



**MY PRESCRIPTION  
SAVINGS CARD**

# Guidelines for Pharmacists



# Welcome to the My Prescription Savings Card!

- **Program Overview**

- A turnkey prescription savings program designed to help you connect with your community, grow your customer base, and increase customer loyalty and foot traffic.

- **The program provides savings to customers who pay out-of-pocket costs for their prescriptions, and is especially helpful for:**

- The uninsured.
- Customers with limited coverage whose prescriptions are not covered by their health plan. *Note:* The card cannot be used for co-pays or in conjunction with health insurance.
- Customers with prescriptions excluded under Medicare Part D law.

- **Program Enrollment Fee**

- There is no enrollment fee to join the program.

- **The program:**

- Provides a prescription savings card for your customers.
- Provides instant savings for the cardholder and all family members, even pets!
- Provides savings on both brand-name and generic medications.
- Provides immunization discounts
- Provides discounts on select human-equivalent pet prescription
- Allows for unlimited use. Your customers can save every time they use the card.

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

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# Why Offer the Program?

- **It helps your bottom line:**
  - Stay competitive by offering low prices and multi-day quantities.
  - Increase your monthly prescription transactions.
  - Safeguard against erosion of sales to local competitors by offering an attractive alternative to their programs.
  - Convert customers with multiple prescription discount cards to your program and stop giving up revenue.
- **It helps you gain and retain customers**
- **It provides turnkey resources:**
  - Online marketing toolkit.
  - Online drug pricing tool.

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# When to Offer the My Prescription Savings Card?

Uninsured Pharmacy Customers (Primary Target Audience)	Pharmacy Customers with Limited Coverage	Insured Pharmacy Customers
<p>Customers with NO health plan insurance, and no prescription benefits can use the Program to receive discounts on all prescription needs (generic and brand-name drugs) as well as on human-equivalent pet medications.</p>	<p><b>1. Customers go “on and off” insurance coverage</b></p> <p>When your customer is “off” coverage, use the Program for discount on generic and brand-name drugs.</p> <p><b>2. Customers’ health plan prescription benefit only covers generic drugs</b></p> <p>Use the Program for discounts on brand-name drugs, as well.</p> <p><b>3. Customers require drugs that are not covered by their health plan prescription benefit</b></p> <p>Use the Program for discounts on generic and brand-name drugs as well as human-equivalent pet medications.</p>	<p>Use the Program when customers’ health plan prescription benefit excludes certain medications (lifestyle drugs such as hair growth, dermatological creams, etc.).</p> <p>Use the Program when customers’ health plan prescription benefit does not cover over-the-counter drugs written as prescriptions.</p> <p>These customers may even find the program discounted price to be lower than their insurance copay.</p>

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# Your Prescription Pricing Plan

The **My Prescription Savings Card** leverages an aggressive benefit design structure to provide you with competitive pricing, while protecting your pharmacy's bottom line.

- 4- Level Pricing List
  - Level 1:
    - \$4.00 – 30-day supply\*
    - \$10.00 – 90-day supply\*
    - With wraparound discount
  - Level 2:
    - \$5.00 – 30-day supply\*
    - \$14.00 – 90-day supply\*
    - With wraparound discount
  - Level 3:
    - \$10.00 – 30-day supply
    - \$24.00 – 90-day supply
    - With wraparound discount
  - Level 4:
    - \$15.00 – 30-day supply
    - \$35.00 – 90-day supply
    - With wraparound discount
- The wraparound discount will be as follows:
  - Brand name prescriptions will be AWP -13.5% + \$4.20 dispense fee.
  - Generic prescriptions will be AWP - 25% + \$4.20 dispense fee.
  - The MAC list will be custom for generics only.
- Flat Fee List drugs filled between a 30- and 90-day supply will price at the 90-day supply price point.
- Transaction fees of \$0.37 for both flat fee drugs and all wrap drugs will be invoiced to your pharmacy monthly.

\*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.

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# How do you get started?

- Sign up by contacting [pharmacycontracting@scriptsave.com](mailto:pharmacycontracting@scriptsave.com) or call 800.347.5985, ext. 3131, and mention group 1237A.
- You can obtain the following marketing materials by visiting <https://www.myrxsavingsclub.com/pharmacist>, download and print:
  - A one-page program overview for your customers or to display at your pharmacy
  - Bag stuffer announcing the program to include in your retail bags
  - Small poster detailing the program to display at your pharmacy
  - A customer FAQ sheet
  - A pharmacist FAQ sheet
  - Program terms and conditions for your customers
  - Drug list
- Your customers can enroll in the program by visiting [www.myrxsavingsclub.com](http://www.myrxsavingsclub.com) or by filling out a paper enrollment form you provide them.
- Your customers begin saving as soon as they fill their first prescription while using the card.

