

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 **new** 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.

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

## 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.

## 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

### 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

<b>Medication Allergies:</b>	<input type="radio"/> Aspirin	<input type="radio"/> Erythromycin	<input type="radio"/> Quinolones
<input type="radio"/> None known	<input type="radio"/> Cephalosporins	<input type="radio"/> NSAIDs	<input type="radio"/> Sulfa
<input type="radio"/> Amoxil/Ampicillin	<input type="radio"/> Codeine	<input type="radio"/> Penicillin	<input type="radio"/> Tetracyclines
<input type="radio"/> Others: _____			

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

**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** 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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Expiration Date (Month/Year)

[ ]	[ ]	/	[ ]	[ ]	[ ]	[ ]
-----	-----	---	-----	-----	-----	-----

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.**

ORX5634M\_140915

NRX004.2





RETURN ADDRESS

Four horizontal lines for return address input

OPTUMRX  
PO BOX 509075  
SAN DIEGO CA 92150-9075



PLACE  
STAMP  
HERE



## 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.

<sup>1</sup> 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