

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

**aetna**<sup>®</sup>

Your medicine in your mailbox  
**Aetna Rx Home Delivery**<sup>®</sup>  
**mail-order pharmacy**

[www.aetna.com](http://www.aetna.com)



# 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.aetnavigators.com](http://www.aetnavigators.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](http://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.aetnavigators.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 **www.aetnavigators.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.aetnavigators.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](http://www.aetna.com).

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**C Tell us about the people getting prescriptions.** If there are more than two people, please complete another form.

**1st person** with a refill or new prescription.

Spanish forms and labels

Last Name   
 First Name  MI  Suffix (JR,SR)   
 Nickname  Gender:  M  F Date of Birth: MM-DD-YYYY --  
 E-Mail Address: \_\_\_\_\_ Date 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 provided or if changed.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other: \_\_\_\_\_

**Medical Conditions:**  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  
 High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  
 Other: \_\_\_\_\_

**2nd person** with a refill or new prescription.

Spanish forms and labels

Last Name   
 First Name  MI  Suffix (JR,SR)   
 Nickname  Gender:  M  F Date of Birth: MM-DD-YYYY --  
 E-Mail Address: \_\_\_\_\_ Date 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 provided or if changed.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other: \_\_\_\_\_

**Medical Conditions:**  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  
 High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  
 Other: \_\_\_\_\_

**D Special Instructions:** \_\_\_\_\_

**E How would you like to pay for this order?** Fill in the oval to choose a payment.

- Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.
- Use my PayPal Credit account.** 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.

Exp. Date MMY

**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.

**Payment for balance due and future orders:** If you chose electronic check, PayPal Credit, 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.

I authorize Aetna Rx Home Delivery to bill my credit card for any out-of-pocket costs or special shipping costs in effect at the time my order is filled.

Credit Card Holder Signature/Date \_\_\_\_\_

**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.



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