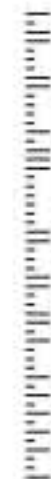


Savings and Simplicity, Delivered

RETURN ADDRESS

PRESCRIPTION SOLUTIONS
PO BOX 2975
SHAWNEE MISSION KS 66201-1375



POSTAGE
REQUIRED
POST OFFICE WILL
NOT DELIVER
WITHOUT PROPER
POSTAGE

Start Saving With Your Next Order

There are three easy ways to get started.



By physician.

Simply have your physician's office call in your new or refill 90-day prescriptions to Prescription Solutions at **1-800-791-7658**, 8 a.m. - 8 p.m. CT, Monday - Friday, excluding certain holidays, TTY/TDD **1-866-394-7218**. Prescriptions can also be faxed to **1-800-491-7997**, 24 hours a day, 7 days a week. Faxed prescriptions can only be accepted from a physician's office.



By mail.

Complete the attached order form and mail it to Prescription Solutions, along with your payment¹ and prescriptions. Please include your date of birth and ID number on each prescription to expedite your order.

For current maintenance medications:

Inform your physician that you would like to use Mail Service instead of a Retail Pharmacy to fill your prescriptions. Have your physician send you a new prescription for your current maintenance medications. In order to receive the maximum benefit of mail service, have your physician prescribe a 90-day supply (plus three refills if you and your physician agree this is a long-term medication).

For new medications: Inform your physician that you would like to use Mail Service instead of a Retail Pharmacy if this medication is going to be long-term. Have your physician write two prescriptions; one for a 30-day supply and one for a 90-day supply (plus three refills if you and your physician agree this is a long-term medication). Fill the 30-day prescription at your local pharmacy. Then once you and your physician are confident you'll continue on this new medication, mail your 90-day supply prescription with the attached order form.



By phone.

Call Prescription Solutions at **1-888-217-0152**, 24 hours a day, 7 days a week. TTY/TDD: **1-866-394-7218**.

Provide your medication names and dosages along with your physician's name and phone number. Prescription Solutions will contact your physician to request your prescriptions be converted to 90-day mail service.

To learn more about your Preferred Mail Service Pharmacy through Prescription Solutions, visit www.AARPMedicareRx.com/MailService.

¹The benefit described here applies until the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches \$2,700. However, for members in AARP MedicareRx Saver, the benefit applies when the total cost of your drugs is between \$295 and \$2,700.

²For copay amounts, drug coverage information or general plan questions, please call UnitedHealthcare Customer Care at 1-866-388-3663, 24 hours a day, 7 days a week, TTY/TDD 1-877-730-4192.

You are not required to use the Plan's Preferred Mail Service Pharmacy to obtain a supply of your maintenance medications. You have the option of using the Preferred Mail Service Pharmacy, a retail extended day supply pharmacy or non-preferred mail service pharmacy in the network to obtain a supply of maintenance medications.

If you choose a retail extended day supply pharmacy or non-preferred mail service pharmacy, you may see out-of-pocket payment differences when compared to using the Preferred Mail Service Pharmacy. You should experience no out-of-pocket payment differences if choosing between a retail extended day supply pharmacy and a non-preferred mail service pharmacy. Please call UnitedHealthcare Customer Care, 24 hours a day, 7 days a week, for up-to-date information on which pharmacies are in the network.

Your prescriptions should arrive in about seven days from the date the completed order is received by Prescription Solutions. If Prescription Solutions needs to contact you or your prescribing physician to clarify information on your order or to request prescriptions from your physician, delivery may take longer. If you prefer rush delivery, non-specialty medications (Tiers 1, 2 and 3) can be shipped overnight for an additional charge. You should fill your prescriptions locally if you are out of your medications and cannot wait for your mail order prescriptions to arrive. Standard delivery is no charge to U.S. addresses, including U.S. territories.

AARP MedicareRx Plans members are not required to use Prescription Solutions Specialty Pharmacy for Specialty Tier medications. You may use any of the AARP MedicareRx Plans network pharmacies. Refer to the AARP MedicareRx Plans Pharmacy Directory for network pharmacies in your area.

*All Specialty Pharmacy orders must be received by 6 p.m. CT for next day delivery. Complete orders which include a valid prescription, collected copay and scheduled delivery are typically delivered within 24 hours, Monday - Thursday. If a completed order is received after 6 p.m. CT on Thursday, the order will then be delivered the following Tuesday. If the medication must be specially ordered, delivery will be made within 24 to 48 hours upon receipt of order. Prescription Solutions Specialty Pharmacy can also coordinate fulfillment by another pharmacy if delivery is delayed. Supplies - such as syringes, needles, alcohol pads and sharps containers - provided at no additional charge.

NOTE: If you are receiving extra help from Medicare, your copays may be lower or you may have no copays. Prescription Solutions is an affiliate of United HealthCare Insurance Company and United HealthCare Insurance Company of New York.

These Medicare Prescription Drug Plans (PDPs) are insured by United HealthCare Insurance Company or United HealthCare Insurance Company of New York for New York residents (together called "UnitedHealthcare"). AARP MedicareRx Plans carry the AARP name, and UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for general purposes of AARP and its members. AARP is not the insurer. UnitedHealthcare contracts with the Federal government as a PDP sponsor. All decisions about prescription drugs are between you and your physician or other health care provider.

