

Your medicine mailed safe and sound to you

Aetna Rx Home Delivery®

pharmacy

www.aetna.com



Quick tips to:

- Save time
- Get your first order
- Reorder, and more

Save time, and skip the pharmacy line

If you take medicine on a regular basis, here's a perk that can make your life easier.

With home delivery, you get:

- Medicine in your mailbox with no waiting in line
- Free standard shipping to wherever you choose
- Complete privacy with secure and unmarked packaging
- More medicine at one time with 90-day fills (or the most your plan allows)
- Easy startup and fast reordering

You and your safety come first

Registered pharmacists check each and every order. And if you have an emergency, you can call them anytime.

So let's get started.



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

Your home-delivery pharmacy is for medicine you take *all the time*

Let's walk through it together.

- Do you have a chronic condition, like arthritis or high cholesterol?
- Do you regularly take medicine to treat this kind of condition?

If you answered "yes" to either question, you can fill and refill your medicine by mail. This service is for medicine you take on a regular basis. (We also call them maintenance drugs.)

Some examples:

- Blood pressure pills
- Asthma inhalers
- Cholesterol medicine

To learn how to place your first order, turn to page 4.

Your retail pharmacy is for medicine you take *sometimes*

Let's walk through it together.

- Do you have a short-term illness, like a cold or an ear infection?
- Will you only need medicine for a limited time to treat this issue?

If you answered "yes" to either question, you should fill your prescription at your local pharmacy.

Some examples:

- Cough medicine
- Antibiotics
- Eye ointment

Tip: To find a network pharmacy nearby, visit your member website at **www.aetna.com**.

How to place your first order

You have plenty of options for your convenience.

Get started on your own



Online

Log in to your member website at **www.aetna.com**. With just a few clicks, you can request home delivery. Or print out an order form that you or your doctor can complete.



Phone

Call us at the number on your ID card, and we can contact your doctor for you. But first, let your doctor know we'll be calling. It'll speed the process (which could take up to a week). And he or she may still want to see you before giving us your prescription.

Ask your doctor to help



Mail

Ask your doctor to write a prescription for 90 days' worth of medicine. Then mail it to us with your completed order form. (It's included with this brochure.) The address is right on the form.



Fax

Ask your doctor to fax your prescription with your completed order form. The number is right on the form. The cover sheet should include: your member ID number, date of birth and mailing address. *Note*: Only your doctor can fax a prescription.

Tip: Don't forget to fill out your method of payment. (It's easy to forget!) If you have a flexible spending account or a health spending account, you're welcome to use that, too.



You did it! Now your order is traveling safely to you.

How to reorder your medicine

Getting refills is even quicker — you have three easy options:

1. Buy online.

Just log in to your member website at **www.aetna.com**. It's your place to order refills, track orders, chat with a pharmacist and more.

2. Give us a call.

Gather a little info — your member ID number, credit card and prescription number. Then call us toll-free at 1-888-RX-AETNA (1-888-792-3862).

3. Mail us.

Each order comes with a reorder form. Lost the form? You can also print one at www.aetna.com.



Stop by your "home" for home delivery, www.aetna.com. Just select "Aetna Pharmacy" to get started, reorder, track packages and more.

Your top questions answered

My costs

Q: How much will I pay for my medicine?

A: To find out, log in at **www.aetna.com** and choose "Estimate drug costs." Then, enter the first three letters of your medicine to see your price under your plan.

Q: Do I pay for shipping?

A: No way. Standard shipping is *always* free. But if you need your medicine sooner, you can pay a little extra.

My safety

Q: Is it really safe to get medicine in the mail?

A: It sure is. We ship your medicine in secure, unmarked packaging. And registered pharmacists check each and every order.

Q: Can I return medicine?

A: For your safety, no. But if you have concerns, just call us. Your satisfaction is our #1 goal.

My plan policies

Q: Can I fill a prescription for a controlled substance by mail?

