

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

Can I combine my prescription and refills to get more medication at one time?

You may only obtain amounts authorized by your physician. For example, if your physician writes your prescription for a 30-day supply with two refills, you may only receive one 30-day supply at a time.

Questions?

If you have a question about your medication or the status of your order, or if you want to speak with a pharmacist, call Aetna Rx Home Delivery toll free at 1-866-612-3862, Monday through Friday, 7 a.m. to 11 p.m. ET; Saturday, 8 a.m. to 9:30 p.m. ET; and Sunday, 8 a.m. to 6 p.m. ET.

If you have questions about your pharmacy benefit, please call the Member Services number on your member ID card.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. These Aetna companies that issue, underwrite or administer health benefits coverage include Aetna Health Inc., Aetna U.S. Healthcare Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health of Washington Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of Connecticut, Aetna Health Insurance Company of New York, Corporate Health Insurance Company. The mail-order prescription services described in this brochure are provided by Aetna Rx Home Delivery, LLC.

Aetna Rx
Home DeliverySM

**A convenient way to
obtain prescription drugs
covered under your Aetna
pharmacy benefits plan.**



Turning promise into practice™

www.aetna.com

Aetna Rx Home Delivery* offers you an easy way to obtain your maintenance medications — **through the mail**. In the comfort of your own home, you can order maintenance medications that are covered under your pharmacy benefit. Maintenance medications are commonly used for the treatment of chronic conditions such as diabetes, arthritis and heart disease.

Prescriptions for medications to treat an acute condition, such as an infection, should be filled at your local participating retail pharmacy.

How do I order my medications?

Just follow these simple steps to order your covered maintenance medications:

- 1. Ask your doctor for two signed prescriptions ... one for an initial supply** to be filled at your local participating retail pharmacy (if your benefits plan provides coverage for retail and mail-order pharmacy);
... **the second for an extended supply** that you can receive through the mail from Aetna Rx Home Delivery once you and your doctor determine that the medication is right for you.
- 2. Print your name, address and health plan member ID number on each prescription.**
- 3. Complete the attached New Participant Order Form**, including the Patient Profile section, for you and your eligible dependents who will obtain medications from Aetna Rx Home Delivery. (You will not need to complete this form when ordering refills, unless your Patient Profile information has changed.)
- 4. Mail the Order Form and Patient Profile, your original written prescription(s) and your copayment(s) to Aetna Rx Home Delivery.** Refer to your plan of benefits for the applicable copayment amount or call the toll-free Member Services phone number on your member ID card.

When will I get my prescription?

Generally, your medication will be delivered to you, postage-paid, within 14 days. If you submit insufficient information to process your order, or if we need to contact you or the prescribing physician, delivery could take longer. Medications can be shipped overnight for an additional charge.

Will I get generic or brand-name drugs?

That depends on you and your doctor. Where permitted by applicable law, generics may be dispensed when appropriate and permitted by your physician. In addition, you may save money with FDA-approved generic equivalents.

Depending on your plan, you may pay a copay plus the difference in cost between a brand-name and generic drug if you receive a brand-name drug when a generic is available.

How do I order refills?

Each time you receive medications by mail, you will receive a prescription receipt that includes a refill date indicating when your prescription can be refilled. You can request a refill after that date. Allow at least 14 days for processing your order.

- Call Aetna Rx Home Delivery toll free at 1-866-612-3862. Provide your health plan member ID number, your prescription number and your credit card number.

OR

- Fill out the Prescription Order Form you received with your medications and mail your refill request to Aetna Rx Home Delivery.

*Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., that is a licensed pharmacy providing mail-order prescription services.

New Participant Order Form

Please complete this entire form and return it to Aetna Rx Home Delivery in the enclosed envelope.
Enclose your original prescription(s) and payment or credit card information.

Employer Name _____ Subscriber ID Number _____

Employee/Retiree Name _____

Home Address _____

Check here if home address is new.

Daytime Phone () _____ Home Phone () _____

Family Members Eligible for Pharmacy Benefits

Subscriber Name _____ Date of Birth _____ Male Female

Spouse's Name _____ Date of Birth _____ Male Female

Child's Name _____ Date of Birth _____ Male Female

Child's Name _____ Date of Birth _____ Male Female

Child's Name _____ Date of Birth _____ Male Female

Do members of this family have pharmacy benefits coverage through a health plan other than Aetna? No Yes

Name of Other Health Plan _____

Prescriptions are for: Self Spouse Child

(Please write the patient's health plan member ID number on the back of each prescription.)

Doctor's Name _____ Doctor's Phone () _____

I would like childproof caps: Yes No

Method of Payment

Make check or money order payable to Aetna Rx Home Delivery or use your credit card. **Please do not send cash.**

MC/VISA/Am Ex/Discover credit card number _____ Expiration Date _____

Cardholder Name _____ Signature _____

Number of prescriptions enclosed _____ Total amount enclosed _____

Patient Profile

Please complete the section below for all eligible family members. This information will be used to check for potential drug interactions.

NAME	ALLERGIES					HEALTH CONDITIONS					
	None	Penicillin (1)	Chocolate (2)	Sulfa (3)	Aspirin (4)	Thyroid (5)	Diabetes (6)	Glaucoma (7)	Heart Conditions (8)	High Blood Pressure (9)	Other (please list)

If you or a family member has diabetes, indicate the type of supplies being used below:

Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips
Name	Monitor	Lancets	Test Strips

Notice of Privacy Practices

Aetna provides members with a Notice of Privacy Practices, which outlines how we use, disclose and safeguard their personal health information. The Notice is distributed through multiple channels, including newsletters, ID card mailings and the aetna.com website. Upon receipt of this signed order form, we will assume you have received a copy of our Notice. If you would like to request another copy, please call the Member Services number on your ID card.

Member's signature _____

Please note: By submitting this form, you authorize the release of all the foregoing information to Aetna Rx Home Delivery, LLC, and its affiliates.

Aetna Rx Home Delivery • P.O. BOX 417019 • Kansas City, MO 64179-9892 • **1-866-612-3862**