

# Your pharmacy – as near as your mailbox

Aetna Rx Home Delivery®

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/Patient Registration Form.

- Mail it with your prescriptions and payment to Aetna Rx Home Delivery. Use the self-addressed 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.





## Ordering refills is easy

You can order refills:

### 1. Online

Go to the website provided to you on the attached Order Form. Once you log in you can 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 refill slip that you received with your last order. Mail it back with your payment. The slip will also tell you when you can place your next refill order.

**Note:** Look for a **prescription renewal form** when we ship your final refill. **This renewal form is a reminder that you need a prescription renewal from your doctor.** Either have your doctor write a new prescription for you OR have your doctor sign the renewal form. Then send the new prescription or signed renewal form to us.

## 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<sup>+</sup> participating pharmacies. Check DocFind<sup>®</sup> at [www.aetnapharmacy.com](http://www.aetnapharmacy.com) to find one near you.

## Shipping, costs and returns

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

Please allow 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.

### How much do I owe for a prescription?

There are two ways to check on your costs:

- Log in to your Aetna Navigator<sup>®</sup> member website through [www.aetnapharmacy.com](http://www.aetnapharmacy.com). Use the Price-A-Drug<sup>SM</sup> 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 are offered, underwritten or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas 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.**

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](http://www.aetna.com).



# Prescription Order Form



Questions? Call 1-800-227-5720 to speak to a pharmacist.

## SECTION 1 Review the Information

- 1. **Online** Visit [www.aetna.com/aetnarxhomedelivery](http://www.aetna.com/aetnarxhomedelivery)
- 2. **By Phone** Call us at **1-800-227-5720** or TDD (for hearing impaired) at **1-800-823-6373**.
- 3. **By Mail** Fill out the information and send your refill slips, prescription(s) and this Order Form to the address below.
- 4. **By Fax** Your physician may fax your prescription(s) and completed forms to: **1-866-681-5166**. Only a physician may fax a prescription.

Member ID:  
Date of Birth:

Please write in the number of prescription(s) you are submitting with this order:

New          Refill

**Aetna Rx Home Delivery**  
PO Box 829519  
Pembroke Pines, FL 33082-9519



Print all information clearly as shown in the sample using BLUE or BLACK ink: **1 2 3 4 A B C D**

## SECTION 2 Insurance Cardholder Information

Complete if your shipping address has changed or does not appear in Section 1.  Temporary Shipping Address

E-mail

Member ID

Last Name  First Name  MI

Address 1  Phone Number

Address 2  Alternate Phone Number

City  State  Zip Code

## SECTION 3 Comments Relating to This Order

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 4 Shipping & Method of Payment

Shipping - Fill in oval for Expedited Delivery (\$20 additional charge)

Check or Money Order Please make check or money order payable to **Aetna Rx Home Delivery** **DO NOT SEND CASH**  
Total payment enclosed (excluding credit card payment): \$  ,   .

VISA  Discover   /    
 MasterCard  American Express Credit Card #  Exp Date

Use Credit Card on File  Use for this transaction only  
Cardholder Signature \_\_\_\_\_

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. I also understand my credit card will be charged for future orders, unless I provide an alternative form of payment or indicate otherwise by selecting "Use for this transaction only" above.



**WE WILL DISPENSE FDA-APPROVED GENERIC-EQUIVALENT MEDICATION WHEN AVAILABLE AND APPROPRIATE AS INDICATED ON YOUR PRESCRIPTION.**

**SECTION 5 New Prescription Order**

Fill out the information below and enclose new prescription(s) and payment with this form

<input type="text"/>	<input type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Dependent	<input type="checkbox"/> Sex M / F	<input type="text"/>	<input type="text"/>
Patient First Name					Date of Birth	Doctor Phone Number
<input type="text"/>					<input type="text"/>	<input type="text"/>
Doctor Last Name					Drug Name	

<input type="text"/>	<input type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Dependent	<input type="checkbox"/> Sex M / F	<input type="text"/>	<input type="text"/>
Patient First Name					Date of Birth	Doctor Phone Number
<input type="text"/>					<input type="text"/>	<input type="text"/>
Doctor Last Name					Drug Name	

<input type="text"/>	<input type="radio"/> Self	<input type="radio"/> Spouse	<input type="radio"/> Dependent	<input type="checkbox"/> Sex M / F	<input type="text"/>	<input type="text"/>
Patient First Name					Date of Birth	Doctor Phone Number
<input type="text"/>					<input type="text"/>	<input type="text"/>
Doctor Last Name					Drug Name	

**SECTION 6 Refills - Please send in refill slips for medications you would like to order. If you do not have your refill slip please complete the section below.**

<p><b>Print Prescription Number Here</b></p> <input type="text"/> <p><b>Drug Name:</b> _____</p>	<p><b>Print Prescription Number Here</b></p> <input type="text"/> <p><b>Drug Name:</b> _____</p>
<p><b>Print Prescription Number Here</b></p> <input type="text"/> <p><b>Drug Name:</b> _____</p>	<p><b>Print Prescription Number Here</b></p> <input type="text"/> <p><b>Drug Name:</b> _____</p>

**SECTION 7 Allergies & Health Conditions**

Complete this section only if adding a new customer or there are changes to existing customer Allergies or Health Conditions.

If no allergies are selected, for new customers, this indicates no known allergies. For existing customers, this indicates no change from information provided to Aetna Rx Home Delivery previously.

<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Cardholder's First Name	Date of Birth	None	Penicillin	Sulfa	Codeine	Aspirin	Erythromycin	NSAIDS	Other (write in below)	Diabetes	High Blood Pressure	Asthma	GI/GERD	High Cholesterol	Other (write in below)
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent's First Name	Date of Birth														
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Dependent's First Name	Date of Birth														
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Dependent's First Name	Date of Birth														

Please write the person's name and list their Other Allergies and/or Health Conditions referenced above: \_\_\_\_\_

**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/retired). 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.