



# Fill your prescriptions with home delivery.

## How it works.

- 1 Order up to a three-month supply** of your maintenance medications — ones you take regularly — by mail, phone or online.
- 2 OptumRx® fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 Your medication arrives** within 7 to 10 days of placing the order. OptumRx will notify you if there will be a delay in your order.

## Four easy ways to enroll:

### Online.

Log in to [azblue.com/member](http://azblue.com/member). Click on **Plan Benefits**, and select **Mail Order** under Pharmacy Benefits.

### Phone.

Call the Pharmacy Benefits number on the back of your member ID card. For hearing impaired, TTY **711**.

### Mail.

Complete the attached order form and mail it to **OptumRx, P.O. Box 509075, San Diego, CA 92150**.

### ePrescribe.

Or your doctor can send an electronic prescription to OptumRx.

## The benefits of home delivery.



Save a trip to the pharmacy.



You may pay less for up to a 90-day supply of your maintenance medication.



No charge for standard shipping.



Phone, text<sup>1</sup> and email reminders help you remember every dose and every refill.

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



## NEW PRESCRIPTION MAIL-IN ORDER FORM

### 1 Member and physician information — please use black 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 Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

### 2 Health history

**Medication Allergies:**

<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	_____
<input type="radio"/> Amoxicil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	_____
		<input type="radio"/> Tetracyclines	_____

**Health Conditions:**

<input type="radio"/> Asthma	<input type="radio"/> Glaucoma	<input type="radio"/> High cholesterol	<input type="radio"/> Others: _____
<input type="radio"/> None known	<input type="radio"/> Cancer	<input type="radio"/> Heart condition	_____
<input type="radio"/> Arthritis	<input type="radio"/> Diabetes	<input type="radio"/> High blood pressure	_____
		<input type="radio"/> Osteoporosis	_____
		<input type="radio"/> Thyroid Disease	_____

**Over-the-counter/herbal medications taken regularly:** \_\_\_\_\_

### 3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to [optumrx.com](http://optumrx.com) to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

**Ship overnight.** Add \$12.50 to order amount (subject to change).

**Check enclosed.** All checks must be signed and made payable to: OptumRx.

**Charge to my credit card on file.**

**Charge to my NEW credit card.**

New Credit Card Number

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
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Expiration Date (Month/Year)

[ ]	[ ]	/	[ ]	[ ]
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Visa, MasterCard, AMEX and Discover are accepted.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

### 4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 509075, San Diego, CA 92150. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.



# Nondiscrimination notice and access to communication services

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Optum companies (together, “Optum”) provide services to health plans and other health programs or activities.

Optum does not exclude people or treat them unfairly because of sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us and with your health plan. Such as, letters in other languages, or in other formats such as large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number on your member ID card, TTY **711**.

If you think you weren’t treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

**Optum Civil Rights Coordinator**

11000 Optum Circle  
Eden Prairie, MN 55344

Phone: **1-888-445-8745**, TTY **711**

Fax: **1-855-351-5495**

Email: **Optum\_Civil\_Rights@optum.com**

If you need help with your complaint, please call the toll-free number on your member ID card, TTY **711**. You must send the complaint within 60 days of when you found out about the issue.

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>**.

**U.S. Dept. of Health and Human Services**

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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

## Language Assistance Services & Alternate Formats

<p><b>This information is available in other formats like large print. To ask for another format, please call the toll-free number on your member ID card, TTY 711.</b></p>
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**English:**

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711  
 This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

