

PHARMACY PLAN

Aetna Rx Home Delivery®

Your pharmacy — as near as your mailbox



Learn about:

- > Our mail-order pharmacy may save you time and money.
- > And standard shipping is always free!



Enjoy the benefits of your mail-order pharmacy

Do you have a chronic condition like arthritis, asthma, diabetes, high blood pressure or high cholesterol?

Do you take medications every month to treat these kinds of conditions or diseases?

Aetna Rx Home Delivery can fill and refill these maintenance medication prescriptions for you.

Greater supplies, lower copayments

- Get up to a 90-day supply sent to your home or any location you choose.
- Depending on your plan, you may pay less by using this service.



Quality service

- Pharmacists check all prescriptions for accuracy and can answer questions anytime, day or night.
- Shipping is quick and confidential. Standard shipping is always free.

Place your first order today

Step 1

Ask your doctor to write **TWO** prescriptions.

- **Prescription #1:** Is for a **one-month supply**. Fill it at a local retail pharmacy. With this short-term supply you will have enough of your medication on hand to see you through until your first Aetna Rx Home Delivery order arrives.
- **Prescription #2:** Is typically for a **90-day supply** (with three refills). Send this one to Aetna Rx Home Delivery.

Step 2

Fill out the attached **Order Form**.

- Mail it with your prescriptions and payment to Aetna Rx Home Delivery. Use the envelope provided. Or find the address on the Order Form.

OR

- Have your doctor fax your prescriptions and completed Order Form. The fax number is on the Order Form.

Note: Write your **date of birth** and **Aetna member ID** on all documents, including your prescriptions.

- Make sure that you complete the **method of payment section on the order form**. We need to know what credit card to charge or debit card to deduct from. You can also use your Health Savings Account or Flexible Spending Account as a form of payment.

Health benefits and health insurance plans are offered, underwritten or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.



Ordering refills is easy

You can order refills:

1. Online

Log in to www.aetnavigators.com to order refills, track your order and more.

2. By phone

Call Aetna Rx Home Delivery toll-free at the number on the Order Form. Have your Aetna member ID number, your prescription number, and your credit card number ready.

3. By mail

Send in the reorder form that you received with your last order. Mail it back with your payment. The reorder form will also tell you when you can place your next refill order.

Questions and answers

Who can I call if I have any questions?

For questions about your pharmacy benefits plan, call the Member Services number on your Aetna ID card.

For Aetna Rx Home Delivery questions, call the toll-free number on your Order Form. Customer service representatives can answer questions, check the status of an order or place a refill order. Pharmacists are also available to help.

What prescriptions do I send to Aetna Rx Home Delivery?

Aetna Rx Home Delivery fills prescriptions for chronic (long-term) medications. These are drugs that you need to take on a regular basis for arthritis, asthma, diabetes, heart disease, high cholesterol and other chronic conditions.

When should I use a retail pharmacy?

If you have an acute condition like an infection, your doctor will prescribe a drug that you will take for a short amount of time.

Take this type of prescription to a local pharmacy. We recommend that you use Aetna participating pharmacies. Check DocFind® at www.aetnapharmacy.com to find one near you.

Can I fill a prescription for a controlled substance medication at mail-order?

Yes. State and federal laws requires that you mail in a written prescription from your doctor for this type of drug.

Shipping, costs and returns

How long does it take to receive my prescription through the mail?

Please allow 10 to 14 days to process and ship your order. There may be a delay if we need to contact your physician. **To avoid delays:** Make sure you fill out your forms completely, and that you send payment in full at the time you place your order.

Where can I find Order Forms?

There is one included with this brochure. You can also get forms online at www.aetnavigators.com.

How much do I owe for a prescription?

There are two ways to check on your costs:

- Log in to your Aetna Navigator® member website through www.aetnavigators.com Use the Price-A-DrugSM tool to see your cost at a participating pharmacy — and through Aetna Rx Home Delivery.
- Call Member Services at the toll-free number listed on your Aetna ID card.

How much are the shipping charges?

Standard shipping is always free. There is a shipping charge if you need quicker delivery.

Can medications be returned?

We cannot accept returned medications. If you have any questions about our order return policy, call the toll-free number on your Order Form. Our customer service representatives are available to answer your questions.



About your prescriptions

Are 90-day supplies the standard amount sent through the mail?

That depends on your doctor and your plan. You may only get medications in the amount that your doctor prescribes. If your doctor writes a prescription for a 30-day supply with three refills, you will only get one 30-day supply at a time.

