



# ENROLLMENT FORM

This enrollment form will enroll you (and household members as listed below.) Please print clearly. Incomplete forms cannot be processed. BI-LO Prescription Savings Plan is NOT INSURANCE and does not provide insurance coverage. Prescription program is available only with a BI-LO BONUSCARD® and is only available at participating BI-LO pharmacies.

SUBSCRIBER INFORMATION

FIRST NAME MI LAST NAME  MALE  FEMALE DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_

STREET ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_

PHONE NUMBER EMAIL ADDRESS

\_\_\_\_\_

BONUSCARD® NUMBER

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(Use 12 digit number from the back of your card)



## AUTHORIZATION

SUBSCRIBER SIGNATURE

DATE

HIPAA AUTHORIZATION

### AUTHORIZATION UNDER HIPAA ALLOWING BI-LO TO SEND ME BI-LO PROMOTIONS

I, \_\_\_\_\_, desire to receive Promotional Materials from BI-LO. As required under the HIPAA Privacy regulations, 45 C.F.R. § 164.508, I authorize BI-LO to use my health information so that I may participate in the BI-LO promotions. This Authorization is good until December 31, 2010.<sup>1</sup>

Signature of Patient or Personal Representative

Dated

<sup>1</sup> I have the right to revoke this authorization in writing at any time by completing BI-LO Authorization Revocation Form except to the extent BI-LO has already used my information to send me information. To the extent that any information is disclosed to third parties pursuant to an authorization, I understand that it may be redisclosed. I understand that I have the right to inspect and copy my individually identifiable health information and to refuse to sign this authorization.

**\$4 prescriptions for a 30-day supply.**  
**\$10 prescriptions for a 90-day supply.**

Antibiotics  
Antifungal  
Antiviral  
Arthritis and Pain  
Asthma and Respiratory  
Antihistamine

Cholesterol  
Cough and cold  
Diabetes  
Eye  
Gastrointestinal Health  
Heart Health

Mental Health  
Muscle Relaxants  
Skin Conditions  
Thyroid  
Vitamins and Supplements  
Women's Health

For a complete list of participating generics and program details visit [bi-lo.com](http://bi-lo.com).

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## BI-LO'S PRESCRIPTION PDP DETAILS

1. BI-LO's Prescription Drug Plan (the "PDP") is available at all BI-LO neighborhood pharmacies.
2. The PDP applies only to certain generic drugs at commonly prescribed dosages. You may obtain a list of generic drugs and dosages covered under the BI-LO PDP (the "Drug List") on BI-LO.com or at any BI-LO Pharmacy. The Drug List may change and also may vary by state. Not all formulations of a drug (for example, enteric-coated, extended or timed release formulations) are covered under the PDP.
3. Under the PDP, \$4 is the price for up to a 30-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$4 PDP"). \$10 is the price of a 90-day supply of certain covered generic drugs at commonly prescribed dosages (the "\$10 PDP"). Not all drugs covered by the \$4 PDP are covered by the \$10 PDP. Prices for quantities between a 30-day supply and a 90-day supply of drugs covered by both the \$4 PDP and \$10 PDP are prorated based on the \$4 PDP price, but will not exceed \$10. Prices for quantities greater than a 90-day supply of drugs covered by the \$10 PDP are prorated based on the \$10 PDP price. Prorated pricing is not available under the PDP for prepackaged drugs. For pricing policies relating to prepackaged drugs (such as tubes, vials or bottles), see Section 4.
4. Prepackaged drugs are covered under the PDP only in the unit sizes specified on the Drug List. Prepackaged drugs are dispensed based on the quantities prescribed and unit sizes in stock at the Pharmacy. Unit sizes not specified on the Drug List are not covered under the PDP. Multi-unit purchases are charged at a per unit price, based on the price per unit size dispensed, unless otherwise specified. Prepackaged drugs dispensed in unit sizes not specified on the Drug List may be priced higher, even if equivalent quantities of the drug are available in specified unit sizes. Prorated pricing is not available under the PDP for prepackaged drugs.
5. Prices of certain drugs covered by the PDP may be higher in some states and may not be noted on the Drug List.
6. PDP pricing may be limited to select manufacturers of a covered drug and is available as long as store supplies are in stock at the Pharmacy from such manufacturers last.
7. Prescriber permission may be required to change a 30-day prescription to a 90-day prescription.
8. These PDP Details are subject to change without advance notice.