Language	Translation
1. Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. TTY 711.
2. Amharic	ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አለዎት። አስተርጓሚ እንዲቀርብልዎ ከፈለጉ በጤና ፕላን መታወቂያዎት ላይ ባለው በተጻ መስመር ስልክ ቁጥር ይደውሉና 0ን ይጫኑ። TTY 711
3. Arabic	تصل برقم الهاتف المجاني الخاص بالأعضاء المدرج 711 (TTY) لطلب مترجم فوري، اطلب مترجم دون تحمل أي تكلفة. لك الحق في الحصول على المساعدة والمعلومات بلغتك الخاصة بخطتك الصحية، واضغط على 0. الهاتف الخاص بالاعضاء المدرج ببطاقة معرف العضوية الخاصة بخطتك الصحية، واضغط على 0. الهاتف النصي (TTY) 711
4. Armenian	Թարգմանիչ պահանջելու համար, զանգահարել ք 0-ը արտոդրապահական ծրագրի ինքնուրույան (ID) տոմսի վրա նշված անվճար Անդամների հեռախոսահամարով, սեղակել ք 0: TTY 711
5. Bantu-Kirundi	Urafise uburenganzira bwo kuronka ubufasha n'amakuru mu rurimi rwawe ku buntu. Kugira usabe umusemuzi, hamagara inomero ya telephone y'ubuntu yagenewe abanywanyi iri ku rutonde ku karangamuntu k'umugambi wawe w'ubuzima, fyonda 0. TTY 711
6. Bisayan-Visayan (Cebuano)	Aduna kay katungod nga mangayo og tabang ug impormasyon sa imong lengguwahe nga walay bayad. Aron mohangyo og tighubad, tawag sa toll-free nga numero sa telepono sa miyembro nga nakalista sa imong ID kard sa plano sa panglawas, pindota ang 0. TTY 711
7. Bengali-Bangala	অনুবাদকের অনুরোধ থাকলে, আপনাকে স্বাস্থ্য পরিকল্পনার আই ডি কার্ড এ তালিকাভুক্ত ও কস্ট দিহে হলে না এমন টেলিফোন নম্বরে ফোন করুন। (০) সূত্র চাপুন। TTY 711
8. Burmese	ကုန်ကျစရိတ်လေးရန်မလိုဘဲ မိမိဘာသာစကားဖြင့် အကူအညီနှင့် သတင်းအချက်အလက်များ ကိုရယူနိုင်ခြင်း သည်သင်၏အခွင့်အရေးဖြစ်သည်။ စကားပြန်တစ်ဦးတောင်းဆိုရန်သင်၏ကျန်းမာရေးအစီအစဉ် လက်မှတ်ပေါ်ရှိအသင်းဝင်များအတွက်အခမဲ့ဖုန်းလိုင်းသို့ခေါ်ဆိုပြီး 0 ကိုနှိပ်ပါ။ TTY 711



20. Hawaiian	He pono ke kōkua ‘ana aku iā ‘oe ma ka maopopo ‘ana o kēia ‘ike ma loko o kāu ‘ōlelo pono‘ī me ka uku ‘ole ‘ana. E kama‘ilio ‘oe me kekahi kanaka unuhi, e kâhea i ka helu kelepona kâki ‘ole ma kou kâleka olakino, a e kaomi i ka helu 0. TTY 711.
21. Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुभाषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फ़ोन करें, 0 दबाएं। TTY 711
22. Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu tus xov tooj rau tswv cuab hu dawb uas sau muaj nyob ntawm koj daim yuaj them nqi kho mob, nias 0. TTY 711.
23. Ibo	Inwere ikike inweta enyemaka nakwa imụta asụsụ gi n’efu n’akwughị ụgwọ. Maka ikpọturụ onye nsugharij okwu, kpọọ akara ekwentị nke di nákwụkwọ njirimara gi nke emere maka ahụike gi, pịa 0. TTY 711.
24. Ilocano	Adda karbengam nga makaala ti tulong ken impormasyon iti pagsasaom nga libre. Tapno agdawat iti maysa nga agipatarus, tumawag iti toll-free nga numero ti telepono nga para kadagiti kameng nga nakalista ayan ti ID card mo para ti plano ti salun-at, ipindut ti 0. TTY 711
25. Indonesian	Anda berhak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa dikenakan biaya. Untuk meminta bantuan penerjemah, hubungi nomor telepon anggota, bebas pulsa, yang tercantum pada kartu ID rencana kesehatan Anda, tekan 0. TTY 711
26. Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti/TTY: 711
27. Japanese	ご希望の言語でサポートを受けたり、情報を受けたりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、0を押してください。TTY 専用番号は 711 です。
28. Karen	နအိုင်ဒီးတၢ်ခွဲးတၢ်ယၢ်လၢနကဒီးန့ၢ်ဘၣ်တၢ်မၤစၢၤဒီးတၢ်တၢ်ကျိၤလၢနကျိၣ်ဒၣ်န့ၣ်လၢတလၢလိၣ်ဟ့ၣ်အပူၤဘၣ်န့ၣ်လိၤ.လၢတၢ်ကယုၤန့ၢ်ပုၤကတိၤကျိၤထံတၢ်တၢ်အဂီၢ်ကိၤဘၣ်လိၤထံတၢ်အကျိၤလၢကတၢၢ်အတၢ်လိၣ်ဟ့ၣ်အပူၤလၢအအိၣ်လၢနတၢ်အိၣ်ဆူၣ်အိၣ်ဆူၣ်အတၢ်ရဲၣ်တၢ်ကျိၤအကးအလိၤဒီးဆိၣ်လိၤန့ၢ်ဂံၢ် 0 တတ့ၢ်. TTY 711
29. Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID 카드에 기재된 무료 회원 전화번호로 전화하여 0 번을 누르십시오. TTY 711
30. Kru- Bassa	Ni gwe kunde I bat mahola ni mawin u hop nan nipehmes be to dolla. Yu kwel ni Kobol mahop seblana, soho ni sebel numba I ni tehe mu I ticket I docta I nan, bep 0. TTY 711