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# How do your customers enroll?

## Enrollment Form

### Formulario de Inscripción

**PHARMACY RETAINS THIS PAGE**

**Joining is Easy: 1.** Complete and sign this enrollment form and give it to the pharmacist. **2.** Begin using the program today!

**Inscribirse es fácil: 1.** Complete y firme este formulario, y entrégueselo al farmacéutico. **2.** Comience a utilizar el programa hoy mismo!

**\*Indicates required fields. Incomplete forms cannot be processed. \*Indica información requerida. No se procesan formularios incompletos.**

*First Name: Nombre:	*Last Name: Apellido:
*Address: Dirección:	*City: Ciudad:
*State: Estado:	*Date of Birth (mm/dd/yyyy): Fecha de Nacimiento (MM/DD/AAAA):
*Phone: Teléfono:	
*Email: Correo Electrónico:	

\*Please provide email if you are electing to receive Additional Health Savings Information on the back of this form.  
\*Por favor proporcione su correo electrónico si elige recibir información sobre Descuentos Adicionales en Salud después de la inscripción.

**NOTE TO PHARMACIST**  
Processing Information: Rx BIN: 015715 • Rx PCN: SS • Rx GRP: 1237A

**Terms:** This pharmacy savings program, My Prescription Savings Card (the program), is administered by Medical Security Card Company (MSC), LLC, 350 S. Williams Boulevard, Tucson, Arizona. In administering the program, MSC receives protected health information (including, but not limited to, prescription medications submitted by participating provider pharmacies or directly from you. Your authorization is required for MSC to have this information to administer its point-of-sale discount services. This information is not to be transferred, sold or otherwise disclosed to third parties, except as necessary for the proper administration of the program. Privacy Policy, please visit: [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com). **Authorization:** My signature on this form is written under health information (PHI) described on this form for the administration of the program in accordance with applicable laws pursuant to this authorization. It may be subject to re-disclosure by a person who receives the PHI and the re-disclosure of this authorization will remain in effect for the duration of my enrollment in the program. I have the right to revoke this authorization at any time. If I am signing on behalf of a dependent family member (guest), my signature verifies that you are the parent or guardian of the individual identified herein.

**Terms:** Medical Security Card Company (MSC), LLC (ScriptSave) de Tucson, Arizona, administra el programa My Prescription Savings Card (el programa). Al administrar el programa, MSC recibe información de salud protegida (incluyendo, pero no limitado a, medicamentos recetados que se le proporcionan a través de farmacias participantes o directamente de usted, información de salud protegida que se le proporciona en este formulario, entre otros datos). Es necesaria su autorización como condición para inscribirse en el programa y para que MSC pueda administrar el programa. MSC no puede transferir, vender ni divulgar esta información a terceros, excepto en lo necesario para la correcta administración del programa o, de lo contrario, según pueda ser obligatorio por ley, y siempre está sujeta a la política de privacidad de MSC. Visite [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com) para obtener información adicional, incluida acerca de la Notificación de Prácticas de Privacidad. Visite [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com). **Autorización:** Mi firma en este formulario constituye mi autorización por escrito para que ScriptSave y utilice la información de salud protegida (PHI) descrita en este formulario para la administración del programa de acuerdo con la ley aplicable. Entiendo que si mi información médica autorizada, podría volver a divulgarse y dicha divulgación reiterada podría no estar protegida por las leyes de privacidad durante el tiempo de mi inscripción en el programa. Tengo el derecho de revocar esta autorización por escrito en cualquier momento. Si estoy firmando en nombre de un miembro de la familia dependiente (huésped), mi firma verifica que usted es el padre, la madre, el tutor o el representante autorizado de los individuos identificados más arriba.

**\*Authorization Signature:**  
Guest Name: \_\_\_\_\_ Relationship to Guest (if signed by representative): \_\_\_\_\_

**\*Firma de Autorización:**  
Nombre del Dependiente: \_\_\_\_\_ Relación al Dependiente (si firmada por representante): \_\_\_\_\_

**Additional Health Savings Information:** Pursuant to your enrollment in the program, MSC and participating pharmacies may offer you such as drug price comparisons or special savings opportunities through programs and offers administered by MSC and constitutes your written authorization for MSC and the participating pharmacy to provide you with Additional Health Savings Information. You agree that MSC and the participating pharmacy may use your information for the purpose of administering the program. Your signature on this form is written under health information (PHI) described on this form for the administration of the program in accordance with applicable laws pursuant to this authorization. It may be subject to re-disclosure by a person who receives the PHI and the re-disclosure of this authorization will remain in effect for the duration of my enrollment in the program. I have the right to revoke this authorization at any time. If I am signing on behalf of a dependent family member (guest), my signature verifies that you are the parent or guardian of the individual identified on this enrollment form.

