PAMCA

is offering a Discount Prescription Drug Card absolutely Free!

The discount prescription drug card assures the lowest prices on prescription drugs, saving 10% to 60% on most prescriptions. It is easy to use! Just present the card to any participating pharmacy. There are over 48,000 national and regional pharmacy chain stores such as Walgreens, Target, Safeway, Tom Thumb, Kroger, HEB, CVS and more, as well as, many independent pharmacies that participate.

With this free prescription card, you also have the option of using our mail order pharmacy. Through the mail order benefit you will be able to maximize savings with the convenience of home delivery. Save an average of 10% below AARP's prices and beat the lowest retail pharmacy price by $5.00 on prescriptions price at $10.00 or more with no postage or dispensing fees.

Start Saving today!

NBP0506

Pharmacy card
ABSOLUTELY FREE!

Neighborhood Pharmacy 800-800-7616

- Obtain the lowest price on short-term acute care prescription drugs.
- Use your card at participating chain and independent pharmacies nationwide.
- Save on your out-of-pocket expenses. Discounts range from 10% to 60% on most medications.
- Receive the lowest price in the store, on that day, regardless of promotions and discounts.

*Pharmacy discounts are not insurance and not intended to replace insurance.

How To Use

1. Find a pharmacy near you by calling Member Services at **800-800-7616**, Monday through Friday, 7 a.m. to 7 p.m. and Saturday, 8 a.m. to 5 p.m. or by checking our website at www.nbprx.com Simply enter group # **15082** and select pharmacy. Present your membership card along with your prescriptions to the pharmacist. The pharmacy computer system will compare our contracted discount price with the pharmacy's retail price when the prescription is processed. You pay the lower of the two prices directly to the pharmacy at the point of sale.

2. Please do not call the pharmacy for price quotes. Prices may change from day to day and they cannot be given over the telephone. Visit www.nbprx.com to look up drug prices by location.

3. If your pharmacy happens to be selling any maintenance medications prescribed to treat on- going ailments, such as high blood pressure and arthritis, for less than the contracted price, you will receive the pharmacy's best price.

4. If you experience any difficulties in using the pharmacy program, please call or ask the pharmacist to call our Member Services department at the number located on the back of your membership card.

Disclosures: This is not insurance.

This discount card program contains a 30 day cancellation period. This plan provides discounts at certain health care providers for medical services. This plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. Member shall receive a full refund of membership fees, excluding enrollment fee, if the membership is cancelled with-in the first 30 days.

Mail-order Pharmacy

Mail Order Pharmacy 877-839-8121

- Maximize your savings on maintenance medications by ordering 30-90 days at a time.
- Save an average of 10% below AARP's prices and beat the lowest retail pharmacy price by $5.00 with no added postage or dispensing fees.
- Feel comfortable knowing that a 7-point quality assurance test is performed before mailing.

How To Use

1. Call **877-839-8121**, Monday through Friday, 8 a.m. to 6 p.m for price quotes, initial orders, and re-orders. Give the service representative the name, strength, and quantity of the medication(s).

2. Price quotes are valid for one-time use only and expire after 30 days. HealthTrans' Internet and phone-automated refill service will automatically refill your order at the existing price of your medication, so please call and ask for a price quote before each order. *Note: Quotes are subject to change without notice.*

3. Mail a Patient Profile Form (completely filled out), a valid doctor's prescription, and a check or credit card information to: Mail Order Prescription Plan, P.O. Box 4057, Greenwood Village, CO 76161-9863. You may download the form from www.nbprx.com Simply enter group # **15082** and select pharmacy.

4. Orders are shipped within 48 hours of receipt of payment via First Class Mail or UPS Ground, based on the contents of the package. Special shipping arrangements can be made for an additional fee. Check with a service representative for more information.

5. Orders are automatically filled using generic medication, unless prescription specifies "brand necessary" or the member requests "brand".

6. Prescriptions faxed by physicians will automatically be filled and charged to your credit card on file should this be your preferred method of payment. When faxing prescriptions, physicians must include your member identification number on all communications.

7. HealthTrans cannot hold prescriptions to be filled at a later point in time, so please send in your prescriptions when you are ready to place your order.

8. Prescriptions cannot be filled or refilled once they have expired. Most prescriptions expire one year from the date written. Prescriptions for controlled medications expire 6 months from the date written. CII prescriptions expire 7 days from the date written. Please call for more information regarding ordering controlled medications.

9. Return Policy: Medications cannot be returned for any reason. Once an order has been shipped, we are unable to reuse or resell the items.

If you enjoy saving on your prescription drugs take a look at the many other benefits that can help you save!

