DCRxCard.com Prescription Drug Card

Name: _____

Member ID: Enter Year & Time
(*Example: Year 2015; Time 9:14; Enter ID 2015914*)

RxGRP: DCDRUG

RxBIN: 610709

Program Powered By: United Networks of America UNA RX CARD

NOTE: This card is being provided to you at NO COST. There are no forms to fill out. Simply take this card into a participating pharmacy with your Rx to qualify for discounts on medications. You also have access to other value added programs listed on back. Each family member must have his/her own card. This card has been pre-activated for immediate use! To obtain information and to print additional cards visit **www.dcrxcard.com**.

Customer Service: **877-321-6755**
Pharmacy Helpline: **800-223-2146**

This program is not insurance.
This is a point-of-sale discount plan.

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