31. Kurdish-Sorani	<p>ماقامی نھومت ھەبە کە بێبەرامبەر، پارمەتی و زانیاری پۆرست بە زمانی خۆت وەرگریت. بۆ داواکردنی وەرگریکی زارمکی، پەنجۆندی بەکە بە ژمارە تەلەفۆنی نووسراو لەخاوی دی کاری پیناسی پلائی تەندروستی خۆت و پاشان 0 داگرە 711 TTY.</p>
32. Laotian	<p>ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍ້ອະນຸຍາດພາສາ, ໃຫ້ຮູ້ສື່ທາງມາຍເລກໃຫ້ລະສັບສໍາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 0. TTY 711</p>
33. Marathi	<p>आपल्याला आपल्या भाषेत विनामूल्य मदत आणि माहिती मिळण्याचा अधिकार आहे. दृष्टाक्षकास विनंती करण्यासाठी आपल्या आरोग्य योजना ओळखपत्रावरील सूचीबद्ध केलेल्या सदस्यास विनामूल्य फोन नंबरवर संपर्क करण्यासाठी दबा 0. TTY 711</p>
34. Marshallese	<p>Eor aṃ maroñ ñan bok jipañ im mejele ilo kajin eo aṃ ilo ejjelok wōṇān. Ñan kajitok ñan juon ri-ukok, kūrlok nōmba eo emōj an jeje ilo kaat in ID in karōk in ājmour eo aṃ, jiped 0. TTY 711</p>
35. Micronesian-Pohnpeian	<p>Komw ahneki manaman unsek komwi en alehdi sawas oh mengihtik ni pein omwi tungoal lokaia ni soh isepe. Pwen peki sawas en soun kawehweh, eker delepwohn nempe ong towehkan me soh isepe me ntingihdi ni pein omwi doaropwe me pid koasoandi en kehl, padik 0. TTY 711.</p>
36. Navajo	<p>T'áá jíík'eh doo bááh 'alínígóó bee baa hane'ígíí t'áá ni nizaád bee nika'é'eyeeego bee ná'ahootí'. 'Ata' halne'í ła yínikeedgo, ninaaltsoos nítí'izí 'ats'íis bee baa'ahayá bee nééhozinígíí bikáá' béésh bee hane'í t'áá jíík'eh bee hane'í bika'ígíí bich'í' hodriilnih dóó 0 bit 'adidiilchit. TTY 711</p>
37. Nepali	<p>तपाईंले आफ्नो भाषामा निःशुल्क सहयोग र जानकारी प्राप्त गर्ने अधिकार तपाईंसँग छ। अनुवादक प्राप्त गरीपाउँ भनी अनुरोध गर्न, तपाईंको स्वास्थ्य योजना परिचय कार्डमा सूचीकृत टोल-फ्री सदस्य फोन नम्बरमा सम्पर्क गर्नुहोस्, 0 थिचुहोस्। TTY 711</p>
38. Nilotic-Dinka	<p>Yin nɔŋ lɔŋ bë yi kuony në wërëyic de thɔŋ du äbac ke cin wëu tääue ke piny. Äcän bä ran yë kɔc ger thok thiëc, ke yin cɔl nämba yene yup abac de ran tɔŋ ye kɔc wäär thok tɔ në ID kat duön de pänakim yic, thäny 0 yic. TTY 711.</p>
39. Norwegian	<p>Du har rett til å få gratis hjelp og informasjon på ditt eget språk. For å be om en tolk, ring gratisnummeret for medlemmer som er oppført på helsekortet ditt og trykk 0. TTY 711</p>
40. Pennsylvania Dutch	<p>Du hoscht die Recht fer Hilf unn Information in deine Schprooch grieghe, fer nix. Wann du en Iwwersetzer hawwe willscht, kannscht du die frei Telefon Nummer uff dei Gesundheit Blann ID Kaarde yuuse, dricke 0. TTY 711</p>
41. Persian-Farsi	<p>شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 0 را فشار دهید. TTY 711</p>





53. Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. TTY 711
54. Telugu	ఎలాంటి ఖర్చు లేకుండా మీ భాషలో సాయంబు మరియు సమాచార సౌందరానికి మీకు హక్కు ఉంది. ఒకవేళ దుబాషీ కావాలంటే, మీ హెల్ప్ ప్లాన్ ఐడి కార్డు మీద జాబితా చేయబడ్డ టోల్ ఫ్రీ నెంబరుకు ఫోన్ చేసి, 0 పైన్ చేస్తే. TTY 711
55. Thai	คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการข้อมูลเพิ่มเติม กรุณาโทรติดต่อหน่วยงานโทรฟรีที่ศูนย์บริการประชาชนมีตรงประจำตัวสำหรับแผนสุขภาพของคุณ แด่ภาค 0 สำหรับผู้ที่มีความต้องการทางบริการ โทรติดต่อหน่วยงานเลข 711
56. Tongan-Fakatonga	'Oku ke ma'u 'a e totonu ke ma'u 'a e tokoni mo e 'u fakamatala 'i ho'o lea fakafonua ta'etotongi. Ke kole ha tokotaha fakatonulea, ta ki he fika telefoni ta'etotongi ma'ae kau memipa 'a ee 'oku lisi 'i ho'o kaati ID ki ho'o palani ki he mo'uilelei, Lomi'i 'a e 0. TTY 711
57. Trukese (Chuukese)	Mi wor omw pwung om korwe nounou ika amasou noum ekkewe aninis ika toropwen aninis nge epwe awewetiw non kapasen fonuom, ese kamo. Ika ka mwochen tungoren aninisin chiakku, kori ewe member nampa, ese pwan kamo, mi pachanong won an noum health plan katen ID, iwe tiki "0". Ren TTY, kori 711.
58. Turkish	Kendi dilinizde ücretsiz olarak yardım ve bilgi alma hakkınız bulunmaktadır. Bir tercüman istemek için sağlık planı kimlik kartınızın üzerinde yer alan ücretsiz telefon numarasını arayınız, sonra 0'a basınız. TTY (yazılı iletişim) için 711
59. Ukrainian	У Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб подати запит про надання послуг переключача, зателефонуйте на безкоштовний номер телефону учасника, вказаний на вашій ідентифікаційній карті плану медичного страхування, натисніть 0. TTY 711
60. Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 0 دبائیں۔ TTY 711
61. Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711
62. Yiddish	איר האט די רעכט צו באקומען דאָקל און אינפארמאציע אין אייער שפראך פריי פון אפצאל. צו פארלאנגען א דאלמעטשער, רופט דעם טאל פרייע מעמעבער טעלעפאן נומער וואס שטייט אויף אייער העלט פלאן ID קארטל, דרוקט 0. TTY 711
63. Yoruba	O ní ẹ̀tọ lati rí iranwo àti ifitonilétí gbà ní èdè rẹ láísanwó. Láti bá ògbufo kan sọrọ, pè sórí nomba ẹ̀rọ ibáńisọrọ láísanwó ibodè ti a tò sórí kádi idánimọ tì ètò ilera rẹ, tẹ '0'. TTY 711