



JOIN THE AGNESIAN PRESCRIPTION CLUB

Pay as little as \$4 on more than 300 generic medications!

Now you can enjoy great cost savings on name brand and generic medications, along with the customer service and personalized care that only a locally-owned pharmacy can offer.

Who can enroll?

Our program is open to people of all ages. And it's ideal for people without prescription drug benefits or those with inadequate coverage. No prior authorization is required; simply show your card and enjoy great savings. People who receive healthcare benefits from Medicare, Medicaid or TRICARE are not eligible.

Is there an annual membership fee?

There is a \$10 annual membership fee for the program.

Is this program the same as an insurance benefit?

No. This program is not an insurance benefit. This program is a Prescription Savings Club that offers voluntary enrollment, requires an annual membership fee and provides exclusive discounts on prescription medications.

How much will my medications cost?

As a member, you will receive exclusive discounts on many of your

brand-name prescription medications. In addition, more than 300 generic prescription medications are available to you at the following low costs:

30-day supply of one medication: \$4

90-day supply of one medication: \$10

Day supply is limited by specific metric quantities based upon commonly prescribed dosing.

What types of medications are offered for as low as \$4?

The Prescription Club offers many popular medications for:

- Allergies • Antibiotic Treatments • Antifungal Treatments
- Antiviral Treatments • Arthritis and Pain • Asthma and COPD
- High Blood Pressure • Heart Health • High Cholesterol
- Cough and Cold • Diabetes • Eye Care • Gastrointestinal Health
- Mental Health • Skin Conditions • Thyroid Conditions

How do I enroll?

Enrollment is easy! Simply fill out the form below and give it to one of our staff.

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First Name _____ Last Name _____ Date of Birth _____
 Address _____ City _____ State _____
 Phone _____ E-mail _____

Dependents

First Name	Last Name	Date of Birth	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____