



Enroll now!
Only \$39
a year!

MORE SAVINGS. MORE SERVICE AND BENEFITS FOR YOUR MONEY.

Are you one of the millions of Americans **WITHOUT** prescription benefits?

Are your prescription benefits **RESTRICTED**?

Are certain medications **NOT COVERED** by your plan?

Are you **CONFUSED** by all of those prescription discount plans?

BeyondRx Value Plus makes it **SIMPLE**.

We give you and your family **REAL SAVINGS** on prescription medications.

BeyondRx Value Plus is accepted at thousands of pharmacies nationwide. Just present your card and START SAVING!

Save on all your prescriptions including the following:

- All oral prescription medications
- Smoking cessation medications (Chantix®)
- Male impotence medications (Viagra®, Cialis®, Levitra®)
- Oral contraceptive medications
- Cosmetic medications (Renova®)
- Acne medications (Retin A®)
- Hair loss medications (Propecia®)
- Migraine headache medications (Amerge®, Imitrex® injectable/tablets, Zomig®)
- Fertility oral medications (Clomid®, Serophene®)
- Diet medications
- Diabetic supplies
- Insulin

To Enroll, return the form on the back of this brochure.



www.beyond-rx.com

Mail Order Program

To better serve our members we offer convenient mail order service for maintenance medications, OTC medications and durable medical equipment.

Have these products delivered to your door:

- Maintenance Medication
- Over-the-Counter Medication (OTC)
- Durable Medical Equipment (DME)

The tools on our website give you the power to save.

At www.beyond-rx.com you can:

- Locate a pharmacy near you
- Find out exactly how much you'll pay for your medication
- Purchase prescription and over-the-counter (OTC) medications through our mail order service and have them delivered to your door

Only \$39 a year!

Enrollment Form

Last Name First Name Middle Initial

Date of Birth

Address Apt. #

City State Zip+4

Home Phone

Spouse Name Spouse Date of Birth

Dependent #1 Name Dependent #1 Date of Birth

Dependent #2 Name Dependent #2 Date of Birth

Dependent #3 Name Dependent #3 Date of Birth

Dependent #4 Name Dependent #4 Date of Birth

Patient: This Program offers you, the cardholder and your dependents preferred pricing on prescription drugs from participating pharmacy providers. It is not an insurance program and does not provide insurance coverage. It is administered by BeyondRx. By accessing the preferred pricing, you acknowledge and agree that administrator may have access to and use your prescription drug data only for the administration of this program. Administrator reserves the right to discontinue the program in the future.

**Return this form by mail with payment (cashier's check or money order) to:
BeyondRx
P.O. Box 26546
Shawnee Mission, KS 66225**