

SureCard]
BENEFITS

presents...

Points of Care™



With your SureCard Benefits you also get the “Points of Care” Pharmacy Program... one program... so many advantages!

- **Prescription Savings Program**
Save up to 50% OFF retail!
- **Mail Order Savings Program**
30-day, 60-day or 90-day supplies!
- **Over-the-Counter Savings Program**
Save on over-the-counter items!
- **Diabetes Savings Program**
Supplies delivered right to your front door!
- **Hearing Savings Program**
A full range of hearing products!
- **Durable Medical Equipment Savings Program**
Discount rates on equipment!

Contact:

Points of Care
Customer Service
1-877-297-1798
www.pointsofcare.com

Points of Care
c/o DrugSource, Inc.
PO Box 1366
Elk Grove Village, IL
60009-1366



Get more details & print your card! ➡

Prescription Savings Program

The Prescription Savings Program can help you save up to 50% off the normal retail pharmacy price. There are no eligibility requirements and the program is free with no limits on usage. Our program is easy to use by simply taking your card to the nearest participating retail pharmacy. For a participating pharmacy list, visit our website at www.pointsofcare.com to locate the participating pharmacy chain nearest you and look up retail prescription prices. Detach the card in this brochure and start using today!

Mail Order Savings Program

We have taken a new innovative approach to the typical mail order program. Unlike most mail order programs, Points of Care provides the option of purchasing a 30, 60 or 90 day supply of medication while still offering significant discounted pricing. Members are always guaranteed safety and accuracy in their orders because they will be ordering from a VIPPS certified pharmacy. Our Mail Order Savings Program provides exceptional savings, reliability, and the convenience of having your prescription medications delivered to your home.

Get Into The Program:

- Call 1-800-742-0504 and have your group number ready.
- Visit us online at www.pointsofcare.com.
- Or you may mail your patient profile form to:
Points of Care c/o DrugSource, Inc.
PO Box 1366, Elk Grove Village, IL 60009-1366

Over-the-Counter Savings Program

Points of Care has pioneered an Over-the-counter Savings Program which provides a way to purchase your non-prescription medications and have them delivered directly to your home. Over-the-counter medications such as cough and cold relievers, vitamins, pain relievers, and topical creams and ointments are the first line of personal defense for staying healthy, active, and independent for many individuals. Points of Care provides substantial savings on over-the-counter items through a VIPPS certified pharmacy. Please note that the participating pharmacy list does not apply to the Over-the-Counter Savings Program.

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Durable Medical Equipment Savings Program

The Points of Care Durable Medical Equipment Savings Program includes items such as wheelchairs, walkers, hand rails, and nursing supplies. Medical equipment and supplies are often necessary for an individual's quality of life or may be needed to assist in treating a medical condition. We recognize the special nature of these needs and can bring you the very best in quality at the lowest possible discounted rates as well as the convenience of home delivery.

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Diabetes Savings Program

Has the hassle and cost of obtaining your diabetic supplies kept you from staying healthy? The Points of Care Diabetes Savings Program will help you stay compliant by providing discount prices and convenient home delivery of your diabetes supplies. Products include glucose monitors, testing strips, lancets, and other diabetes supplies necessary to help you maintain a healthy lifestyle.

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Hearing Savings Program

Most insurance plans do not provide coverage for hearing aids and devices. Our program offers a full range of hearing instruments with savings between 50-60% off manufacturer suggested retail price.

Get Into The Program:

Call 1-800-742-0504 to receive a hearing information packet and to locate a provider in your area. You may also visit us online at www.pointsofcare.com to learn more about the Hearing Savings Program.

Points of Care is a member benefit of:



www.SureCardBenefits.com
www.nmin.net

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Participating Retail Pharmacies

