

Using your pharmacy benefits.

OptumRx is your plan's pharmacy services manager and is committed to helping you find cost-effective ways to get your medications.

Set up your online account.

Once registered on myuhc.com®, access the pharmacy section to:

- Manage your home delivery medications.
- Set up email or text message¹ reminders.
- Check your order status.

Use the UnitedHealthcare® app.

Manage your prescription benefit and home delivery orders with the UnitedHealthcare app on your smartphone or tablet.

Use a network pharmacy.

Be sure to fill your prescriptions at a network pharmacy, otherwise they may not be covered or you may pay more.² Finding a network pharmacy is easy:

- Log in to myuhc.com.
- Or use the UnitedHealthcare app.
- Or call the number on your health plan ID card.

Home delivery from OptumRx.

Use OptumRx[®] home delivery to help manage the medications you take regularly. Home delivery is reliable and offers the following advantages:



Cost savings.

You may pay less for your medication with a 3-month supply through OptumRx.

Convenience.

Get free standard shipping.



24/7 access and reminders.

Speak to a pharmacist any time, any day. Set up medication reminders.

You may be able to refill your home delivery prescriptions automatically through the Automatic Refill program.

If you need your medication right away, ask your doctor for a 1-month prescription to fill at a local pharmacy and a 3-month prescription you can use to set up home delivery.

Choose home delivery.

By going online:

Visit myuhc.com, register and follow the simple step-by-step instructions.

By phone:

Call the member phone number on the back of your plan ID card. It's helpful to have your plan ID card and medication bottle available.

Bv ePrescribe:

Your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe.*

*This update does not apply to providers in Alaska, Guam, Puerto Rico or the U.S. Virgin Islands.

Making medication decisions.

Use the UnitedHealthcare prescription drug list (PDL).

The PDL is a list of your plan's covered medications. The medications are organized into cost tiers. Choosing medications in lower tiers may save you money.

Cost tier	Includes	Helpful tips	
\$ Tier 1 — Lowest cost	Lower-cost medications. Some brand-name medications.	In most cases, Tier 1 medications have the lowest cost. Consider generic options which may also help you save.	
\$\$ Tier 2 — Mid-range cost	Mix of brand-name and generic medications.	Tier 2 drugs may cost less than Tier 3 drugs. ³	
\$\$\$ Tier 3 — Highest cost	Highest cost brand-name medications and some generic medications.	Many Tier 3 medications have lower-cost options in Tiers 1 or 2. Ask your doctor if they could work for you. ³	

Some Connecticut plans have a fourth tier that includes higher cost brand-name and generic medications, as well as nonpreferred brand-name and specialty medications.

Save money.

In most cases, generic medications have a lower co-pay than brand name medications. Ask your doctor if there is a generic alternative for you.

Compare prices.

Search for lower-cost alternatives. Just log in to myuhc.com. Or use the UnitedHealthcare app.



Tips.



Know your plan.

Your plan may require one or more of the following for your prescription to be covered:

Prior authorization: approval to get a medication.

Step therapy (First Start for NJ plans only): trying one medication before another.

Quantity limits: only a certain amount of the medication is allowed for coverage.



Talk to your doctor.

When you talk with your doctor, use the UnitedHealthcare app to confirm coverage and costs. You can also talk about what you need to do to get your medication.



Optum® Specialty Pharmacy

At Optum Specialty Pharmacy, we offer the resources, programs and clinical support you need to manage your specialty medications with confidence. Log on to **myuhc.com** see if you could save. Or use the UnitedHealthcare app.

Your plan may also include.

Your plan **may include** the cost-saving medication home delivery program below. With each of these programs, you are allowed a limited number of refills at your current pharmacy. Then you must take action.

Mail Service Saver

Switch to OptumRx home delivery or you may pay more.

Mail Service Saver Plus

Switch to OptumRx home delivery or you will pay the full price for your medication.

Nondiscrimination notice and access to communication services

UnitedHealthcare®does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online:	UHC_Civil_Rights@uhc.com
Mail	Civil Bights Coordinator

UnitedHealthcare Civil Rights Grievance. P.O. Box 30608 Salt Lake City, UTAH 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your ID card, **TTY 711**, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services.

200 Independence Avenue, SW Room 509F, HHH Building

Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card **TTY 711**, Monday through Friday, 8 a.m. to 8 p.m.

Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意:如果您說中文 (Chinese),我們免費為您提供語言協助服務。請撥打會員卡所列的兔付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русском (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث ا**لعربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項:日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフ リーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات اماد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شداملیی شما قد شده تمانی بگیرید. ध्यान दे: यदुआिप हदिी (Hindi) बोलते है, आपको भाषा सहायता सेबाएं, नर्श्यिलुक उपलब्ध है। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មមណ៍: បច្ចីសិនអុនកនិយាយកាសាខុមរ៉ែ(Khmer)សវោជំនួយកាសាដ**ោយកតគិតថុល**) គឺមានសំរាប់អុនក។ សូមទូរស័ពទទ**ៅលខេតតគ**ិតថុល ៃដលែមានន**ៅល**ើអក្នុដសញញាណប័ណ្**ណរបស់អុនក**។

PAKDAAR: Nu saritaem ti **llocano (llocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánitti'go, saad bee áka anída awo ígíí, t'áá jiík'eh, bee ná ahóóti'. T'áá shoodí ninaaltsoos nitt'izí bee nééhozinígíí bine'dée t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hcdíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



Questions? Visit myuhc.com to learn more.

¹ OptumRx provides this service at no cost. Standard message and data rates charged by your carrier may apply.

² In New York, prescriptions filled at an out-of-network pharmacy may not be covered. In New Jersey, you many need to pay more for prescriptions filled at an out-of-network pharmacy.

³ For New Jersey plans, generic drugs will not exceed \$25 for a 30-day supply, preferred drugs will not exceed \$50 for a 30-day supply, and nonpreferred drugs will not exceed \$75 for a 30-day supply.

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

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NEW PRESCRIPTION MAIL-IN ORDER FORM

Member and p	hysician	informatio	on — pleas	e use blac	k or blue ink. One	form per member.
Member ID Number				(Additional coverage, if applicable) Secondary Member ID Number		
Last Name				First Name		MI
Delivery Address						Apt. #
City State		ZIP	Phone Number with Area		ea Code	
Date of Birth (mm/dd/yyyy)		Gender OMOF				
Physician Name				Physician Phone Number with Area Code		
2 Health history						
Medication Allergies: O None known O Amoxil/Ampicillin	O Aspirin O Cephalo O Codeine	sporins ON	ythromycin SAIDs micillin	O Quir O Sulfa O Tetra		
Health Conditions:O AsthmaO GlaucomaO None knownO CancerO Heart conditionO ArthritisO DiabetesO High blood pressu				O High cholesterol O Others: O Osteoporosis Sure O Thyroid Disease		
Over-the-counter/herb	al medicati	ons taken reg	ularly:			
B Pharmacy prod	essina	I.	1	I		
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Payment and s		Î.				
order is received. Comple extended delay in deliver	ted refill ord ng your me	lers should arriv dications.	e within abou	t 7 business da	ays. OptumRx will contact	
medications may not be	returned for	om to see if dr a refund or adj	ug pricing info ustment.	rmation is avai	ilable before enclosing pay	yment. Once shipped,
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Signature:					Date	
related to prescription or	ders. By supp	olying my credit	card number,	I authorize O	for copay/coinsurance and PtumRx to maintain my act customer service at any	y credit card on file as
5 Mail this com	oleted or	der form v	vith your	new presc	-	mRx, P.O. Box 2975,
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