CLEMSON
Sports Medicine & Rehabilitation

June 1, 2011—May 31, 2012

Group Benefits

Informational Packet

Table of Contents

Memorandum. 1-2

Vision—New Benefit Enrollment Form 3

Non Tobacco Certification Form. 4

Wellness Program Policy. 5

Major Medical 6-8

Dental 9

Vision 10

Life Insurance, Short Term Disability, Long Term Disability 11

401K / Retirement Plan 12

Health Care Reform Notifications 13

Additional Enclosures:

Creditable Coverage Notification

Women's Health and Cancer Rights Notification

Medco Mail Order Form

*Disclaimer:

DATE: **May 11, 2011**

TO: **All Employees Eligible for Group Health/Dental Insurance**

FROM: **Management Team**

RE: **Insurance Renewal for Plan Year 2011-2012/Benefit Changes**

As we assess our benefits package each year, we do our best to keep employee costs to a minimum. In order to accomplish this, we are changing carriers as of June 1st. By changing insurance carriers, we are able to keep the same medical with a few benefit enhancements and same dental plan designs AND keep the same medical and dental payroll deductions.

Beginning June 1, 2011 – our plans are changing from BCBS to:

Carolina Care Plan – Medical

Met Life – Dental

We have included the information regarding the new Medical and Dental plans which are very similar to our current BCBS of South Carolina Plans.

Enrollment:

If you are not making any changes to your medical or plan election, then your current elections automatically continue for June 1st. Only employees who are enrolling, changing or terminating coverage as of June 1, 2011 will need to complete a Medical and/or Dental Form. Please contact Melissa Kelley so that she can send you the appropriate forms. **Please complete applicable forms and return to me @ coded dial 005 no later than Friday, May 27th.**

Deductible & Coinsurance Credit:

Medical & Dental – Carolina Care Plan and Met Life will credit deductible & coinsurance met by each member from January 1, 2011 – May 31, 2011. Members only have until June 30th for the deductible and coinsurance credit to be applied. Deductible & Coinsurance Credit Reports will be sent from BCBS to Carolina Care Plan towards the end of June. If you have claims that have not been processed by BCBS as of June 13, 2011, please contact Melissa Kelley so that we can make sure your deductible & coinsurance credit is applied within the 30 day time frame.

NEW Insurance Cards

Medical - Carolina Care Plan will issue ID cards in late May. ID cards will be mailed to your home address.

Dental - Met Life does not issue personalized dental cards. General ID cards will be mailed to each location's address in late May to be distributed to employees with Dental coverage.

Non-Tobacco User Certification Form

You will also find a "Non Tobacco User Certification Form. **Each and every employee requesting benefits must complete this form and return to me @ coded dial 005 no later than Friday, May 27th to receive the 10% discount in premiums for the June 1, 2011 – May 31, 2012 plan year.** Please note: Also enclosed is a copy of the Clemson Sports Medicine and Rehabilitation Wellness Program.

June 1, 2011 Rates (no increase from current rates)

	Medical	Dental	Medical (10% Discounted rate for non-tobacco)
EE	$ 33.45	$ 2.90	$ 30.11
EC	$ 85.23	$14.83	$ 76.71
ES	$130.46	$10.88	$117.42
F	$183.27	$22.81	$164.95

New Benefit Offering – Vision!

We are offering a Voluntary Vision plan effective June 1, 2011 insured by VSP. Information regarding this plan including the monthly costs are included in this packet. We must have at least 10 employees elect this plan in order to implement the plan. The VSP Enrollment Form is included in this packet. **Employees electing vision coverage must complete the VSP Enrollment form and return to me @ coded dial 005 no later than Friday, May 27th.**

Please call Melissa Kelley with any questions and/or concerns.

VISION SERVICE PLAN

ENROLLMENT FORM – Effective June 1, 2011

Name of Group (Employer) Clemson Sports Medicine & Rehabilitation

Employee Name: _____
Last name, first name, middle initial

Last 4 digits of SSN: xxx-xx-_____

Date of Birth_____

Type of coverage selected:

_____Employee only

_____Employee & Spouse

_____Employee & Child(ren)

_____Family

_____ _____
Employee Signature Date

Non-Tobacco User Certification Form

Employee Name:_____

I, _____, certify that I have not used any tobacco products, including but not limited to cigarettes, cigars, pipes, chewing tobacco, snuff, etc., one or more times since September 1, 2010.

