

# Your pharmacy — as near as your mailbox

Aetna Rx Home Delivery®



## Learn about:

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



## Enjoy the benefits of your mail-service pharmacy

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

*Do you regularly take prescription medicine to treat these kinds of conditions or diseases?*

These types of drugs are called maintenance medicines. Aetna Rx Home Delivery can fill and refill them for you through the mail.

## Get more, save more

- 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

#### Choose one of these ways to submit your order:

1. **Mail** — Mail us your prescription for a 90-day supply along with a completed Mail-Service Order Form. The form is attached to this brochure. Or, you can access it when you log in at **[www.aetnavigators.com](http://www.aetnavigators.com)**.

2. **Fax** — Ask your doctor to fax in your new prescription, with your completed order form. The fax number is also on the form. Make sure your doctor includes your Member ID number, your date of birth and your mailing address on the fax cover sheet. Only a doctor may fax a prescription.
3. **Phone** — Call us toll-free: **1-888-RX AETNA (1-888-792-3862)** or **TDD: 1-800-823-6373**. With our Aetna Rx Courtesy Start<sup>SM</sup> program, we will contact your doctor for you to get a new prescription.

**Note:** When you fill out a Mail-Service Order Form, make sure you complete the method of payment section. 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.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include: 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.aetnanavigator.com](http://www.aetnanavigator.com)** to order refills, track your order and more.

#### 2. By phone

Call Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862)**. 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 order or your prescription drug coverage, call Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862)**.

### What prescriptions do I send to Aetna Rx Home Delivery?

Aetna Rx Home Delivery fills prescriptions for maintenance medicines. 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. To find one near you, log in to **[www.aetnanavigator.com](http://www.aetnanavigator.com)** and click "Find a Doctor, Pharmacy or Facility."

### Can I fill a prescription for a controlled substance medicine by mail?

Yes. State and federal laws require 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 medicine order through the mail?

Generally, if your order is complete, you will receive it within 10-14 days from when Aetna Rx Home Delivery receives your order. You can request expedited delivery for an additional charge. There may be a delay if we need to contact your doctor. **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 an order form?

There is one included with this brochure. You can also get forms online when you log in at **[www.aetnanavigator.com](http://www.aetnanavigator.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.aetnanavigator.com](http://www.aetnanavigator.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 Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862)**.

### 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 medicine. If you have any questions about our order return policy, call Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862)**. 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 medicines 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. To find out what your maximum day supply is, call Rx Member Services toll-free at **1-888-RX AETNA (1-888-792-3862)**.

### 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 Food and Drug Administration (FDA) as safe and effective. They contain the same active ingredients in the same amounts as brand-name drugs. **And they usually cost a lot less!**

Pharmacy law usually allows generic substitution. We may substitute a generic for a brand-name medicine, 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, 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](http://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

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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: 

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

Number of **Refill** prescriptions: 

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**For Fastest Service, order refills at [www.aetnavigators.com](http://www.aetnavigators.com) or call toll-free 1-888-RX AETNA (1-888-792-3862), or TDD (for hearing impaired) at 1-800-823-6373. Your doctor may fax your prescription(s) to 1-877-270-3317. Only a doctor may fax a prescription.**

## A Shipping Address.

Last Name

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First Name

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MI

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Suffix (JR, SR)

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Street Name

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Apt./Suite #

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☐ **Use this address  
for this order only.**

City

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State

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ZIP Code

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Daytime Phone #: 

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Evening Phone #: 

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## 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.



**C**

## ○ Spanish forms and labels

[illegible][illegible]

MI  Suffix (JR,SR)

[illegible]

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 #
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**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:

## ○ Spanish forms and labels

[illegible]

First Name								

MI  Suffix (JR,SR)

[illegible]

Gender: ☐ M ☐ F

Date of Birth:   -   -

Your E-Mail: \_\_\_\_\_ Date new prescription written: \_\_\_\_\_

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

**E**

- ☐ **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.

[illegible]

☐ **Check or Money Order.** Amount: \$

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Credit Card Holder Signature/Date

- 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.

**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.