A: You can. Please note that some state and federal laws may require you to mail in a written prescription from your doctor.

Q: How much medicine can I get at one time?

A: You can only get the amount your doctor prescribes. So if that's a 30-day supply with 3 refills, you can only get 30 days' worth at a time. You can certainly ask your doctor to write a 90-day prescription. And check with us, too. Your plan may have limits on how much you can get.

Q: Can my brand-name medicine be swapped with a generic?

A: We may substitute a generic for a brand-name medicine, unless your doctor writes "dispense as written." But don't worry. Generics have the same ingredients as brand name, and are approved by the FDA as safe and effective. They may cost less, too.

Q: Does my doctor's prescription expire?

A: Most prescriptions expire within a year from the day your doctor writes them. So you'd need to get a new prescription from your doctor, even if the label shows refills remaining.

Quick ways to contact us

Start home delivery







on ID card

Log in at www.aetna.com

1-877-270-3317

(your doctor)

Find an order form







Attached

Comes with every order

Log in at

www.aetna.com

Order refills





1-888-792-3862

Log in at

www.aetna.com



Something else on your mind?

Just call us at the number on your ID card. Or log in to your member website at **www.aetna.com**.

Your medicine, your way.Start using home delivery today.

Health benefits and health insurance plans contain exclusions and limitations. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy providing prescription services by mail. 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.

www.aetna.com



Please fold here →

aetna Medication Order Form Aetna Rx Home Delivery®

	Mail this form to:		
Member ID # (if not shown or if different from above) Prescription Plan Sponsor or Company Name	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		
Instructions: Please use blue or black ink and print in capital le	etters. Fill in both sides of	f 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: TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.aetnanavigator.com or call toll-free 1-888-RX AETNA (1-888-792-3862), TTY 711. A Shipping Address. To ship to an address different from the one printed above, enter the changes here.			
Last Name	First Name	MI Suffix (JR, SR)	
Street Address	Apt./Suite #	Use shipping address for this order only.	
City Daytime Phone #:	State Evening Phone #:	ZIP Code	
B Refills. To order mail service refills, enter your prescription number(s) here.			
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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.

All claims for prescriptions sent to Aetna Rx Home Delivery using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

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.



■ First person with a refill or new prescription. Last Name First Name	Spanish forms and label MI Suffix (JR,SR)
Gender: M F Date of birth MM-DD-YYY E-mail address: Date of birth MM-DD-YYY	Y
E-mail address.	te new prescription written:
Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 1st person if never pro Allergies: None Aspirin Cephalosporin Codeine Sulfa Other:	
Medical conditions: Arthritis Asthma Diabetes Acid High blood pressure High cholesterol Migraine Other:	-
Second person with a refill or new prescription.	() Spanish forms and label
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NICKNAME Gender: M F Date of birth MM-DD-YYY	
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Doctor's last name Doctor's first name	Doctor's phone #
Tell us about new health information for 2nd person if never pr	Doctor's phone #
	© Erythromycin © Peanuts © Penicilli
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High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first order) Discover, or Ame Use your card on file. Use a new card or update your card's expiration date. Exp.Date MMYY Check or money order. Amount: \$ Make check or money order payable 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 choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide	Osteoporosis
High blood pressure High cholesterol Migraine Other: Special instructions: How would you like to pay for this order? (If your copay is \$0, y) Electronic check. Pay from your bank account. (You must first order) Discover, or Ame Use your card on file. Use a new card or update your card's expiration date. Exp.Date MMYY Check or money order. Amount: \$ Make check or money order payable 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 choose electronic check or a credit or debit card, we will use it to pay	cou do not need to provide payment information. st register online or call Customer Care.) erican Express®) Credit card holder signature/Date Regular delivery is free and takes up to 5 days after your order is processed. If you want faster delivery, choose: 2nd business day (\$17) Next business day (\$17) Next business day (\$23) Expected processing time from receipt of this form Refills: 1-2 days New/renewed prescriptions: Within 5 days unless additional