Check with your doctor to see if he or she can write a 90-day supply. Also, check with your plan. Call Member Services to see what the maximum day supply is. The toll-free number is on your Aetna ID card.

Do prescriptions expire?

Most prescriptions, including refills, expire within one year (sometimes sooner) from the day they are written. If this happens, you must get a new prescription from your doctor — even if your prescription label still shows refills remaining.

What is your policy on generic substitution?

Talk to your doctor about generic drugs. Generics have been approved by the FDA as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs.

And they cost a lot less!

Pharmacy law allows generic substitution. We may substitute a generic for a brand-name prescription, unless your doctor indicates not to. If you want to receive the brand drug, ask your doctor to write your prescription for brand only.

Note: Depending on your plan, you may pay more for a brand-name drug.

Health benefits and health insurance plans contain exclusions and limitations.

Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC. Aetna Rx Home Delivery is a licensed pharmacy subsidiary of Aetna Inc. that operates through mail order.

When you provide a check as payment, you authorize us to use information from your check either to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make or we receive your payment. You will not receive your check back from your financial institution.

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.



Mail Service Order Form

Mail this form to:



AETNA RX HOME DELIVERY
P.O. BOX 829518
PEMBROKE PINES, FL 33082-9518

Enter ID number

Prescription Plan Sponsor or Company Name

Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form.

Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below.

Number of **Refill** prescriptions:

For Fastest Service, order refills at www.aetnavigators.com or call toll-free 1-800-227-5720 or TDD (for hearing impaired) at 1-800-823-6373.

Your doctor may fax your prescription(s) to **1-866-681-5166**. Only a doctor may fax a prescription.

A Shipping Address.

Last Name

First Name

MI

Suffix (JR, SR)

Street Name

Apt./Suite #

Use this address for this order only.

City

State

ZIP Code

Daytime Phone #: --

Evening Phone #: --

B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

Aetna wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for Brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions including drug names, use the "Special instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

Please Note: By submitting this form you verify that the information is correct, that the prescriptions enclosed are for use by eligible participants and authorize the release of all information to the Plan Sponsor, administrator, or underwriter. All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other eligible dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request form provided in the Privacy Notice, or as available on our website.



Please fold here →

← Please fold here

Please fold here →

← Please fold here

C Tell us about the people getting prescriptions. If there are more than two people, please complete another form.

1st person with a refill or new prescription. This person needs:

Spanish forms and labels

Last Name

First Name

MI Suffix (JR,SR)

Nickname

Gender: M F Date of Birth: MM-DD-YYYY - -

Your E-Mail: _____ Date new prescription written: _____

Doctor's Last Name _____ Doctor's First Name _____ Doctor's Phone # _____

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

2nd person with a refill or new prescription. This person needs:

Spanish forms and labels

Last Name

First Name

MI Suffix (JR,SR)

Nickname

Gender: M F Date of Birth: MM-DD-YYYY - -

Your E-Mail: _____ Date new prescription written: _____

Doctor's Last Name _____ Doctor's First Name _____ Doctor's Phone # _____

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Health Information: Arthritis Asthma Diabetes Acid Reflux Glaucoma Heart Problem
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Thyroid
 Other: _____

D Special Instructions: _____

E How would you like to pay for this order? Fill in the oval to choose a payment.

- Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.
- Bill Me Later®.** Works like a credit card. First time users register online or call Customer Care.
- Credit or Debit Card.** (VISA®, MasterCard®, Discover®, American Express®, including FSA/HRA/HSA debit cards)
 - Fill in this oval to use your card on file.
 - Fill in this oval to use a new card or to update your card expiration date.

Exp. Date

MMYY

Check or Money Order. Amount: \$.

- Make check or money order out to Aetna Rx Home Delivery.
- Write your Aetna Member ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for balance due and future orders: If you chose electronic check, Bill Me Later®, or a credit or debit card, we will also use it to pay for any balance that you owe and for future orders unless you provide another form of payment.

Fill in this oval if you **DO NOT** want to use this payment method for future orders.

Credit Card Holder Signature/Date _____

Regular delivery is free and will take 10 to 14 days from the day you send this form.
If you want faster delivery, choose:

- 2nd Business Day (\$17)** Business days are only
- Next Business Day (\$23)** Monday-Friday

- Faster delivery charges may change.
- Faster delivery is for shipping time, not processing time.
- Faster delivery can only be sent to a street address, not a PO box.



Credit Card Disclaimer: I authorize Aetna Rx Home Delivery to bill my credit card. I understand that my credit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered under my benefit plan, plus any special shipping costs.

Please fold here →

Please fold here →

Please fold here →

Please fold here →