**Información sobre Descuentos Adicionales en Salud:** De conformidad con su inscripción en el programa, ScriptSave y las farmacias participantes pueden ofrecerle información sobre descuentos adicionales en salud, como comparaciones de precios de medicamentos y oportunidades de descuentos especiales en farmacias participantes. Su firma en este formulario constituye su autorización por escrito para que ScriptSave y las farmacias participantes utilicen su información para administrar el programa. Su firma en este formulario constituye su autorización por escrito para que ScriptSave y las farmacias participantes utilicen su información para administrar el programa de acuerdo con la ley aplicable. Entiendo que si mi información médica autorizada, podría volver a divulgarse y dicha divulgación reiterada podría no estar protegida por las leyes de privacidad durante el tiempo de mi inscripción en el programa. Tengo el derecho de revocar esta autorización por escrito en cualquier momento. Si estoy firmando en nombre de un miembro de la familia dependiente (huésped), mi firma verifica que usted es el padre, la madre, el tutor o el representante autorizado de los individuos identificados más arriba.

**\*Authorization Signature:**  
Guest Name: \_\_\_\_\_ Relationship to Guest (if signed by representative): \_\_\_\_\_

**\*Firma de Autorización:**  
Nombre del Dependiente: \_\_\_\_\_ Relación al Dependiente (si firmada por representante): \_\_\_\_\_

**Right to Receive Copy of This Authorization:** I understand that I have a right to receive a copy of this signed authorization at anytime. This authorization may be scanned and stored by MSC in an electronic format. I agree that an electronic record of this Enrollment Form and document. The day supply is based upon the average dispensing pattern for the specific drug and strength. The Program, as well as the terms and conditions of the program, are subject to change without notice. **Derecho de recibir una copia de esta autorización:** Entiendo que tengo el derecho de recibir una copia de esta autorización firmada en cualquier momento. Este formulario de inscripción y autorización puede ser escaneado y almacenado en formato electrónico por MSC. Estoy de acuerdo en que un registro electrónico de este formulario de inscripción y autorización puede ser escaneado y almacenado en formato electrónico por MSC. El programa, así como los precios y la lista de medicamentos cubiertos pueden ser modificados en cualquier momento, sin previo aviso.

## MY PRESCRIPTION SAVINGS CARD

**CUSTOMER CARE**  
Atención al Cliente  
1-866-223-9675  
[www.myrxsavingsclub.com](http://www.myrxsavingsclub.com)

NAME: NOMBRE:	Pharmacy Help Desk 1-800-404-1031
GROUP#: 1237A	RxBIN: 015715 RxCN: SS
DISCOUNT ONLY - NOT INSURANCE DESCUENTO SOLAMENTE - NO ES SEGURO	
Administered by Medical Security Card Company, LLC, Tucson, AZ	

Paper enrollment form: 2-page, bilingual, with ID card included.

- Your customers can visit [www.myrxsavingsclub.com](http://www.myrxsavingsclub.com), complete their enrollment online and print their **My Prescription Savings Card**, OR
- You can provide your customers a paper enrollment form you can print for them from the pharmacy portal. They will fill out the form and receive their ID card.
- Your customers can begin saving immediately by bringing their card, along with their prescription, to your pharmacy.

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# Filling Out the Paper Enrollment Form (bilingual)

Customer fills in information here (some information is required)

Customer signs form (required)

Customer signs here if they'd like to receive "Additional Health Savings Information"

Once customer has completed and signed enrollment form, provide Page 2 to the customer. This portion includes program Terms and Conditions and their ID Card

**Enrollment Form**  
**Formulario de Inscripción**

**PHARMACY RETAINS THIS PAGE**

**Joining is Easy: 1. Complete and sign this enrollment form and give it to the pharmacist. 2. Begin using the program today!**  
**Inscribirse es fácil: 1. Complete y firme este formulario, y entréguelo al farmacéutico. 2. Comience a ahorrar hoy mismo!**

**Indicators required fields: Incomplete forms cannot be processed. - Indicadores de campos requeridos: No se procesarán los formularios incompletos.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Poner Nombre: \_\_\_\_\_ Poner Apellido: \_\_\_\_\_

