#### FREE PRESCRIPTION DISCOUNT CARD

### Fulton County, OH

**RXBIN:** 

RXPCN: RXGRP:

ISSUER: (80840)

ID:



This is NOT insurance.

# Tear off this card and start saving today!

#### It's easy

Simply present your card, provided to you in a joint effort of your local county government and the National Association of Counties

(NACo), at a participating retail pharmacy and save an average of 22% on your prescription medicine. Finding a pharmacy is easy; 9 out of 10 pharmacies nationwide accept your discount card. No enrollment form, no membership fee, one card, immediate use.

### **No limits**

You and your family may use your prescription discount card any time your prescription is not covered by insurance. There

are no restrictions and no limits on how many times you may use your card.

## **Savings**

Visit caremark.com/naco to look up a participating pharmacy, a price estimate for your prescription, check drug

interactions, or read news articles from leading health journals. For more information, call toll-free

1-877-321-2652.

Participant: Call toll-free 1-877-321-2652.

**Pharmacist:** The RxPCN, RxGRP, full ID, and an 01 person code must be submitted online to **CVS Caremark** to process claims for this program. For information, call toll-free **1-800-364-6331**.

Arranque esta tarjeta y comience a ahorrar con su recetas medicas.

Para mas información sobre este programa gratis en español de descuentos para recetas, por favor llame al 1-877-321-2652.

This is NOT insurance. Discounts are only available at participating pharmacies. By using this card, you agree to pay the entire prescription cost less any applicable discount. Savings may vary by drug and by Pharmacy. Savings are based on actual 2008 drug purchases for all drug discount card programs administered by CVS Caremark. The program administrator may obtain fees or rebates from manufacturers and/or pharmacies based on your prescription drug purchases. These fees or rebates may be retained by the program administrator or shared with you and/or your pharmacy. Prescription claims through this program will not be eligible for reimbursement through Medicaid, Medicare or any other government program. This program does not guarantee the quality of the services or products offered by individual providers. To cancel your participation in this program simply discard your ID card and notify your pharmacy that you are no longer participating in the program. We do not sell your personal information. Call the participant toll-free number on the back of your ID card to file a complaint related to the availability of contracted discounts, services or other contractual obligations of this program. Note to Texas **Consumers:** Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711; telephone 1-800-803-9202 or (512) 463-6599; Web site: www.license.state.tx.us/complaints.