Trust Fund Office

Southern California Painting and Drywall Industries Trust Funds

P.O. Box 5548, El Monte, California 91734 (800) 752-2394 (626) 279-3020 Fax (626) 279-3055

NOTICE TO PARTICIPANTS

DATE: July 12, 2017

TO: Participants

FROM: Board of Trustees

RE: Maintenance Prescriptions - Mandatory Mail Order

In an effort to improve cost savings both for the Health & Welfare Trust and the Participants of the Trust, the Board of Trustees is requiring that maintenance medications, which are generally defined as a prescription that requires more than a 90 day supply, be purchased through the OptumRx mail order program. This will generally apply to new prescriptions and refills presented for dispensing on and after **September 1, 2017**. However, Participants will have a grace period whereby a maximum of three (3), thirty (30) day, fills for a <u>new</u> prescription at a retail pharmacy will be permitted. After that, any refill for that prescription must be processed through the OptumRx mail order system or it will not be covered by the Trust.

On any prescription when you are switching from a retail pharmacy to the OptumRx mail order system, be sure to give yourself adequate time to receive your refill by mail. Under this new mandatory mail order program, all long-term maintenance medications will be filled by presenting your prescription to the following:

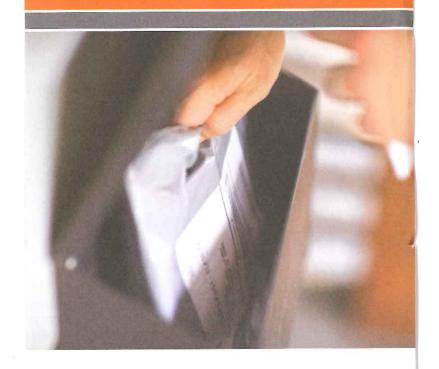
OptumRx PO Box 509075 San Diego, CA 92150-9075

For your reference enclosed is a mail-in order form.

If you have any questions about how this new mandatory mail order program will apply to your situation, please contact the Trust Office at (800) 752-2394 or (626) 279-3020, or OptumRx at (800) 797-9791.



Get started with medication home delivery.



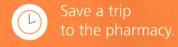
Simple.
Convenient.
And it may save you money, too.

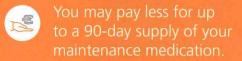
Filling your prescriptions with home delivery

How it works.

- Order a up to a three-month supply of your maintenance medication ones you take regularly by mail, phone or online.
- OptumRx® fills your order, mails it to you then lets you know when to expect your delivery.
- Your medication arrives within 7 to 10 days of placing the order.

The benefits of home delivery.





No charge for standard shipping.

Phone, text¹ and email reminders help you remember every dose and every refill.

Choose from four easy ways:

Online.

Visit the website on the back of your member ID card and select **Get started** or use the OptumRx app.

Phone.

Call the toll-free number on the back of your member ID card.

Mail.

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

ePrescribe.

Ask your doctor to send an electronic prescription to OptumRx.

Manage your medication home delivery on the go.

Order and track your prescriptions online or with our app.





NEW PRESCRIPTION MAIL-IN ORDER FORM

Member and p One form per		informa	tion —	please us	e black or	blue ink.
Member ID Number						
(Additional coverage, if a	applicable) Se	econdary N	lember ID	Number		
Last Name			First Nam	ie		MI
						2
Delivery Address			-			Apt. #

City			State	ZIP		
Phone Number with Are	a Code					
10						
Date of Birth (mm/dd/yyyy) Gender		iender	Email			
	C) M O F				
Physician Name						
Physician Phone Number	with Area Co	nde				
,						
Health history						
ledication Allergies: O Aspirin			O Enyth	romycin	O Quino	lones
O None known	O Cephalosporins		O Erythromycin O NSAIDs		O Quinolones O Sulfa	
O Amoxil/Ampicillin	O Codeine		O Penicillin		O Tetracyclines	
Others:					1 1000 00 00	A CANADA SHOPPIN

Health Conditions: O None known	O Asthma	O Glaucoma O Heart condition	O High cholesterol
O Arthritis O Others:	O Cancer O Diabetes	O High blood pressure	O Osteoporosis O Thyroid Disease
Over-the-counter/herl	pal medications ta	aken regularly:	
Payment and	shipping info	rmation — do not send	cash
10 business days from t arrive within about 7 bu in delivering your medic You may log on to optu	he date the comple usiness days. Optune ations. umrx.com to see if	New prescriptions should arrive eted order is received. Complete nRx will contact you if there will drug pricing information is available.	d refill orders should be an extended delay lable before enclosing
O Ship overnight. Ad	d \$12.50 to order a	not be returned for a refund or a mount (subject to change). Ined and made payable to: Optur	
○ Charge to my credi ○ Charge to my NEW	t card on file. credit card.	a .	
New Credit Card Nur		Visa, MasterCard, AMEX	
Signature:		and Discover are accepted.	Date:
coinsurance and other sun number, I authorize Op	uch expenses relate tumRx to mainta	ce refills, this credit card will be b d to prescription orders. By suppl in my credit card on file as pay election, contact customer service	ying my credit card /ment method for



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.

designation of the design of the second seco

OPTUMRX PO BOX 509075 SAN DIEGO CA 92150-9075

HERE

STAMP

PLACE

RETURN ADDRESS



Why pay more? You may save with home delivery.



Visit the website on the back of your member ID card.



Or call OptumRx at the number on the back of your member ID card.

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



All Optum® trademarks and logos are owned by Optum, Inc. All other brand or product names are trademarks or registered marks of their respective owners.

© 2016 Optum, Inc. All rights reserved.



ORX4000-CA_160503 46046B-052016