What is the Rx Washington Card?

The Rx Washington Card is the way to save 15-25% on your prescription drugs. This card provides discounts at mail order and retail pharmacies within the Express Scripts national network of pharmacies.

The annual membership fee is $10 per person.

Who is eligibile?

Washington residents who purchase prescription drugs not covered by their insurance program are eligible for the Rx Washington Card. There are no other eligibility requirements.

The Rx Washington Card is not a Medicare Part D prescription drug plan. However, the Rx Washington Card may provide discounts on medications that are not covered by Medicare or other insurance you may have.

How do I enroll?

Simply fill out the enrollment form on the reverse side of this brochure, enclose your check or money order ($10 per person) payable to Rx Washington and

MAIL YOUR COMPLETED APPLICATION TO:

Rx Washington
P.O. Box 5577
Plymouth, MI 48170

For more information

Call
1-800-227-5255
or go online to
www.rx.wa.gov

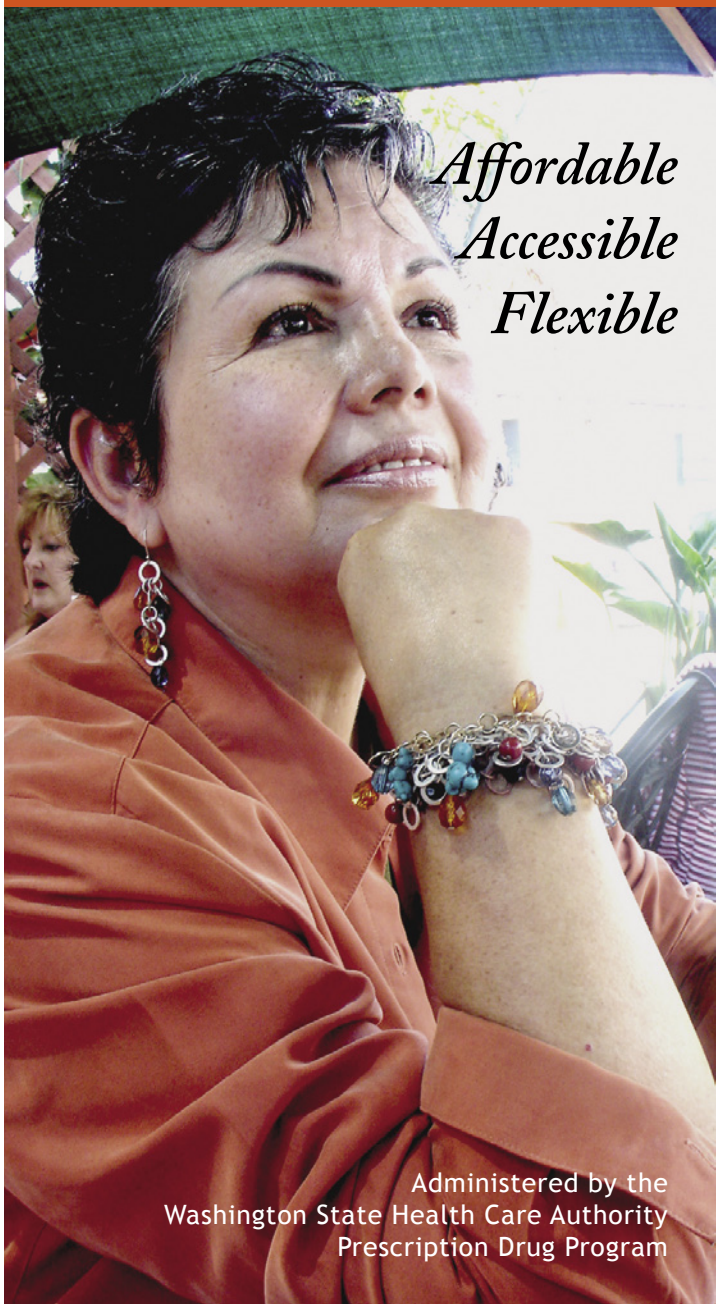
POSTAGE REQUIRED

Rx Washington
P.O. Box 5577
Plymouth, MI 48170

HCA 58-014 (2/06)

RX WASHINGTON
Prescription Drug Discount Card

Prescription protection...



Affordable
Accessible
Flexible

Administered by the
Washington State Health Care Authority
Prescription Drug Program

Apply in three easy steps.

APPLICATION FORM

Questions? Call 1-800-227-5255.

HOW TO FILL OUT THE APPLICATION FORM

Fill in the information below for EACH person. Enclose $10 per person and mail check or money order along with this enrollment form to:

Rx Washington
PO Box 5577
Plymouth, MI 48170

STEP 1: FILL IN YOUR INFORMATION (ALL INFORMATION IS REQUIRED)

First Name M.I. Last Name M F

Address (Street Number / Street Name / Apartment Number)

City State Zip Code

Telephone -- -- Date of Birth (MM--DD--YYYY) -- --

SECOND APPLICANT

First Name M.I. Last Name M F

Address (Street Number / Street Name / Apartment Number)

City State Zip Code

Telephone -- -- Date of Birth (MM--DD--YYYY) -- --

THIRD APPLICANT

First Name M.I. Last Name M F

Address (Street Number / Street Name / Apartment Number)

City State Zip Code

Telephone -- -- Date of Birth (MM--DD--YYYY) -- --

STEP 2: CALCULATE ENROLLMENT FEE

One applicant	$10
Two Applicants	$20
Three Applicants	$30

To enroll more individuals, simply provide all the above information on a separate piece of paper and enclose $10 for each additional person not listed above.

STEP 3: MAIL ENROLLMENT FORM AND PAYMENT

Make check or money order payable to Rx WASHINGTON.

Rx Washington
PO Box 5577
Plymouth, MI 48170