My signature indicates that the information on this form is truthful and correct to the best of my knowledge. I also understand that any person who knowingly and with intent to injure, defraud, or deceive any insurer; or files a statement of claim or an application providing any false, incomplete, or misleading information may be subject to corrective action up to and including termination of my employment.

_____

Employee Signature

_____

Date

CLEMSON SPORTS MEDICINE AND REHABILITATION, INC
WELLNESS PROGRAM REGARDING TOBACCO USE

Effective March 1, 2009, the Company adopted a tobacco free policy for all of its facilities. It is well known that the use of tobacco carries with it significant health risks. Therefore, to support the Company's tobacco free policy and to promote healthy habits among its employees, the Company has adopted a wellness program related to tobacco use and cessation.

Each employee who certifies to the Company that he or she does not use tobacco products will receive a Ten Percent (10%) discount on the employee's portion of his or her health insurance premium for the following year. Certification must be made on the attached form and returned to the Company's human resources department on or before May 27th of each year. Certification must be made annually.

An employee who cannot certify that he or she does not use tobacco products may qualify for the Ten Percent (10%) health insurance premium deduction in the year after he or she is able to make such certification. In other words, being unable to make a certification in one year does not disqualify an employee from making the certification in following years.

Further, an employee who cannot certify that he or she does not use tobacco products may qualify for the Ten Percent (10%) health insurance premium deduction by completing a tobacco cessation support program which has been selected and paid for by the employee, but pre-approved by the Company. Prescription medications for smoking cessation are available through the Company's medical plan. The premium discount will be available on June 1st which immediately follows the receipt of a written certification from the tobacco cessation program that employee has completed the program.

Major Medical

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Benefit Period	**January 1 through December 31 of each year**	
Deductible (Individual / Family)	$1,500 / 3 per family	$2,000 / 3 per family
Co-Insurance (Insurance Company / Member)	80% / 20%	60% / 40%
Out-of-Pocket (Individual / Family)	$3,000 / $6,000	$4,000 / $8,000
Office Visits—Primary Care / Specialist	$30 co-payment / $50 co-payment	Deductible + 40%
Urgent Care	$75 co-payment	Deductible + 40%
Preventive Services		
Routine Physical Exams	100%	Deductible + 40%
Well Child Care—exams & immunizations	100%	Deductible + 40%
Routine Lab Tests	100%	Deductible + 40%
Routine Vision Exams	100%	Deductible + 40%
Routine Endoscopic Services	100%	Deductible + 40%
Routine X-Rays & Medical Tests	100%	Deductible + 40%
Inpatient Services		
Inpatient Hospitalization (Facility Charges)	$100 co-pay; Deductible + 20%	Deductible + 40%
Inpatient Hospitalization (Physician Charges)	Deductible + 20%	Deductible + 40%
Outpatient Services		
Outpatient Hospitalization	Deductible + 20%	Deductible + 40%
Outpatient Laboratory Tests—Diagnostic	100%	Deductible + 40%
Mammogram—Routine & Diagnostic	100%	Deductible + 40%
Therapy—PT, OT, Pulmonary Rehab, Cardiac Rehab 60 visits each per benefit period	Deductible + 20%	Deductible + 40%
Speech Therapy—60 visits per benefit period	Deductible + 20%	Deductible + 40%
Chiropractic Care	$50 Copay—12 visits per benefit period	Deductible + 40%
Emergency Room	Deductible + 20%	Deductible + 20%
Urgent Care	$75 Copay	Deductible + 40%
Plan Maximums		
Lifetime Maximum	Unlimited	
Annual Maximum	$5,000,000	

Prescription Drug Coverage—MEDCO	In-Network
Retail Pharmacy 30 day supply	
Generic	$10 Copay
Preferred	$35 Copay
Non-Preferred	$55 Copay
Mail Order Benefits 90 day supply	
Generic	$20 Copay
Preferred	$70 Copay
Non-Preferred	$140 Copay

Mail Order Instructions for Medco beginning June 1, 2011.

