

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

If you take a medication regularly or daily to treat a chronic condition such as arthritis, diabetes or heart disease, Aetna Rx Home Delivery* offers you an easy way to obtain them — through the mail. These medications are delivered right to your door.

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 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.

Please note: In order for Aetna Rx Home Delivery to dispense Schedule II medications in any quantity **greater than a 30-day supply**, your physician must write the diagnosis on the prescription. Some examples of Schedule II medications are Ritalin, Oxycontin and MS Contin.

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.

*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.

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.

- Visit www.aetnarxhomedelivery.com, click on Rx Refills and complete all of the information requested. You can also track your prescription orders through this website.

OR

- Call Aetna Rx Home Delivery toll free at 1-866-612-3862. (TTY 1-800-201-9457). 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.

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. (TTY 1-800-201-9457).

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.

New Participant Order Form

Please complete this entire form and the following Patient Profile and return to:

Aetna Rx Home Delivery
P.O. Box 417019
Kansas City, MO 64179-9892

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.)

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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. By signing this form, you acknowledge that you have received Aetna’s Notice of Privacy Practices and authorize the release of all the foregoing information to Aetna Rx Home Delivery, LLC, and its affiliates.
 Member’s signature (required) _____
 If you would like a copy of Aetna’s Notice of Privacy Practices, please visit www.aetnarxhomedelivery.com or call the Member Services number on your ID card.

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 • (TTY 1-800-201-9457)