Address: \_\_\_\_\_  
Dirección: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Teléfono: \_\_\_\_\_ Fecha de Nacimiento (MM/DD/AAAA): \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_  
Correo Electrónico: \_\_\_\_\_ Género: \_\_\_\_\_

**NOTE TO PHARMACIST**  
Processing Information: Rx BIN: 015715 • Rx PCN: SS • Rx GRP: 1237A • Pharmacist Assistance Line: 1-800-404-1031

**Terms:** This pharmacy savings program, My Prescription Savings Card (the program), is administered by Medical Security Card Company (MSC) (dba ScriptSave) of Tucson, Arizona. In administering the program, MSC receives protected health information (including, but not limited to, the information provided on this form) from program transactions, submitted by participating provider pharmacies or directly from you. Your authorization is required as a condition of enrollment in the program as MSC must have this information to administer its point-of-sale discount service. The protected health information provided by MSC and any provider pharmacy is not transferred, sold or otherwise disclosed to third parties, except as necessary for the proper administration of the program or as may be required by law. To view the MSC Privacy Policy, please visit: [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com). **Authorization:** My signature on this form is written authorization for MSC to receive and use the protected health information (PHI) described on this form for the administration of the program in accordance with applicable law. I understand that if PHI is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by a person who receives the PHI and the re-disclosure may not be protected by applicable privacy laws. This authorization will remain in effect for the duration of my enrollment in the program. I have the right to revoke this authorization in writing at any time by contacting MSC at 350 S. Williams Blvd., Tucson, AZ 85711, except to the extent that my personal information has already been used or disclosed in reliance on this authorization. However, because this information is essential to the administration of this program, my revocation of this authorization shall result in cancellation of my enrollment in the program. If you are signing on behalf of a dependent family member (guest), your signature verifies that you are the parent/legal guardian or an authorized representative of the individual identified herein.

**Terminos:** Medical Security Card Company (MSC) (ScriptSave) de Tucson, Arizona, administra el programa My Prescription Savings Card (el programa). Al administrar el programa, MSC recibe de las farmacias que realizan transacciones, o directamente de usted, información de salud que incluye la información proporcionada en este formulario, entre otros datos. Es necesario su autorización como condición para inscribirse en el programa, debido a que ScriptSave debe contar con esta información para administrar el servicio de descuentos en medicamentos recetados en sus puntos de venta. La información de salud que revela su identidad proporcionada a ScriptSave y a las farmacias participantes no puede ser transferida, vendida ni divulgada de manera alguna a terceros, salvo en caso de ser necesario para la correcta administración del programa o de lo contrario, según pueda ser obligatorio por ley, y siempre está protegida como Información Privada Confidencial. Para obtener información adicional, incluida acerca de la Notificación de Privacidad, visite [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com). **Autorización:** Entiendo que mi firma en este formulario constituye mi autorización por escrito para que ScriptSave reciba y utilice la información de salud que revela mi identidad dentro de mi ámbito para la correcta administración del programa en conformidad con la ley aplicable. Entiendo que si mi información médica se utiliza o se divulga en conformidad con esta autorización, podría volver a divulgarse y dicha divulgación reiterada podría no estar protegida por las leyes de privacidad aplicables. Esta autorización estará en vigencia durante el tiempo de mi inscripción en el programa. Tengo el derecho de revocar esta autorización por escrito en cualquier momento comunicándome con MSC al 350 S. Williams Blvd., Tucson, AZ 85711, excepto en la medida que mi información médica ya haya sido utilizada o divulgada de acuerdo con esta autorización. Sin embargo, debido a que esta información es fundamental para la administración de este programa, la revocación de mi autorización producirá la cancelación de mi inscripción en el programa. Si usted es un representante de un familiar dependiente, su firma verifica que usted es el padre, la madre, el hijo, el hijo biológico o el representante autorizado del individuo identificado en este formulario.

**Authorization Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Guest Name: \_\_\_\_\_ Relationship to Guest (if signed by representative): \_\_\_\_\_ Date: \_\_\_\_\_  
**Firma de Autorización:** \_\_\_\_\_ Fecha: \_\_\_\_\_  
Nombre del Dependiente: \_\_\_\_\_ Relación al Dependiente (si firmado por representante): \_\_\_\_\_ Fecha: \_\_\_\_\_