Two Options to continue/begin this program under Medco

1. Obtain a New 90 day prescription from your doctor. Complete the enclosed Medco Mail Order Form enclosed in this pack.
2. Have your doctor call your prescription to Medco's Easy RX Line. The doctor will need your Member ID and date of birth. The number to call is 1-888-327-9791.

Additional Resources Regarding your new Benefits

Carolina Care Plan **www.carolinacareplan.com**

Network Information

South Carolina & Georgia **Super Med Network**

Outside of South Carolina & Georgia **First Health**

How to access In-Network Provider Listings:

Go to: www.carolinacareplan.com

Find a Provider (on right hand side of website)

Click on Search the Directory

Follow steps to find a specific provider or pull up entire directory in PDF Format

Online Claim Information:

Beginning June 1, 2011, members can access their medical and prescription drug information online.

Go to www.carolinacareplan.com

Click Member's Tab

Under My Health Plan Login—click Register Now (this is found under the User ID and Password Fields)

Note—you will need your Carolina Care Plan ID card information to register.

DENTAL

HOW THE PLAN WORKS

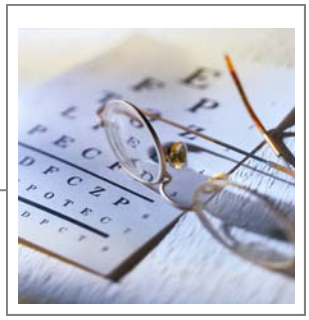
This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Claims payments may be made to you or your dentist, whichever you prefer, unless benefits have been assigned to the provider.

Although this plan allows you to see any dentist of your choice, Met Life does have a Network of Dentists. If you prefer to use an In-Network Dentist, you may lower your out of pocket expense. Claims are paid at the PPO allowance instead of UCR (Usual and Customary Rates) and the In-Network dentist must abide by the PPO allowance. A Listing of PPO Dentists can be obtain from Met Life's website at www.metlife.com.

PLAN FEATURES

Benefit Period	January 1st through December 31st of each year
Benefit Maximum per person per benefit period	$1,000 per covered member
Lifetime Maximum for Child Orthodontics	$1,000 per child
Deductible per person per benefit period	$50 per individual or 3 per family

COVERED EXPENSES	DEDUCTIBLE	BENEFIT
Preventive Services	Not subject to deductible	100% of UCR
Oral Examinations, once every 6 months Cleanings, once every six months Flouride, once every 12 months for children under 14		
Basic Services	Yes—subject to deductible	80% of UCR
Fillings, Root Canal, Periodontal Maintenance, Oral Surgery & Anesthesia Full Mouth X-Rays Sealants		
Major Services	Yes—subject to deductible	50% of UCR
Crowns, Dentures, Bridges		
Orthodontia—available for dependent children to age 19	No	50% of UCR



VISION

Effective June, 2011 we are offering a Voluntary Vision Plan. 10 employees must enroll in this plan in order for it to be implemented.

Using your benefits is Easy as 1, 2, 3.

1. Find a VSP network doctor at www.vsp.com or call (800) 877-7195. Click members, then find a doctor, select Signature VSP Network
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

ELIGIBILITY	Eligible Dependents Include Spouse & Dependent Children to age 19; if child is a full time student ,up until their 25th birthday.	
PLAN FEATURES	In-Network	Out-of-Network
Eye Exam every 12 months	$10 co-pay	Reimbursed up to $50
Lenses every 12 months		
Single Vision Lenses	$25 co-pay	Reimbursed up to $50
Bi-Focal Lenses	$25 co-pay	Reimbursed up to $75
Tri-Focal Lenses	$25 co-pay	Reimbursed up to $100
Lenticular Lenses	$25 co-pay	Reimbursed up to $125
Frames every 24 months	$25 co-pay with $130 allowance	Reimbursed up to $70
Contact Lenses every 12 months		
Elective	$25 co-pay with $130 allowance	Reimbursed up to $105
Medically Necessary	$210 allowance	Reimbursed up to $210

