INFORMATION

NAME (LAST, FIRST)

MEMBER #	DOB (MO/DAY/YR)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS

CITY	STATE	ZIP
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DAYTIME PHONE	EVENING PHONE
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DR. NAME	DR. PHONE
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DEPENDENT INFORMATION

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ADDRESS

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DAYTIME PHONE	EVENING PHONE
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DR. NAME	DR. PHONE
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www.savrx.com

Questions & Answers

Q. When do I use mail service?

A. You may order any prescribed medication but the Mail Order Service should be used for medications you will be taking more than 30 days.

Q. What kind of drugs does Sav-Rx use?

A. Sav-Rx uses the highest quality drugs available to fill your doctor's prescriptions. We put quality and availability ahead of cost when purchasing all drugs. You can be assured that if your doctor has pre-scribed a generic drug, only the highest quality drug will be dispensed by Sav-Rx.

Q. How do I transfer a prescription?

A. If you are already taking a medication, ask your Doctor's office to call or fax a new prescription for the maximum days supply allowed to Sav-Rx, or you can mail the new prescription to Sav-Rx.

Q. When will I get my prescription?

A. All regular prescriptions are processed within 24 hours of receipt and mailed first class.

Q. Medication questions?

A. Telephone a Sav-Rx pharmacist at 800-890-8170.

Welcome to



SAV-RX
Advantage

Prescription
Drug Program
& Mail Service
Pharmacy

This is not Insurance
No Usage Fees

Save up to **15%** to **60%** at
your local pharmacy

Save to **30%** to **70%** using
our Home Delivery mail
service

800-890-8170