**Additional Health Savings Information:** I agree that an electronic version of this Enrollment Form and Authorization will have the same legal effect as the original document. The day supply is based upon the average dispensing pattern 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. The program is effective upon receipt of signed enrollment form and authorization. **Derecho de revocar esta autorización:** Entiendo que tengo el derecho de revocar esta autorización firmada en cualquier momento. **Registro electrónico:** Entiendo que este Formulario de Inscripción y autorización, pueden ser capturados y almacenados en formato electrónico. Estoy de acuerdo en que un registro electrónico de este formulario de inscripción y autorización tendrá los mismos efectos jurídicos que el documento original. El programa será efectivo a partir de la recepción de este formulario de inscripción y autorización. **Terminos:** Este programa de membresía NO ES PÓLIZA DE SEGURO MÉDICO y no está diseñado como sustituto de una póliza de seguro. El programa solo proporciona descuentos en un grupo selecto de medicamentos con receta comprados en las farmacias participantes. El programa es administrado por Medical Security Card Company (MSC) LLC, 350 S. Williams Blvd., Tucson, AZ 85711, 1-800-700-3957. [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com) y es comercializado por su farmacia participante. El programa no está disponible en todos los estados. El programa no hace, y tiene prohibido hacer, pagar, o cualquier farmacia. Usted debe tener la obligación de pagar por todos los medicamentos recetados y servicios médicos que reciba a través del programa. El programa se rige por los términos aplicables del acuerdo de membresía, proporcionados en el momento de la activación. MSC no es responsable de facilitar ni garantizar servicios de farmacia, ni de la calidad de los servicios prestados. Las farmacias participantes están sujetas a cambios sin previo aviso y no están disponibles en todas las áreas. Los precios con descuento para miembros no pueden utilizarse en conjunto con ningún seguro.

**Authorization Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Guest Name: \_\_\_\_\_ Relationship to Guest (if signed by representative): \_\_\_\_\_ Date: \_\_\_\_\_  
**Firma de Autorización:** \_\_\_\_\_ Fecha: \_\_\_\_\_  
Nombre del Dependiente: \_\_\_\_\_ Relación al Dependiente (si firmado por representante): \_\_\_\_\_ Fecha: \_\_\_\_\_

Page 1

**CUSTOMER RETAINS THIS PAGE**

**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.

**Términos y condiciones:** Tanto estos Términos y condiciones, como el uso de los servicios, están sujetos a los siguientes términos y condiciones. Lea atentamente estos términos y condiciones antes de completar su inscripción para los servicios, de manera que comprenda a cabalidad sus derechos y responsabilidades.

**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 S. Williams Blvd., Tucson, AZ 85711, 1-800-700-3957. [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 this enrollment form. 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.

**Divulgaciones:** Este programa de membresía **NO ES PÓLIZA DE SEGURO MÉDICO** y no está diseñado como sustituto de una póliza de seguro. El programa solo proporciona descuentos en un grupo selecto de medicamentos con receta comprados en las farmacias participantes. El programa es administrado por Medical Security Card Company (MSC) LLC, 350 S. Williams Blvd., Tucson, AZ 85711, 1-800-700-3957. [www.medicalsecuritycard.com](http://www.medicalsecuritycard.com) y es comercializado por su farmacia participante. El programa no está disponible en todos los estados. El programa no hace, y tiene prohibido hacer, pagar, o cualquier farmacia. Usted debe tener la obligación de pagar por todos los medicamentos recetados y servicios médicos que reciba a través del programa. El programa se rige por los términos aplicables del acuerdo de membresía, proporcionados en el momento de la activación. MSC no es responsable de facilitar ni garantizar servicios de farmacia, ni de la calidad de los servicios prestados. Las farmacias participantes están sujetas a cambios sin previo aviso y no están disponibles en todas las áreas. Los precios con descuento para miembros no pueden utilizarse en conjunto con ningún seguro.

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

**Tarifas y términos del acuerdo:** No hay cuota de inscripción. El programa entra en vigencia inmediatamente después de recibir el formulario de inscripción firmado.

**Program Features:** To obtain discounts, present your membership card at a participating pharmacy before you pay for any prescription drugs. **My Prescription Savings Card** provides you with savings on select generic and brand medications. The prices for these medications are based on whether it is a 30-day supply or 90-day supply and its pricing level. You will also receive discounts on other generic and brand name medications, immunizations, and on select human-equivalent pet medications.

**Características del Programa:** Para obtener descuentos, presente su tarjeta de membresía en una farmacia participante antes de pagar por cualquier medicamento con receta. El programa My Prescription Savings Card le proporciona ahorros en ciertos medicamentos genéricos y de marca. Los precios de estos medicamentos se basan en si es un suministro de 30 días o un suministro de 90 días. También recibirá descuentos en otros medicamentos genéricos y de marca, inmunizaciones y en medicamentos seleccionados para mascotas equivalentes a humanos.