MONTLY COSTS—deduction will be taken from 1st payroll of each month . Deductions are taken out Pre-Tax	
Employee Only	$8.82
Employee & Spouse	$14.11
Employee & Child(ren)	$14.41
Family	$23.23

Basic Life and Accidental Death & Dismemberment

PLAN FEATURES

All Eligible Employees	1 x Annual Earnings rounded to next $1,000 plus Maximum Benefit: $200,000
Benefit Reductions	Reduces by 35% at age 70, Reduces by 50% at age 75
Employer Contribution	Premium is 100% employer paid

Short Term Disability

PLAN FEATURES

Monthly Benefit	66 2/3% of weekly earnings up to a maximum weekly benefit of $800
Benefits Begin	8th Day of Disability
Duration of Benefits	12 weeks
Employer Contribution	Premium is 100% employer paid

Long Term Disability

PLAN FEATURES

Monthly Benefit	60% of employee salary up to a maximum of $5,000 per month
Duration of Benefits	Up to Social Security Normal Retirement Age
Elimination Period	90 days
Definition of Disability	Disabled from Own Occupation
Pre-Existing Condition	3/12 Defined as Injury or sickness for which you were treated, took medicine or consulted a physician 3 months prior to effective date; waived after 12 months on the plan
Employer Contribution	Premium is 100% employer paid

401K Retirement Plan

PLAN FEATURES

Eligibility	Any employee who has completed 1 year of service (working a minimum of 1,000) and who is age 21 or older will be eligible to participate.
Entry Date	Once eligible, you may begin to participate on the 1st day of each quarter (January 1, April 1, July 1 or October 1).
Contributions	You may defer a percentage of your salary on a pre-tax basis up to $16,500 ($22,000 if you are 50+) for 2011, not to exceed 100% of compensation. You may rollover funds from a prior qualified plan at any time.
Change Dates	You may increase or decrease the amount you are contributing at the beginning of each quarter. You may stop contributions at any time.
Company Contributions	Clemson Sports Medicine is making the following Safe Harbor matching contribution: 100% up to 3% plus 50% of the next 2% of compensation deferred An additional discretionary Profit Sharing Contribution *may* also be made once a year.
Vesting Schedule	Your contributions and the employer's Safe Harbor contributions are always 100% vested. Other employer contributions, *if any*, are subject to the following vesting schedule:

Years of Service	Percent	Years of Service	Percent
2 years	20%	3 years	40%
4 years	60%	5 years	80%
>6 years	100%		

Withdrawals	Your account may be withdrawn only in the event of: • Retirement • Disability • Death • Termination of Employment • Financial Hardship (you must qualify and it must be approved) Distributions made prior to age 59 ½ may be subject to an excise tax if not rolled into a new plan or an IRA. In the event of death, your beneficiary will receive 100% of your investment account balance.
Investment Options	There are many investment options available through your contract with John Hancock. Contributions may be split among the various options.
Investment Changes	Transfers between investment options and changes to future allocation instructions can be made either on the web, at www.jhancockpensions.com, or over the phone at 1-800-395-1113.

Health Care Reform Notifications

Patient Protection Disclosure Notice

Carolina Care Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Carolina Care Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Carolina Care Plan at the phone number on your identification card or visit their website at www.carolinacareplan.com

Lifetime Limits Disclosure Notice

The lifetime limit on the dollar value of benefits under Carolina Care Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Melissa Kelley at 864-482-0064.

Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Carolina Care Plan Medical Plan and the Met Life Dental Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to June 1, 2011 For more information contact Melissa Kelley at 864-482-0064.

