



# MY PRESCRIPTION SAVINGS CARD

## PROGRAM TERMS AND CONDITIONS

### Terms & Conditions

These Terms & Conditions and use of the services is subject to the following terms and conditions. Please read these terms and conditions carefully before completing your registration for the services, so that you fully understand your rights and responsibilities.

**Disclosures:** This discount program is **NOT HEALTH INSURANCE** and is not intended as a substitute for insurance. This program provides savings on a select group of prescription medications purchased from participating pharmacies. This program is administered by Medical Security Card Company (MSC), LLC, 350 Williams Boulevard, Tucson, AZ 85711, 1-866-223-9675, [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com), and is marketed by your participating pharmacy. This program is not available in all state. This program does not make payments directly to any provider. You are obligated to pay for all services at the time of the service. This program is governed by the terms and conditions outlined on the program's enrollment form and website. MSC is not responsible for providing or guaranteeing service or for the quality of services rendered. Participating pharmacies are subject to change without notice and are not available in all areas. Membership discounts cannot be combined with any insurance.

**Fees & Term of Agreement:** There is no enrollment or membership fee. The program is effective immediately upon receipt of signed enrollment form.

**Membership:** The program provides you and your entire household with all of the features of **My Prescription Savings Card**.

**Program Features:** To obtain discounts, present your membership card at a participating pharmacy before you pay for any prescription drugs. The **My Prescription Savings Card** provides you with savings on select generic and brand-name medications. The prices for these medications are based on whether it is a 30-day supply<sup>1</sup> or 90-day supply<sup>1</sup> and its pricing level:

- **Level 1:** \$4 for a 30-day supply  
\$10 for a 90-day supply
- **Level 2:** \$5 for a 30-day supply  
\$14 for a 90-day supply
- **Level 3:** \$10 for a 30-day supply  
\$24 for a 90-day supply
- **Level 4:** \$15 for a 30-day supply  
\$35 for a 90-day supply

With **My Prescription Savings Card**, you will also receive discounts on other generic and brand-name medications, immunization discounts, and discounts on select human-equivalent pet medications.

**Cancellation and Termination:** You may cancel your membership in this program at anytime. To cancel your membership in this program, contact your local pharmacy and inform them of your choice to no longer participate in the **My Prescription Savings Card**.

**Contacting Us:** If you have questions about this program, please call 1-866-223-9675 or you may speak with your participating pharmacist.

McKesson contact information: Phone: 800.824.1763, Email: [service.hmatlas@mckesson.com](mailto:service.hmatlas@mckesson.com)

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<sup>1</sup>The day supply is based upon the average dispensing patterns for the specific drug and strength. The Program, as well as the prices and the list of covered drugs can be modified at any time without notice.