

The Blue Shield of California Mail Service Prescription Program provides covered drugs from a mail service pharmacy.

Mail Service Pharmacy

Mail service allows you to conveniently receive a larger supply of covered maintenance drugs. The mail service pharmacy is available for individuals who are taking stabilized dosages of covered maintenance drugs on an ongoing basis for treatment of long term conditions, such as high blood pressure. Drugs such as antibiotics used for short term conditions and used on an "as needed" basis, including drugs for pain, should not be filled through the mail service pharmacy.

To obtain drugs through mail service, complete the enclosed Patient Profile Questionnaire. Send the completed questionnaire, your original prescription(s), and the applicable mail service copayment(s) for each drug to the mail service pharmacy.

The mail service pharmacy will fill your prescription(s) for covered maintenance drugs according to the physician's directions up to the supply allowed by your benefit. The pharmacist cannot increase the quantity of medication that your physician prescribes. The applicable mail service copayment will be charged for each covered prescription.

Please allow up to 14 days for delivery from the time you mail your prescription. If you have a question about the status of your mail service prescription, please call Express Scripts' 24 hour Customer Service number at 1-800-544-6962.

For refills, call Express Scripts at 1-800-295-2956 and follow the telephone prompts to use the automated reorder system.

Mail Pharmacy Special Services

For the convenience of our hearing impaired customers who have special TTY equipment in their homes, there is a special toll-free number to contact with your equipment: 1-800-972-4348.

For more information about pharmacy drug coverage, your copayment, any applicable deductible amount, or eligibility, call the Member/ Customer Service number on your Blue Shield member ID card. (see back cover)

Order Form and Patient Profile

Separate order form, fold, insert into supplied envelope, seal closed and mail. If this is the first time you are using this mail service, please fill out this application.

Member Name _____ Date of Birth _____ Sex _____ Member ID Number _____

Drug Allergies: None Penicillin Codeine Sulfa Aspirin Other _____

Spouse/Dependent Name _____ Relationship _____

Drug Allergies: None Penicillin Codeine Sulfa Aspirin Other _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number (____) _____ Home Phone Number (____) _____

Caps: I would like child-proof caps: Yes No

Child-proof caps are used for safety in shipping.

Doctor's Name _____ Phone Number _____

Please Insert Prescription and Payment

PAYMENT INFORMATION:

Check/Money Order VISA MasterCard Discover Card American Express

Credit Card Number _____ Expiration Date _____

Number of prescriptions enclosed _____ Total dollar amount enclosed \$ _____

PLEASE NOTE AND SIGN: I certify that the information provided on this form is correct, and authorize the release of all information to Blue Shield of California. I authorize Express Scripts to substitute generic drugs in all cases legally permissible in accordance with applicable law.

SIGNATURE _____ DATE _____

Number of Brand Name Prescriptions Enclosed ____ X \$ _____ = \$ _____ payment amount

Number of Generic Prescriptions Enclosed ____ X \$ _____ = \$ _____ payment amount

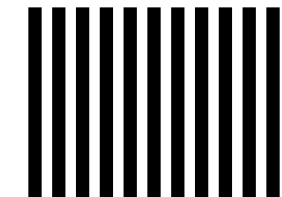
Refill Prescription Numbers: # _____ # _____ # _____

Total Amount Enclosed \$ _____

CUT ALONG DOTTED LINES

Did You Remember To?

- 1 Complete all applicable information
- 2 Include your ID number on the patient profile
- 3 Enclose original prescriptions, patient profile and appropriate payment
- 4 Make check or money order payable to Express Scripts, or include credit card information



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

PO BOX 52123
PHOENIX, AZ 85072-9928



EXPRESS SCRIPTS
Creating the Future of Pharmacy

POSTAGE WILL BE PAID BY ADDRESSEE

FIRST-CLASS MAIL PERMIT NO. 14262 PHOENIX, AZ
BUSINESS REPLY MAIL



Copayments and Coverage

To be sure that the drug prescribed for you is covered, we recommend that physicians consult their copy of the *Blue Shield Drug Formulary* when writing prescriptions. If your doctor prescribes a brand name drug that is not listed in the formulary, consider asking your doctor whether a formulary drug may be just as effective and can be prescribed.

Members with a benefit only for formulary drugs: Drugs that are not in the Blue Shield Drug Formulary are excluded from coverage. Non-formulary drugs may be approved for coverage if the formulary treatments have proven ineffective and your physician obtains Prior Authorization from Blue Shield Pharmacy Services.

Members with a benefit for non-formulary drugs at a higher copayment are covered for drugs not listed on the formulary. For non-formulary drugs, the higher copayment always applies. Selected non-formulary drugs may require prior authorization for medical necessity. If a non-formulary drug requiring prior authorization is approved, the member is responsible for the non-formulary copayment. (If you are not certain about which of the above coverage applies to you, please check your Evidence of Coverage booklet under Outpatient Prescription Drug Coverage.)

Members with a brand name deductible will pay 100% of the Blue Shield participating pharmacy discount price for brand formulary and non-formulary prescriptions, until the brand name calendar year deductible is met. After meeting the deductible, members are responsible for the appropriate co-payment.

For all members, selected drugs and drug dosages may require your physician to obtain

Prior Authorization for Medical Necessity from Blue Shield of California Pharmacy Services.

Please refer to the Blue Shield of California Outpatient Prescription Drug Benefit listed in your Summary Benefits and Evidence of Coverage booklet for complete information on drug inclusions and exclusions. (Injectable medications may be covered under your medical benefit).

What is a generic drug?

A generic drug is produced and sold under the chemical name. Generic drugs are considered therapeutically equivalent to the brand name drug by the Food and Drug Administration. The *Blue Shield Drug Formulary* includes all generic drugs, even if they are not listed. Many brand name drugs are also included in the formulary. Generic drugs, when available, are usually your best value. Most Blue Shield health plans include a lower copayment for generic drugs compared to brand name drugs.

What is a brand name drug?

A brand name drug is produced and sold under the original manufacturer's brand name. Many brand name drugs with no generic equivalent are included in the *Blue Shield Drug Formulary*.

If you request a brand name drug for which an equivalent generic drug is available, you usually pay the copayment for the brand name drug plus the cost difference between the brand name drug and its equivalent generic.

For more information:

If you have additional questions about your pharmacy benefit, please call the toll-free number listed on the front of your Blue Shield of California member ID card.

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MEMBER EDUCATION



Mail Service Prescription Program

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An Independent Member of the Blue Shield Association