AARP does not make prescription drug plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a prescription drug plan.

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Savings, Simplicity and Service Delivered Right to Your Mailbox

Your Preferred Mail Service Pharmacy through Prescription Solutions[®]



Rx 2009



Pay less for the same medications.

As a valued member of AARP® MedicareRx Plans, insured through UnitedHealthcare, you can save time and money when you fill your prescriptions with your Preferred Mail Service Pharmacy through Prescription Solutions.

\$0 Copay* for a 90-day Supply of Tier 1 Medications

AARP MedicareRx Enhanced Plan members pay \$14 during the coverage gap for a 90-day supply of Tier 1 medications. If you are receiving extra help from Medicare, you have no coverage gap. Your copay will be lower.



Savings and Simplicity, Delivered

- Save up to \$15 compared to what you would pay at a network retail pharmacy for a 90-day supply of your Tier 2 and Tier 3 medications, mostly brand-name drugs and some generic drugs.
- Maintenance prescriptions (Tier 1, Tier 2 and Tier 3 drugs) are delivered right to your mailbox in a discreet, tamper-evident package, in about seven days from the date the completed order is received by Prescription Solutions.
- Standard delivery at no charge to U.S. addresses, including U.S. territories.
- Licensed pharmacists are available 24 hours a day, 7 days a week via telephone to answer your medication questions and concerns.
- For AARP MedicareRx Preferred and Enhanced Plan members taking Specialty Tier medications, pay 30% vs. 33% coinsurance on your Specialty Tier medications through Prescription Solutions Specialty Pharmacy. A dedicated disease therapy management team can help you manage your condition through educational materials, proactive refill reminder calls and emotional support. You'll even receive your supplies (sharps containers, bandages, needles, etc.) and overnight delivery at no charge*!

Get Started Today

Call Prescription Solutions at
1-888-217-0152,
24 hours a day, 7 days a week.
TTY/TDD: 1-866-394-7218.

Or have your physician contact
Prescription Solutions.

Or complete and mail the
attached order form.

How Your Preferred Mail Service Pharmacy Works



- 1. Order is received and processed.**
Once your prescription is received by Prescription Solutions, it is entered into the automated processing system.



- 2. Pharmacist check.**
A pharmacist reviews every prescription for drug interactions, allergies and dosage. If there are any questions, Prescription Solutions will contact you or your physician.



- 3. Automated order fulfillment.**
Your prescription is placed in a container with a unique tracking device. This allows the automated processing system to accurately count and dispense the correct medication.



- 4. Pharmacist quality inspection.**
Before the container is sealed, a pharmacist reviews your prescription for accuracy.



- 5. Final check and shipping.**
The contents of your complete order are checked a final time, placed in a tamper-evident package and shipped to your mailbox.

Prescription Solutions Mail Service Pharmacy

P.O. Box 2975 • Shawnee Mission, KS 66201-1375

- 1 Be sure to include this order form and your original prescriptions — please print in black or blue ink.**

Member ID #		Plan	
Date of Birth (mm / dd / yyyy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email Address	
Last Name		First Name	MI
Delivery Address			
City		State	Zip
		Phone Number ()	

- 2 List all medications submitted below with this order.**

FDA approved generic equivalents for brand-name medications will be substituted whenever possible. If you require brand-name medications, please check the "Use Brand Only" box below. Note: brand-name medications may be subject to a higher cost. If you do not need your medication filled now, please check the "Hold for Later" box below. When you are ready to order, please contact Prescription Solutions.

Medication Name	Use Brand Only	Hold for Later	Physician's Name	Physician's Phone Number
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		()
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		()
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		()

Notes to Pharmacy:

- 3 Health History — please check all that apply.**

Medication Allergies — please check all that apply.

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> No Known Allergies | <input type="checkbox"/> Cephalosporins | <input type="checkbox"/> Penicillin | <input type="checkbox"/> Tetracyclines |
| <input type="checkbox"/> Ampicillin | <input type="checkbox"/> Codeine | <input type="checkbox"/> Quinolones | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Erythromycin | <input type="checkbox"/> Sulfas | |

Health Conditions — please check all that apply:

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Allergies—Seasonal | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other: _____ |

Please list any over-the-counter or herbal medications you take regularly: _____

- 4 Payment & Shipping Information — do not send cash.**

Standard delivery is no charge to U.S. addresses, including U.S. territories. Most orders are shipped via U.S. Postal Service and should arrive in about 7 days after Prescription Solutions receives your completed order. If you require overnight shipping, please indicate below.

- Credit card on file**

- Check enclosed** — All checks must be signed and made payable to Prescription Solutions.

- Credit card: (Visa, MasterCard, Discover, American Express)**

Credit Card Number:

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- Overnight shipment method**

Add \$12.50 to order amount for non-specialty medications

Expiration Date
Month Year

--	--	--	--	--	--	--	--

Signature: _____

Date: _____

This credit card will be billed for all medications, overnight shipping (if checked above) and any outstanding balances. If method of payment is not indicated, Prescription Solutions will apply the charges to the credit card on file.

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