ACME Pharmacy
 Albertsons Pharmacy
 BI-LO Pharmacies
 Bi-Mart
 BioScrip
 Brooks Pharmacies
 Brookshire's
 Buehler's
 Carr Pharmacies
 Coborn's
 Cub Pharmacy/SuperValu
 CVS Corporation
 Dillon Pharmacy
 Discount Drug Mart
 Dominicks
 Drug Town
 Duane Reade
 Eckerd
 Epic Pharmacies
 Family Fare Pharmacies
 Farm Fresh
 Food City Pharmacies
 Fred Meyer Pharmacies
 Fred's Pharmacy
 Fruth Pharmacies
 Fry's
 Giant Eagle, Inc.
 Glen's Pharmacies
 Harris Teeter
 HEB Pharmacies
 HY-Vee Pharmacies
 K-Mart Pharmacy
 Kroger Durgstore
 K-VA-T Food Stores
 Longs Drug Store
 Marc's Pharmacies
 Medicap Pharmacies
 Medicine Shoppe Pharmacies
 Meijer Pharmacies
 OSCO Drug
 Pamida Pharmacies
 P&C Food Market
 Publix Pharmacies
 Quality Markets Pharmacy
 Randalls Pharmacy
 Rite Aid Corporation
 Safeway Supermarkets
 Sam's Pharmacy
 SAV-ON Pharmacy
 Seaway Pharmacies
 Hop & Save
 Shopko Pharmacies
 Shop-Rite
 Smiths Pharmacies
 Snyder Drug Emporium
 Spartan Drugs
 Star Pharmacies
 Stop & Shop Pharmacy
 Super D Drugs
 Target Pharmacies
 The Pharm
 Third Party Station
 Tom Thumb Pharmacy
 Tops Pharmacy
 USA Drug
 USA Express
 Vons Pharmacy
 Walgreen's
 Wal-Mart
 Weis Market Pharmacies
 Winn-Dixie

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Your Points of Care Card

This card is pre-activated and ready to use. Trim on solid line and fold in half on dotted line.

Processor ID/BIN #: 610020 Processor Control #: UHX001
 Process claim through Pharmacy Data Management (PDM).

PHARMACIST INSTRUCTIONS:
 For inquiries on electronic claims submission, pharmacies may call 800-329-0988.
 For inquiries on electronic claims submission, pharmacies may call 1-800-329-0988.
 This card is owned by U-Rx program. U-Rx program may revoke, repossess, modify, or cancel at any time. Use of this card constitutes acceptance thereof. The unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. The person named on this card assumes responsibility for the use of the card.

TERMS AND CONDITIONS: Participating pharmacies must transmit prescription claims online to Pharmacy Data Management.

This card is not insurance.

Points of Care powered by **Universal Rx**

Member Name: _____
 Member ID/SS#: _____
 Coverage Type: Family
 POC Group #: 00002222
 Member Services: 877-297-1798

NM NATIONAL MEDICAL INFORMATION NETWORK
 Medical Information... Secure and Accessible
 www.nmin.net

Call 1-800-742-0504 for **Mail Order Pharmacy, Over-the-Counter, Durable Medical Equipment, and Diabetes Savings Program.** Call 1-800-591-5080 or visit www.pointsofcare.com for **Hearing Savings Program.**

Keep this card on hand for calling in your prescription to a mail order pharmacy, for purchasing over-the-counter drugs, durable medical equipment or diabetes products. The card provides you phone numbers as well as your coverage type and Group number.

You may call the Member Services toll-free number with any questions about how or when to use your card.

Points of Care is a member benefit of:



www.SureCardBenefits.com
www.nmin.net

This form is ONLY NECESSARY for the following programs:

- Mail Order
- Over-the-Counter
- Diabetes
- Durable Medical Equipment



Patient Profile Form

**** Must provide prescription when sending profile form**

Member Name	
Group Number	Member ID/SS# _____ - _____ - _____
Email Address for Shipping Confirmation	
Shipping Address	
Member's Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you pregnant at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe member's drug allergies and medical conditions: Check here if none <input type="checkbox"/> _____ _____ _____	
Name of Physician Ordering Medication (enclose prescription)	Physician's Telephone Number
Physician's Fax Number	Would you like a call from a pharmacist to discuss any medical questions that you may have? <input type="checkbox"/> Yes <input type="checkbox"/> No
I authorize DrugSource to dispense generic medications: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>CERTIFICATION STATEMENT: Signature Required</p> <p>IMPORTANT: I certify the information on this form is correct. I certify that the patient information entered on this form is correct and that the patient named is eligible for benefits under the Points of Care Program. I also authorize release of all information pertaining to the claim to the plan administrator, underwriter, and sponsor in accordance with the health Insurance Portability and Accessibility Act (HIPAA).</p> <p>X _____</p>	<p>CREDIT CARD INFORMATION:</p> <p>Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Credit Card # _____</p> <p>Expiration Date: _____ / _____</p> <p>Signature: X _____</p> <p><input type="checkbox"/> Check here if you would like to be called prior to your credit card being charged for your order.</p>

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