

BENEFITS:

The HealthFlex Rx Program was designed to assist members in reducing the expense of prescription drug medications. Upon enrollment into the program, members will receive a comprehensive listing of preferred drugs to assist them in managing these expenses.

The preferred drug list consists of 4 tiers. Tier 1-3 are preferred Brand and Generic drugs that will be available to you for a Fixed-Fee of \$10, \$20 or \$40 or less for the scheduled quantity & dose. Tier 4 is non-preferred Brand and Generic drugs that HealthFlex Rx has negotiated a special discount price of up to 40% off with an average savings of 20%. Mail order benefits are also included; members can receive discounts up to 65% off a 90 day supply.

To get the most out of this program you should ask your doctor to prescribe a drug within the first three tiers where medically appropriate. If you have an active prescription, you should ask you doctor if there is a more cost effective drug available on the preferred drug list to meet your needs. Oftentimes drugs within the same therapeutic class can be prescribed in place of an expensive brand name drug. Of course, if you choose the higher priced brand name drug we have negotiated a substantial discount for you. As always, you should follow the guidance and advice of your physician.

SELECT YOUR PROGRAM:

(Select One)

- INDIVIDUAL \$19.95/MONTH
 FAMILY \$29.95/MONTH

APPLICANT'S INFORMATION

Last Name, First Name	M	
Address		
City	State	Zip
Date of Birth		Sex
Spouse's Name (if included)		Spouse's Date of Birth
Daytime Telephone	Alternate Number	

DEPENDENT INFORMATION

Name	Date of Birth	Sex
Name	Date of Birth	Sex
Name	Date of Birth	Sex
Name	Date of Birth	Sex
Applicant Signature		

I agree that my signature on this form authorizes payment for the HealthFlex Rx program noted above. I authorize deductions from my earnings for any required contributions. This authority shall remain in force until I notify my employer, in writing, of its cancellation.