Level Nivel	30-Day Supply Un Suministro de 30 Días	90-Day Supply Un Suministro de 90 Días
1	\$4	\$10
2	\$5	\$14
3	\$10	\$24
4	\$15	\$35

**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 program.

**Cancelación de la Membresía:** Puede cancelar su inscripción en el programa My Prescription Savings Card en cualquier momento. Para cancelar su membresía, comuníquese con su farmacia local e infórmeles de su elección de dejar de participar en el programa.

**Contacting Us:** If you have questions about this program, please contact your participating pharmacy or call 1-866-223-9675.

**Comuníquese con Nosotros:** Si tiene preguntas sobre el programa, por favor comuníquese con su farmacia local o llame al 1-866-223-9675.

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.

El suministro para el día se basa en los patrones de dispensación promedio para el medicamento específico y la concentración. Tanto el programa como los precios y la lista de medicamentos cubiertos pueden ser modificados en cualquier momento, sin previo aviso.

**Use your card below to begin saving on prescriptions today!**  
**¡Use su tarjeta a continuación para comenzar a ahorrar hoy!**

**HealthMart Atlas MY PRESCRIPTION SAVINGS CARD**

NAME: \_\_\_\_\_  
NOMBRE: \_\_\_\_\_

GROUP#: 1237A

ID#: \_\_\_\_\_

DISCOUNT ONLY - NOT INSURANCE  
DESCUENTO SOLAMENTE - NO ES SEGURO

**CUSTOMER CARE**  
**Atención al Cliente**  
1-866-223-9675  
[www.myrxsavingsclub.com](http://www.myrxsavingsclub.com)

Pharmacy Help Desk  
1-800-404-1031

RxBIN: 015715 RxPCN: SS

Administered by Medical Security Card Company, LLC, Tucson, AZ

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

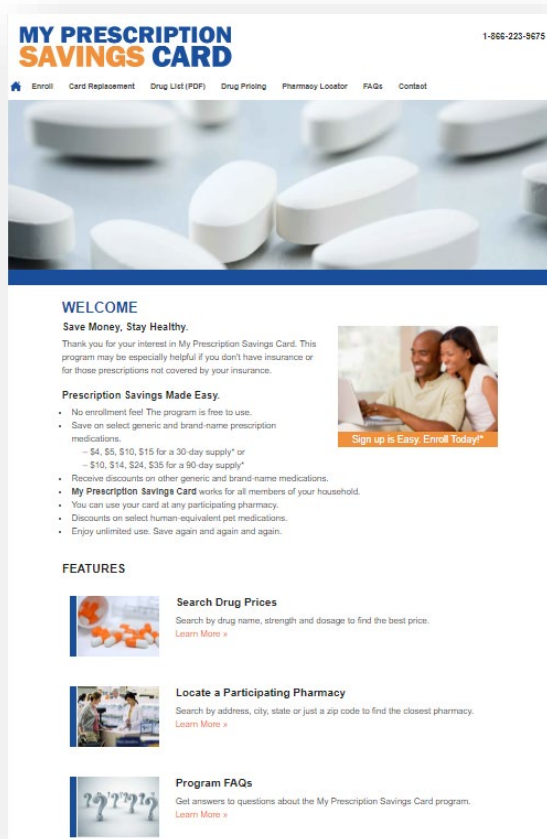
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# Web-based Enrollment for Your Customers

- After enrolling online at [www.myrxsavingsclub.com](http://www.myrxsavingsclub.com), your customers can print their ID Card and bring it with them the next time they fill or refill a prescription at your pharmacy.



**MY PRESCRIPTION SAVINGS CARD** 1-866-223-9675

Enroll Card Replacement Drug List (PDF) Drug Pricing Pharmacy Locator FAQs Contact

**WELCOME**  
Save Money. Stay Healthy.  
Thank you for your interest in My Prescription Savings Card. This program may be especially helpful if you don't have insurance or for those prescriptions not covered by your insurance.

