

Welcome to Your Express Scripts, Inc. Mail Pharmacy Benefit Program

Express Scripts, Inc. Mail Service Pharmacy Program offers many unique features, including mail service, exceptional customer service, and innovative clinical features. We look forward to managing your mail service pharmacy needs. Here's how the mail service program benefits you:

Quality—Our mail service pharmacies use state-of-the-art dispensing systems that help our pharmacists provide quality care for participants needing maintenance medications.

Convenience—With the Express Scripts mail service program, you receive fast, convenient delivery of maintenance medications delivered directly to your home.

Cost Management—The Express Scripts program manages your care by managing costs. When you fill or refill your prescription by mail, you pay only your copayment. Through our mail service program, you can order a prescription supply determined by your benefit plan.

Questions & Answers

What is the difference between a brand and generic drug? Each new medication is given a brand (trade) name and generic (chemical) name. A brand name, protected by a patent, is the name under which the product is advertised and sold for 17 years. Once the patent has expired, a generic equivalent may be manufactured by any company complying with the U.S. Food and Drug Administration's stringent regulations for safety. Generic medications are known only by their chemical names.

Our mail service program uses only Food and Drug Administration (FDA) "A" rated generic equivalents when generics are required. You save on both brand-name and "A" rated generics.

What are "maintenance medications?" Maintenance medications are used to treat chronic conditions such as arthritis, diabetes, high blood pressure and ulcers. They are taken on a long term basis and are available in economic quantities through the mail service program.

How to Use the Program

For new mail service prescriptions, please follow these simple steps:

1. If you need to start your medication right away, have your physician complete two prescriptions. Please be sure the prescription from your physician is legible, includes the drug's name, strength, the quantity to dispense, the exact daily dosage, the physician's name, phone number and the physician's DEA number.
2. Fill one prescription immediately at a pharmacy and submit the other to the Express Scripts, Inc. mail service program for a supply determined by your benefit plan. Encourage your physician to write your prescription for the maximum days supply covered by your benefit plan. This will help you maximize your benefit and save money.
3. Complete the mail service participant profile. Please be sure to write your participant ID number in the space provided on the profile. Your ID number is generally your social security number. If your benefit plan includes dependent coverage, please fill out the dependent section(s), even if you are not ordering medications for them at this time. If more space is needed for dependents, please list them on a separate sheet.
4. Mail the participant profile, original prescription(s) and copayment (if applicable) to Express Scripts, 3684 Marshall Lane, Bensalem, PA 19020-5914. If your plan requires a percentage copayment, please include your credit card information on the patient profile or you will receive an invoice for the amount you owe. You can expect delivery of your order within 14 days from the date your order is postmarked. Refill orders will take 14 days to receive.

Please note: A complete street address is required for controlled substance medications and an adult signature is required upon receipt.

For refill prescriptions:

1. When you receive your first prescription, you will receive a prescription refill slip, if applicable, and a prescription request card. Please follow the refill instructions to order a refill.
Remember to order your refill prescription at least three weeks before your current supply runs out.

Customer Service

The Customer Service Call Center is available 24-hours-a-day, 365-days-a-year at **1-800-369-0675**.

The Customer Service Associates can help you:

- Answer questions about your benefit plan
- Assist you in ordering a refill prescription

Our Customer Service Associates handle millions of calls each year. With the call center, you'll find that prompt, world class service is just a phone call away.

**Please fill out form on reverse side and mail to:
Express Scripts, 3684 Marshall Lane, Bensalem, PA 19020-5914.**

Member Information

Member ID # _____ Company name _____

Last name _____ First name _____ Middle initial _____ Sex _____

Mailing address _____ Apt. or Suite _____

City _____ State _____ Zip _____

Birthdate (mo/day/yr) _____ Daytime Phone # _____ Evening Phone # _____

Check one:

- Employee Medicare B
 Retiree COBRA

**Check all that apply:
Health Conditions**

- Asthma (493.90) Aspirin (03)
 Arthritis (714.00) Codeine (04)
 Diabetes (250.01) Erythromycin (09)
 Depression (311.00) Iodine (29)
 Glaucoma (365.90) Penicillin (01)
 High Cholesterol (272.0) Sulfa (15)
 Hypertension (402.90)
 Thyroid (245.90)
 High (242.9)
 Low (244.9)

Drug Allergies

Physician Information

Last name _____ First name _____ Phone number _____

Other conditions or allergies:

To realize cost savings, we will dispense FDA approved generic medications when allowed by your physician, subject to the terms outlined in your plan design.

I prefer "easy open" caps. Yes No

Dependent #1 Spouse Child

Health Conditions Drug Allergies

Last Name _____ Asthma (493.90) None
 Arthritis (714.0) Aspirin (03)
 Diabetes (250.01) Codeine (04)
 First Name _____ Middle initial _____ Depression (311) Erythromycin (09)
 Glaucoma (365.9) Iodine (29)
 High Cholesterol (272.0) Penicillin (01)
 Birthdate (mo/day/ccyr) _____ Hypertension (402.90) Sulfa (15)
 Gender: male female Thyroid High (242.9) Low (244.9)

List other conditions and drug allergies: _____

Physician Information:

Last Name _____ First Name _____ Phone _____

Dependent #2 Spouse Child

Health Conditions Drug Allergies

Last Name _____ Asthma (493.90) None
 Arthritis (714.0) Aspirin (03)
 Diabetes (250.01) Codeine (04)
 First Name _____ Middle initial _____ Depression (311) Erythromycin (09)
 Glaucoma (365.9) Iodine (29)
 High Cholesterol (272.0) Penicillin (01)
 Birthdate (mo/day/ccyr) _____ Hypertension (402.90) Sulfa (15)
 Gender: male female Thyroid High (242.9) Low (244.9)

List other conditions and drug allergies: _____

Physician Information:

Last Name _____ First Name _____ Phone _____

Dependent #3 Spouse Child

Health Conditions Drug Allergies

Last Name _____ Asthma (493.90) None
 Arthritis (714.0) Aspirin (03)
 Diabetes (250.01) Codeine (04)
 First Name _____ Middle initial _____ Depression (311) Erythromycin (09)
 Glaucoma (365.9) Iodine (29)
 High Cholesterol (272.0) Penicillin (01)
 Birthdate (mo/day/ccyr) _____ Hypertension (402.90) Sulfa (15)
 Gender: male female Thyroid High (242.9) Low (244.9)

List other conditions and drug allergies: _____

Physician Information:

Last Name _____ First Name _____ Phone _____

Dependent #4 Spouse Child

Health Conditions Drug Allergies

Last Name _____ Asthma (493.90) None
 Arthritis (714.0) Aspirin (03)
 Diabetes (250.01) Codeine (04)
 First Name _____ Middle initial _____ Depression (311) Erythromycin (09)
 Glaucoma (365.9) Iodine (29)
 High Cholesterol (272.0) Penicillin (01)
 Birthdate (mo/day/ccyr) _____ Hypertension (402.90) Sulfa (15)
 Gender: male female Thyroid High (242.9) Low (244.9)

List other conditions and drug allergies: _____

Physician Information:

Last Name _____ First Name _____ Phone _____

Method of Payment

- Check (Payable to Express Scripts, Inc.) Money Order or Cashier's Check VISA MasterCard Discover Card

Credit Card # _____ Expiration date _____

Signature _____ Print name _____