## 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) | ☐ MALE ☐ FEMAL |
|---------|-----------------|----------------|
| ADDRESS |                 |                |

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| STATE | EVENING PHONE | DR. PHONE |
|-------|---------------|-----------|
| YTIC  | DAYTIME PHONE | OR. NAME  |

### DEPENDENT INFORMATION

NAME (LAST, FIRST)

| MEMBER#       | DOB (MO/DAY/YR) | ☐ MALE ☐ FEMALE |
|---------------|-----------------|-----------------|
| ADDRESS       | •               |                 |
| CITY          | STATE           | ZIP             |
| DAYTIME PHONE | EVENING PHONE   |                 |
| DR. NAME      | DR. PHONE       |                 |
|               |                 |                 |

## DEPENDENT INFORMATION

NAME (LAST, FIRST)

| MEMBER#       | DOB (MO/DAY/YR) | ☐ MALE ☐ FEMALE |
|---------------|-----------------|-----------------|
| ADDRESS       |                 |                 |
| CITY          | STATE           | ZIP             |
| DAYTIME PHONE | EVENING PHONE   |                 |
| DR NAME       | DR. PHONE       |                 |

### www.savfx.com

#### Nationwide Retail Coverage

services at convenient locations across Sav-Rx cards are also accepted at the than 3,000 independent pharmacies, Our network of more than 58,000 pharmacies provides prescription the country. In addition to more following:

Albertsons Pharmacy Publix Super Market Rite-Aid Pharmacies Super D Pharmacies Safeway Pharmacies Shopko Pharmacies Smitty's Pharmacies Hy-Vee Pharmacies Steele's Pharmacies Longs Drug Stores Payless Pharmacies Eagle Food Center Kroger Pharmacies Fred's Pharmacies Marc's Pharmacies Meijer Pharmacies Kerr Pharmacies Convenient Care Osco/Sav-On D & W Foods Pharmhouse City Market Dominicks Save-Mart Dierbergs Bruno's Dillon's Raley's CVS

Medicine Shoppe Pharmacies Family Meds Pharmacies Consumers Pharmacies Nash Finch Pharmacies Winn-Dixie Pharmacies Pricecutter Pharmacies Pathmark Pharmacies Schnucks Pharmacies Smith's Food & Drug United Super Market Discount Drug Mart Hi-School Pharmacy K-Mart Pharmacies Pamida Pharmacies Eckerd Pharmacies Thrifty Pharmacies Fagen Pharmacies Maxor Pharmacies Bi-Mart Pharmacy Drug Emporium Bi-Lo Pharmacy Giant Pharmacy Randall's Foods Snyder Drugs Tops Markets Dahl's Foods Stop & Shop Fred Meyer Brookshire Target Sav-Rx **Thrifty White Drugs** Thrift Drug Stores

...Plus 3,000 Independent Pharmacies

Call 800-228-3108 to ask if your local pharmacy is a member.

#### INDIANA LABORERS WELFARE FUND



1-800-228-3108

# DaV-KX Prescription Services

# The Sav-Rx card is recognized at more than 58,000 pharmacies nationwide.

#### 1. How do I use the Sav-Rx card?

Take your new Sav-Rx card and your prescription to your local pharmacy. The card may be used to receive your initial supply of medicine. Refills may be purchased through the retail or mail order service.

#### 2. Where do I use the Sav-Rx card?

You may use the Sav-Rx card to receive a new prescription from any of 58,000 pharmacies nationwide.

#### 3. What about drug interactions?

We monitor every prescription for all possible drug interactions, whether you use the Benefit card or the mail order service.

#### 5. When do I use the mail service?

You may order any prescribed medication, but the mail order service should be used for maintenance medications that you will be taking for more than 30 days. All regular orders are processed within 24 hours of receipt, and mailed first class.

#### 6. How do I transfer prescriptions?

If you are already taking a medication, call your doctor's office to request a new prescription(s) for the maximum days supply allowed by your health plan. Mail or have your doctor fax (888-810-1394) or call (800-228-3108) your prescription(s) to Sav-Rx.

## 7. What kind of drugs does Sav-Rx use?

Sav-Rx uses only generic drugs that are rated by the federal government as being equal to the brand name. You can be assured that if your doctor has prescribed a generic drug, only the highest quality drug will be dispensed.

# 8. How much do I pay for my prescriptions?

| y supply             | Limited to a 30-day supply      |
|----------------------|---------------------------------|
| \$80 max             |                                 |
| 40% with a \$40 min/ | Non-Formulary                   |
| min/ \$40 max        |                                 |
| 30% with a \$20      | Formulary Brand 30% with a \$20 |
| min/ \$20 max        |                                 |
| 20% with a \$10      | Generic                         |
| Retail               |                                 |

| M:                         | Mail Order       |
|----------------------------|------------------|
| Generic                    | 15% with a \$25  |
|                            | min/\$50 max     |
| Formulary                  | 25% with a \$50  |
| Brand                      | min/ \$100 max   |
| Non-Formulary              | 35% with a \$100 |
|                            | min/ \$200 max   |
| Limited to a 90-day supply | y supply         |

#### 9. What kind of drugs are covered?

All prescriptions written by your doctor including insulin and self injectable drugs except: over-the-counter drugs; infertility drugs; medical or therapeutic devices, support garments and other non-medical substances; experimental drugs; smoking cessations; diet drugs or medications to suppress appetite; topical contraceptives; impotency drugs including viagra. The following drugs are available with a prior authorization: cosmetic drugs that require a prescription, growth hormones and injectable drugs.

Some medications may have therapeutic quantity limitations. For specific questions contact Sav-Rx at 800-228-3108

#### 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).

| be responsible for the difference between the brand and generic price of each drug. | understand that under my benefit plan, I will | whenever possible. By making this choice, I | brand drugs for all prescriptions in this order | ☐ By checking this box, I elect to receive |
|---|---|---|---|--|
|---|---|---|---|--|

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

Please do not send cash.

| CARDHOLDER NAME | ☐ Charge to my credit card | Check or money order enclosed § |
|-----------------|----------------------------|---------------------------------|
|                 | d                          | ed\$                            |

CREDIT CARD NUMBER EXPIRATION DATE

CARDHOLDER SIGNATURE

OVisa OMastercard ODiscover

Make checks payable to: Sav-Rx Pharmacy

Fremont, NE 68026

P.O. Box 8

For Refills or Customer Service 800-228-3108 or Fax: 888-810-1394