Dental Care: Savings of 15% to 50%* with Aetna Dental Access® on everything from general dentistry and cleanings to root canals, crowns and orthodontia.
**Anticipated national average dental charges for the 2005 calendar year based on the comparison of provider negotiated fees to national average charges. Actual costs and savings vary by provider and geographical area.*
Chiropractic Care: Save 50% on diagnostics and x-rays on site if necessary and 30% on treatment and other services.
Vision Care: through Coast to Coast: Save 10% to 60% at participating retail locations and 10% to 40% through mail order.
Doctors Online+: Enjoy confidential, online, personal interaction with licensed, board-certified physicians, as well as information about illnesses or symptoms.
Alternative Medicine: Save 10% to 30% on services and treatments including acupuncture, massage therapy, fitness centers and many more.
Long -Term Elder Care: Elder Care Information and Referral Care Management Associates are available 24/7 to provide assistance with elder care concerns, answer long-term care questions and help locate local assistance.
Travel Assistance: Members have access to a global network of practicing physicians, travel assistance personnel and emergency evacuation benefits when traveling over 100 miles from home and suffering a serious injury or illness.
Travel Discounts: Discounts up to 25% on airfare; Discounts up to 15% on hotels and rental car; Discounts up to 50% on select sailings.
Funeral Products and Services: Savings of 40% to 70% on caskets, markers and funeral merchandise; receive an additional 15% member discount at the point of purchase.
Legal Services: A nationwide network of over 20,000 attorneys that offer nine free services and a guaranteed rate of $75.00 per hour.
Identity Theft Protection: Identity Theft Protection is on hand 24 hours a day to help protect the members' good name by providing prevention and recovery services.

For more information, or to register online please visit www.nbprx.com, group# 15082

DISCOUNT PROGRAM APPLICATION

Please follow steps 1-7 on the front and back of this form if you wish to add additional benefits to your free pharmacy card.

(PLEASE PRINT)

❶ FILL IN THE INFORMATION REQUESTED: Date ___/___/___

First Name_____
Last Name_____
Address_____
City_____State _____ Zip_____
Daytime Phone(____)_____
Evening Phone(____)_____
E-mail:_____

❷ SELECT 2 OR MORE BENEFITS:

- ☐ Dental Care (EP)
- ☐ Chiropractic (C)
- ☐ Alternative Medicine (AW)
- ☐ Travel Assist (TA)
- ☐ Travel Discounts (CT)
- ☐ Identity Theft Protection (ID)
- ☐ Vision Care (V)
- ☐ Long Term\Elder Care (CH)
- ☐ Doctors Online+(EF)
- ☐ Funeral Products & Services (FS)
- ☐ Legal Services (I)

Write in the total number of benefits you have selected above:_____

❸ DETERMINE YOUR MEMBERSHIP FEE: (based on the total number of benefits selected above)

☐ Two benefits	$6.25/mo	$75.00/yr
☐ Three benefits	$8.50/mo	$102.00/yr
☐ Four benefits	$10.85/mo	$130.20/yr
☐ Five benefits	$12.95/mo	$155.40/yr
☐ Six benefits	$15.25/mo	$183.00/yr
☐ Seven benefits	$17.05/mo	$204.60/yr
☐ Eight benefits	$18.95/mo	$227.40/yr
☐ Nine benefits	$20.95/mo	$251.40/yr
☐ Ten benefits	$22.95/mo	$275.40/yr
☐ Eleven benefits	$24.95/mo	$299.40/yr

❹ TWO MEMBERSHIP CARDS ARE ISSUED WHEN PURCHASING ADDITIONAL BENEFITS.

If you wish to receive additional cards for immediate family, enclose $2.50 per card and list cardholder(s) name(s) below:

☐ Send me____ additional cards.

Name : First_____Last_____$_____
Name : First_____Last_____$_____

❺ WRITE IN YOUR MEMBERSHIP FEE FROM THE OTHER SIDE: $ _____

☐ Annual (check/money order/credit card) (circle one)
☐ Monthly (credit card only)

❻ SELECT YOUR METHOD OF PAYMENT

Check / Money Order Enclosed (circle one)

Credit Card (check one)
☐VISA ☐ Mastercard ☐ Discover ☐ Amexpress

Acct # |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Exp. ___/___/___

Please charge my credit card: ☐ Annually ☐ Monthly (check one)

ADDITIONAL TERMS AND CONDITIONS: To terminate or cancel the member agreement, please call (800) 800-7616 or send a written cancellation notice to National Benefit Plans, Ltd. PO Box 790806 San Antonio, TX 78232. The notice must be submitted at least three (15) days prior to my next scheduled payment date. This agreement can be cancelled for non-payment.

❼SIGN HERE_____
(signature required)

Group #: **15082** IC#:_____

Please make checks & money orders payable to:
National Benefit Plans, Ltd.
Mail to: **National Benefit Plans, Ltd.**
PO BOX 790806
San Antonio, TX 78232
Credit card payments may be fax to: **210-495-7374**

Disclosures: This is not insurance.
This discount card program contains a 30 day cancellation period.

Available to TX residents only.

NBP0506

For questions or to locate a provider call 800-800-7616.

Mail Order Prescriptions.....877-839-8121

HEALTHTRANS

Pharmacists: For additional information or assistance please call the Help Desk at 877-448-6182.

This is NOT insurance.

Payment must be made at the time of service.

Fold along line.

Prescription Discount Card

GROUP# 15082
MEMBER# 142407524
EFFECTIVE

Bin# 011677
PCN#HT

✂ Cut along the dashed lines.