Welcome to the Terms & Conditions for the Kmart Prescription Savings Club. These Terms & Conditions and use of the services are subject to the following terms and conditions. Please read these terms and conditions carefully before completing your registration for the services, so that you fully understand your rights and responsibilities.

Disclosures: These discount programs are NOT health insurance policies and are not intended as a substitute for insurance. The programs do not qualify as a minimum creditable coverage under Massachusetts law or where prohibited by law. The programs only provide for discounts on health services from participating pharmacies, and the range of the discounts will vary depending on the pharmacy and the health services received. The programs do not make payments to pharmacies of health care services. Members are required to pay for all health care services, but will receive a discount from contracted pharmacies. Except in the states of Utah, Washington and California, these are custom-branded programs, provided and administered by Medical Security Card Company, LLC, (MSC), 4911 E. Broadway Boulevard, Tucson, AZ 85711, 1-866-435-7958, wwwscriptsavecom and marketed by Kmart2.

The programs are not available in all states and the terms of each program may vary from state to state. Each program is governed by the applicable terms of the membership agreement provided upon activation and made available at www.Kmart Prescription Savings Club. MSC is not responsible for providing or guaranteeing pharmacy services or for the quality of such services rendered. Participating pharmacies are subject to change without notice and are not available in all areas. The programs’ contracts are not protected by any state guaranty fund.2

The Prescription Savings Club is DISCOUNT ONLY - NOT INSURANCE. Using the Prescription Savings Club will not transfer the cost of the prescription to any other insurance, including a member’s Medicare Part D true-out-of-pocket (TrOOP). Medicare Part D members choosing to use the Prescription Savings Club while in the Medicare Part D coverage gap, will not have these claims applied to the member’s TrOOP.

Benefits: Savings on various services are available under these programs if you receive such services from a pharmacy who is a member of the network included in the programs. To obtain discounts, present your membership card before you pay for any services. Your membership materials provide you with information on finding a pharmacy within the network.

- Preferred generic drugs: Starting at $5 for a 30-day supply and $10 for a 90-day supply*
- Savings on non-preferred generics up to 65%**
- Savings on brands up to 20%***
- 20% savings on flu immunizations, including high-dose flu vaccine
- 10% savings on all other immunizations (e.g. shingles, whooping cough, hepatitis A&B, etc.)
- Great savings on all pet medications when provided with a veterinarian-written prescription

Fees & Term of Agreement: An annual enrollment fee of $10 is payable at time of enrollment and the programs are effective immediately upon receipt of enrollment fee and signed authorization form. You will be assessed the annual fee every year at time of renewal when presenting for services at Kmart Pharmacies.

Household Membership: Members of your household are members of the program. A household member includes any person residing in your household. Family members not initially enrolled, may be added to the program by visiting a Kmart Pharmacy to add that family member to your existing member records.

Limitations: The program provides savings on various services received from pharmacies who are part of the network of these programs. Pharmacies who are not members of the network included in these programs will not provide you with any discounts under these programs. An up-to-date list of participating pharmacies in your service area is available at www.Kmart Prescription Savings Club or by calling 1-800-866-0086 or writing us using the contact information further below. These programs do not make payments directly to any provider; you are obligated to pay for all services at the time of the service. Prescriptions paid for in whole or in part by publicly funded health care programs, such as Medicare and Medicaid, are ineligible.

Cancellation and Termination: The discount card program contains a 30-day cancellation period. If you are not completely satisfied, you may cancel the membership at any time. Members receive a full refund of membership fees if membership is canceled within first 30 days after receipt of membership materials. To cancel, members must return member card and all items received in the membership kit to a Kmart pharmacist.

Contacting Us/Complaint & Resolution: If you have any questions or concerns regarding these Terms & Conditions or complaints regarding these programs, please contact us as follows:

Via mail at: Kmart, 3333 Beverly Rd., AC366B, Hoffman Estates, IL 60179
Via email at: csfollow@searshc.com
Via phone at: 1-866-435-7958
Via website at: www.Kmart Prescription Savings Club

A Customer Care Representative will take your question or concern and forward it to the appropriate party. We will respond to any complaint within 5 business days. If you remain dissatisfied with the outcome of a complaint, you may contact the appropriate governmental regulatory agency in your state. Information for your state’s regulatory agency can be obtained by contacting us via phone or email.

Notwithstanding the above, the programs, as described above and available in the states of Utah, Washington and California, are custom-branded and operated directly by Kmart. The applicable terms relating to any such Kmart custom-branded and operated program shall also be available at www.Kmart Prescription Savings Club. MSC may participate or assist in the administration of such programs.

* 30-day supply priced at $5, $10 or $12. 90-day supply priced at $10, $15, $20, $30 or $36. The day supply is based upon the average dispensing patterns for the specific drug and strength. **Savings can range from 10-65%. ***Savings can range from 5-20%. The program, as well as the prices and the list of covered drugs, can be modified at any time without notice.

Revised May 2014