



HSA-Qualifying Prescription Form

Participant: Use this form to submit prescription drug claims when you or your dependents have coverage under the HSA-Qualifying Plan. Claims will not be applied toward your deductible/co-insurance unless you submit them.

MUST MEMBER-SUBMIT PRESCRIPTIONS					
Participant Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name on MUST ID card:</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">MUST ID Number:</td> <td></td> </tr> </table>	Name on MUST ID card:		MUST ID Number:	
Name on MUST ID card:					
MUST ID Number:					
Prescriptions were purchased for:	<input type="checkbox"/> Myself <input type="checkbox"/> My spouse (<i>Provide name: _____</i>) <input type="checkbox"/> My dependent (<i>Provide name: _____</i>)				
Expenses Submitted in the Amount of:	\$ _____				

Instructions:

1. Fill out the section above to provide information about your prescription coverage. (If submitting pharmacy receipts for more than one dependent child, attach a separate sheet for each.)
2. Attach pharmacy receipts for each purchase. The receipts must include:
 - ▶ The name of the drug
 - ▶ Whether the drug is "generic" or "brand"
 - ▶ The full retail cost *and* the cost to you after your discount.
3. Mail all documents to:

First Choice Health—MUST
 P.O. Box 12569
 Seattle, WA 98111-4659

DISCOUNT PHARMACY CARD BENEFIT

Retail Pharmacy

Prescriptions may be purchased at a discounted rate from network pharmacies. Prescription drugs must be paid for at the point of purchase then submitted to the Medical Plan for reimbursement by the Plan. The Annual Deductible applies, then charges will be subject to the following co-payments until satisfaction of the Out-of-Pocket Maximum:

All Prescription Drugs..... 20%

MUST will reimburse the contract cost of the prescription drug less the applicable co-payment per prescription. Contract cost is the PBM's (Pharmacy Benefit Manager) discounted cost of the prescription drug. Reimbursement will not exceed the contract cost.

Mail-Order Pharmacy

Co-payment per Prescription

All Prescription Drugs..... 20%