Important Notice About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Clemson Sports Medicine & Rehabilitation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **On behalf of Clemson Sports Medicine & Rehabilitation, Carolina Care Plan has determined that the prescription drug coverage offered by Clemson Sports Medicine & Rehabilitation is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.**

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. In addition, if you lose or decide to leave employer/union sponsored coverage, you will be eligible to join a Part D plan at the time using an Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Clemson Sports Medicine & Rehabilitation prescription drug coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Clemson Sports Medicine & Rehabilitation prescription coverage, be aware that you and your dependents will be able to get this

coverage back. Coverage would need to be elected during Open Enrollment and will become effective June 1 following the Open Enrollment Period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Clemson Sports Medicine & Rehabilitation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about This Notice Or Your Current Prescription Drug Coverage…

Contact your Human Resources department for further information. Contact information is listed below. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Clemson Sports Medicine & Rehabilitation changes. You may also request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Qualified Medicare Beneficiaries will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	May 11, 2011
Name of Entity/Sender:	Clemson Sports Medicine & Rehabilitation
Contact--Position/Office:	Melissa Kelley
Address:	10626 Clemson Boulevard Seneca, SC 29678
Phone Number:	864-482-0064

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

The Women's Health and Cancer Rights Act of 1998 requires this notice. This Act is effective for plan year anniversaries on or after October 21, 1998.

In the case of a covered person receiving benefits under their plan in connection with a mastectomy and who elects breast reconstruction, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

1. **Reconstruction of the breast on which the mastectomy was performed;**
2. **Surgery and reconstruction of the other breast to produce a symmetrical appearance; and**
3. **Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.**

Deductibles, coinsurance and co - payment amounts will be the same as those applied to other similarly covered medical services, such as surgery and prostheses.

Medco Pharmacy™ MAIL-ORDER FORM

CAROLINA CARE PLAN® A MEDICAL MUTUAL OF OHIO COMPANY | medco®

1 Member information: Please verify or provide Member information below.

☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:
_____@_____._____

☐ New shipping address:

Daytime phone:

Evening phone:

(Medco will keep this address on file for all orders for you and any eligible members on your drug benefit plan unless another shipping address is provided.)

FOLD HERE

2 Patient/doctor information: Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are provided on the back of this form). Send all prescriptions in the envelope provided.

First name | Last name

Birth date (MM/DD/YYYY) | Sex ☐ M ☐ F | Patient's relationship to member ☐ Self ☐ Spouse ☐ Dependent

Doctor's last name | 1st initial | Doctor's phone number

First name | Last name

Birth date (MM/DD/YYYY) | Sex ☐ M ☐ F | Patient's relationship to member ☐ Self ☐ Spouse ☐ Dependent

Doctor's last name | 1st initial | Doctor's phone number

FOLD HERE

3 Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders **payable to Medco Health Solutions, Inc.,** and write your member ID number on the front. You can enroll for e-check payments and determine a medication's price online at **Medco.com®**, or call **866.397.5564.**

Number of prescriptions sent with this order:

Payment options: ☐ e-check ☐ Payment enclosed ☐ Credit card ☐ Send bill

For credit card payments:
☐ Visa ☐ MC ☐ Discover ☐ AmEx ☐ Diners

Credit card number

Expiration date
M M Y Y

X
Cardholder signature

☐ I authorize Medco to charge this card for all orders from any person covered under this plan.

☐ Rush the mailing of this shipment ($15, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

HD81840M

Mailing instructions are provided on the back of this form.

Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex ☐ M ☐ F

Patient's relationship to member ☐ Self ☐ Spouse ☐ Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex ☐ M ☐ F

Patient's relationship to member ☐ Self ☐ Spouse ☐ Dependent

Doctor's last name

1st initial

Doctor's phone number

FOLD HERE

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to one year, if appropriate. Also, ask your doctor or pharmacist about safe, effective and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health coverage, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at 866.397.5564. To verify Medicare Part B prescription coverage, call Medicare at 800.MEDICARE (800.633.4227).

Medco will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

☐ Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

Check the box if you do not wish a less expensive brand or generic drug.

Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at **Medco.com** or call Member Services at 866.397.5564. TTY/TDD users should call 800.759.1089.

Federal law prohibits the return of dispensed controlled substances.

FOLD HERE

ID No: <<XXXXXXXXXXXX>>

Group No: <<XXX>>

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the Medco address shows through the window. Do not use staples or paper clips.

HD81840M

MEDCO HEALTH SOLUTIONS OF FAIRFIELD
P.O. BOX 747000
CINCINNATI OH 45274-7000