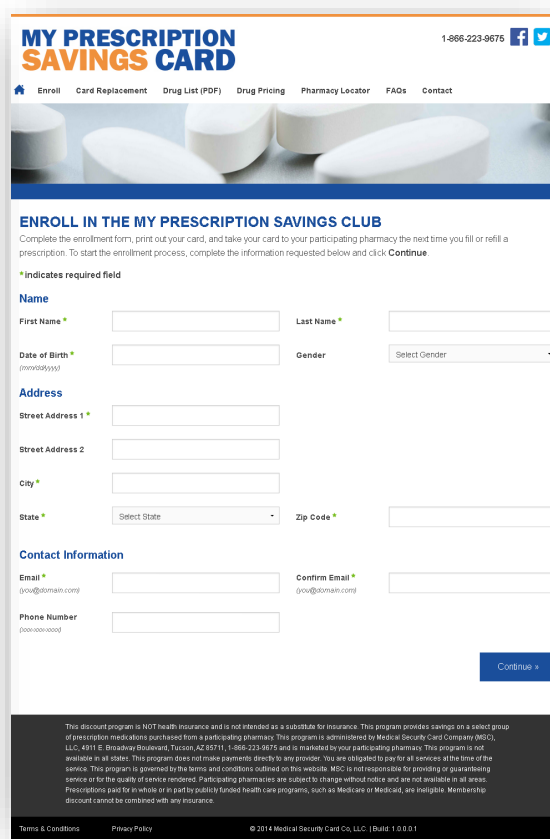
**Prescription Savings Made Easy.**

- No enrollment fee! The program is free to use.
- Save on select generic and brand-name prescription medications.
  - \$4, \$5, \$10, \$15 for a 30-day supply\* or
  - \$10, \$14, \$24, \$35 for a 90-day supply\*
- Receive discounts on other generic and brand-name medications.
- My Prescription Savings Card** works for all members of your household.
- You can use your card at any participating pharmacy.
- Discounts on select human-equivalent pet medications.
- Enjoy unlimited use. Save again and again and again.

**FEATURES**

- Search Drug Prices**  
Search by drug name, strength and dosage to find the best price.  
[Learn More >](#)
- Locate a Participating Pharmacy**  
Search by address, city, state or just a zip code to find the closest pharmacy.  
[Learn More >](#)
- Program FAQs**  
Get answers to questions about the My Prescription Savings Card program.  
[Learn More >](#)

Home Page



**MY PRESCRIPTION SAVINGS CARD** 1-866-223-9675

Enroll Card Replacement Drug List (PDF) Drug Pricing Pharmacy Locator FAQs Contact

**ENROLL IN THE MY PRESCRIPTION SAVINGS CLUB**  
Complete the enrollment form, print out your card, and take your card to your participating pharmacy the next time you fill or refill a prescription. To start the enrollment process, complete the information requested below and click **Continue**.

\* Indicates required field

**Name**

First Name \*  Last Name \*

Date of Birth \*  Gender

**Address**

Street Address 1 \*

Street Address 2

City \*

State \*  Zip Code \*

**Contact Information**

Email \*  Confirm Email \*

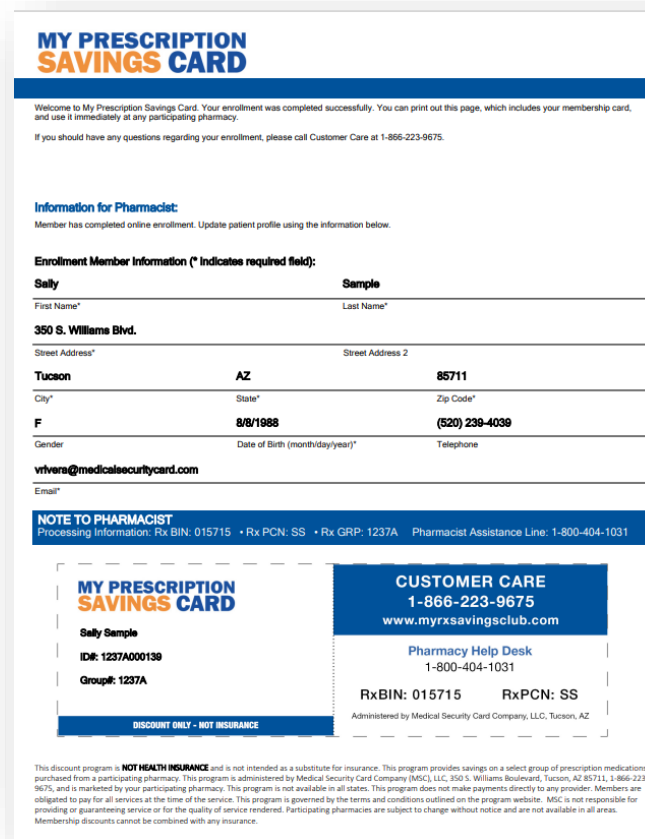
Phone Number

[Continue >](#)

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 a participating pharmacy. This program is administered by Medical Security Card Company (MSC), LLC, 401 E. Broadway Boulevard, Tucson, AZ 85711, 1-866-223-9675 and is limited by your participating pharmacy. This program is not available in all states. 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 this website. MSC is not responsible for providing or guaranteeing service or for the quality of service rendered. Participating pharmacies are subject to change without notice and are not available in all areas. Prescriptions paid for in whole or in part by publicly funded health care programs, such as Medicare or Medicaid, are ineligible. Membership discount cannot be combined with any insurance.

