Quality health plans & benefits Healthier living Financial well-being Intelligent solutions



Your medicine in your mailbox **Aetna Rx Home Delivery**[®] **mail-order pharmacy**



Start saving more:

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

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health 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 Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

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

These types of drugs are called maintenance medicine. 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

It's fast and easy. Choose one of three ways:

1. Mail

Ask your doctor to write a prescription for a 90-day supply. Mail it to us along with a completed order form. The form is attached to this brochure and the address is noted on the form. You can also log in to your member website at **www.aetnanavigator.com** to print an order form. Select "Aetna Pharmacy" then "Get an Order Form."

2. Fax

Ask your doctor to fax your prescription with your completed order form. The fax number is 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 the toll-free number on your member ID card. We'll call your doctor to see if we can get you a new prescription. Your doctor may want to meet with you before writing a new prescription. Please give us up to seven days to call and get an answer from your doctor. To help this process move quickly, let your doctor know we'll be calling.

Note: Make sure you complete the method of payment section. We need to know what credit card to charge or debit card to use. You can also use your health savings account (HSA) or flexible spending account (FSA) as a form of payment.

Once we receive your complete order, you should get your prescription within 10-14 days. You can pay extra for a quicker delivery.



Ordering refills is easy

You have three ways to reorder:

1. Online

Log in to your member website at **www.aetnanavigator.com** and select "Aetna Pharmacy." You can 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 the toll-free number on your member ID card.

What prescriptions do I send to Aetna Rx Home Delivery?

Aetna Rx Home Delivery fills prescriptions for maintenance medicine. These are drugs that you may need to take on a regular basis for arthritis, asthma, diabetes, heart disease, high cholesterol or 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 a pharmacy in our network. To find one near you, log in to **www.aetnanavigator.com** and select "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 order through the mail?

If your order is complete, you will receive it within 10-14 days after Aetna Rx Home Delivery receives your order. Faster delivery is available, but you will need to pay an extra charge. There may be a delay if we need to contact your doctor.

To avoid delays: Make sure you fill out your order form completely, and send payment in full when you place your order.

Where can I find an order form?

There is one included with this brochure. You can also get forms online. Log in to to **www.aetnanavigator.com** and select "Aetna Pharmacy."

How much do I owe for a prescription?

Use one of these ways to check on your costs:

- Online Log in to www.aetnanavigator.com and select "Aetna Pharmacy," then "Get Drug Prices."
- **Phone** Call the toll-free number on your member ID card.

How much are the shipping charges?

Standard shipping is always free. There is a shipping charge if you need quicker delivery.

We cannot accept returned medicine

If you have any questions about our order return policy, call the toll-free number on your member ID card.

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 medicine 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 days' supply is, call the toll-free number on your member 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 U.S. 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.

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 the last of the las	AETNA PO BOX KANSA	- - - - - - - - -
Please use blue or black ink, capital let	tters, and fill in both sides o	of this form.
New Prescriptions - Mail your new pr	Rx number(s) below. vigator.com or call toll-free 1-888-F	, , ,
Last Name	First Name	MI Suffix (JR, SR)
Street Address	Apt	Use this address for this order only.
City	Stat	
Daytime Phone #:	Evening Phor	
B Refills. To order mail service refills, en	nter your prescription numbe	r(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.

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.



1st person with a refill or new prescription. Last Name First Name	Spanish forms and labe
Last value	Suffix (JR,SR)
Nickname Date of Bir Gender: M F MM-DD-YY	th:
	ate 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 particles. None Aspirin Cephalosporin Codeing Sulfa	provided or if changed. e () Erythromycin () Peanuts () Penicilli
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other:	
2nd person with a refill or new prescription.	○ Spanish forms and labe
Last Name First Name	Suffix (JR,SR)
Nickname Gender: M F Date of Bir MM-DD-YY	
	ate new prescription written:
Doctor's Last Name Doctor's First Name	Doctor's Phone #
Tell us about new health information for 2nd person if never	
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other:	Osteoporosis O Prostate Issues O Thyroid
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions:	Osteoporosis O Prostate Issues O Thyroid
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine	Osteoporosis O Prostate Issues O Thyroid
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to ch	Osteoporosis O Prostate Issues O Thyroic noose a payment. Sers register online or call Customer Care.
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check. Pay from your bank account. First time us	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to ch Electronic Check. Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First	Osteoporosis O Prostate Issues O Thyroid noose a payment. sers register online or call Customer Care. time users register online or call Customer Care
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card ex	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards)
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file.	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Care n Express®, including FSA/HRA/HSA debit cards) piration date.
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check Pay from your bank account. First time use Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card exemples. Check or Money Order. Amount: \$	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card ex Exp.Date MMYY	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form.
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to che Electronic Check. Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card ex Exp.Date MMYY Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order.	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose:
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to che Electronic Check. Pay from your bank account. First time use Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card exemple MMYY Check or Money Order. Amount: \$ 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.	Osteoporosis Prostate Issues Thyroid noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose:
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to check Electronic Check. Pay from your bank account. First time us Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card ex MMYY Check or Money Order. Amount: \$ Make check or money order out to Aetna Rx Home Delivery. Write your Aetna Member ID number on your check or money order.	Osteoporosis O Prostate Issues O Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Care n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to 1 days from the day you send this form. If you want faster delivery, choose:
Medical Conditions: Arthritis Asthma Diabetes Aci High Blood Pressure High Cholesterol Migraine Other: Special Instructions: How would you like to pay for this order? Fill in the oval to che Electronic Check. Pay from your bank account. First time use Use my PayPal Credit account. Works like a credit card. First Credit or Debit Card. (VISA®, MasterCard®, Discover®, America Fill in this oval to use your card on file. Fill in this oval to use a new card or to update your card exemples. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery. Make check or money order out to Aetna Rx Home Delivery.	Osteoporosis Prostate Issues Thyroic noose a payment. sers register online or call Customer Care. time users register online or call Customer Car n Express®, including FSA/HRA/HSA debit cards) piration date. Credit Card Holder Signature/Date Regular delivery is free and will take 10 to days from the day you send this form. If you want faster delivery, choose: 2nd Business Day (\$17) Business day are only Next Business Day (\$23) Monday-Fridate Faster delivery charges may change. Faster delivery is for shipping time, not processing time. Faster delivery can only be sent to a street address.