Terms & Conditions Privacy Policy © 2014 Medical Security Card Co, LLC | Build: 1.0.0.1

Enrollment Page



**MY PRESCRIPTION SAVINGS CARD**

Welcome to My Prescription Savings Card. Your enrollment was completed successfully. You can print out this page, which includes your membership card, and use it immediately at any participating pharmacy.

If you should have any questions regarding your enrollment, please call Customer Care at 1-866-223-9675.

**Information for Pharmacist:**  
Member has completed online enrollment. Update patient profile using the information below.

**Enrollment Member Information (\* Indicates required field):**

Sample	Sample
First Name*	Last Name*
350 S. Williams Blvd.	
Street Address*	Street Address 2
Tucson	AZ
City*	State*
F	8/8/1988
Zip Code*	(520) 239-4039
Gender	Date of Birth (month/day/year)*
Telephone	Telephone
wfvvrs@medicalsecuritycard.com	
Email*	

**NOTE TO PHARMACIST**  
Processing Information: Rx BIN: 015715 • Rx PCN: SS • Rx GRP: 1237A Pharmacist Assistance Line: 1-800-404-1031

**MY PRESCRIPTION SAVINGS CARD**

Sally Sample  
ID#: 1237A000139  
Group#: 1237A

**CUSTOMER CARE**  
1-866-223-9675  
www.myrxsavingsclub.com

**Pharmacy Help Desk**  
1-800-404-1031

RxBIN: 015715 RxPCN: SS

Administered by Medical Security Card Company, LLC, Tucson, AZ

**DISCOUNT ONLY - NOT INSURANCE**

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Member ID Card

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

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# Web-based Drug Pricing and Pharmacy Locator Tools

## For the Pharmacy:

- Visit <https://www.myrxsavingsclub.com/pharmacist> and log in with your pharmacy's NPI number and program group number. Price drugs by choosing:
  - The NDC number or drug name
  - Applicable quantity

## For the Customer:

- Customers can visit [www.myrxsavingsclub.com](http://www.myrxsavingsclub.com) and price drugs.
- If you have multiple pharmacy locations as part of the Program, customers can log into [www.myrxsavingsclub.com](http://www.myrxsavingsclub.com) to find their desired location.
- Customers can also view and print FAQs, Terms & Conditions, and other useful information.

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# Rx Processing Information

- **Prescriptions should be processed using the following information:**

- RxBIN: 015715
- RxPCN: SS
- Rx Group #: 1237A
- ID #: Auto-assigned

 <b>MY PRESCRIPTION SAVINGS CARD</b>	<b>CUSTOMER CARE</b> <b>Atención al Cliente</b> 1-866-223-9675 www.myrxsavingsclub.com
PRINT NAME: _____ Nombre: _____ GROUP#: 1237A ID#:	Pharmacy Help Desk 1-800-404-1031  RxBIN: 015715      RxPCN: SS
<b>DISCOUNT ONLY - NOT INSURANCE</b> <b>DESCUENTO SOLAMENTE - NO ES SEGURO</b>	Administered by Medical Security Card Company, LLC, Tucson, AZ

*Sample Prescription Savings Card*

McKesson contact information: Phone: 800.824.1763, Email: service.hmatlas@mckesson.com

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# Support

## **Customer Care Line for Consumers**

**1-866-223-9675**

Monday-Friday 9:00 a.m. to 8:00 p.m. EST

## **Pharmacy Support Line**

**1-800-404-1031**

Monday-Friday 9:00 a.m. to 8:00 p.m. EST

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

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# Program Administrator

- ScriptSave is a consumer pharmacy benefit management company and a leading innovator in the 100% copay market with more than 20 years of experience in bringing pharmacies and consumers together.
- ScriptSave provides customized prescription savings programs for uninsured and underinsured consumers who pay out of pocket for brand-name or generic medications.
- ScriptSave solutions are delivered through a diverse client-base, including retail pharmacies, insurance providers, and other healthcare organizations.
- ScriptSave's prescription savings programs provide exceptional value to consumers who do not have prescription benefits or have limited or prohibitively costly prescription benefits.
- ScriptSave works with State Departments of Insurance to ensure compliance with Discount Medical Plan legislation.
- ScriptSave is a subsidiary of MedImpact Healthcare Systems, Inc.

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

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# Questions?

## MY PRESCRIPTION SAVINGS CARD



McKesson contact information

Phone: 800.824.1763

Email: [service.hmatlas@mckesson.com](mailto:service.hmatlas@mckesson.com)

# Thank you!