

Important benefit information

Please keep for your records

Welcome to Express Scripts!

We're the manager of your home delivery benefit for Highmark Blue Shield. We'll help you quickly get the prescription drugs you need.

You can use your member ID number when you send in a new home delivery prescription or visit our website for the first time.

Have a question about a prescription? Call us! Our pharmacists are available 24/7 to help you out. No matter how you refill your home delivery prescriptions – by phone, mail, online – we'll work with you and your doctors to help safeguard your health.



Please see other side for more information about home delivery with free standard shipping. >>

See your copayments and other important information online:

- Choose opportunities to save money.
- Easily refill and renew your home delivery prescriptions.
- Receive automatic health and safety alerts.
- Contact a pharmacist.

LTR233802A 09/2014

Get started today!



Review your benefits at:
www.highmarkblueshield.com

Activation is easy. When you go online, be sure you have your new member ID number handy.

Please don't wait. If you have questions or don't have Internet access, call us toll-free at the number on the back of your ID card. One of our Member Service Representatives will be happy to help..



Health safety services

- Exclusive 24-hour access to pharmacists.
- Specialist pharmacists who are trained and experienced in the medications used to treat specific conditions.
- Safety alerts if a new home delivery prescription may cause harmful interactions with other medications we know you're taking.
- Tips to make taking your medicine easier.

Worry-free services

- Free standard delivery right to your home.
- Receive 90-day supplies of multiple prescriptions in a single package.
- Automatically receive refill reminders by email so you never run out.

For complete details about your prescription benefit, visit www.highmarkblueshield.com or call us at the Member Services number on your Identification Card.

Note: If your doctor prescribes a medication that is not on your plan's preferred list, yet an alternative plan-preferred drug exists, we may contact your doctor to ask whether that medication would be appropriate for you. You'll usually pay less for a plan-preferred drug.

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue Shield and the Shield symbol are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark, Inc.

Express Scripts is an independent company that administers your prescription benefit for your health plan.



Common questions about home delivery

What is home delivery?

Your prescription benefit offers delivery of maintenance medications – those you need on a long-term basis – right to your door, with free standard shipping. (You should use a retail pharmacy for medications you take on a short-term basis, such as antibiotics.)

How easy is it to try home delivery?

Very easy. Visit www.highmarkblueshield.com, sign in and go to quick links icon Fill Rx then choose which of your current maintenance medications you'd like to receive through home delivery. Or you can call us at the number on your ID card. We'll take care of the rest.

Do I need to call my doctor about this?

Most people prefer to have us contact their doctor to get a new 90-day prescription for home delivery. Just get started as described above, and we'll follow up with your doctor if necessary.

How long will it take to get my medication?

When you fill a prescription through home delivery for the first time, you should receive your medication within two weeks after Express Scripts receives your order. Refills are usually processed sooner – within 3 to 5 days.

www.highmarkblueshield.com

Highmark Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association. Blue Shield and the Shield symbol are registered service marks of the Blue Cross and Blue Shield Association. Highmark is a registered mark of Highmark Inc.

Express Scripts is an independent company that administers your prescription drug benefit for your health plan.



© 2014 Express Scripts Holding Company.
All Rights Reserved.
EME24364
BR45160A



Home delivery: Enhanced pharmacy care, convenience and cost savings

Home delivery from the Express Scripts PharmacySM can help you **stay healthy and lower your costs**. It's all part of your prescription benefit – at your door and at your fingertips.



Join the millions of others who have
chosen to get their medications
delivered at home, for less.





To save you time and money on prescription drugs, choose home delivery today.

You'll get up to a 90-day supply of maintenance medications, with free standard shipping.



Health and safety support

- Our pharmacists are available 24/7 to help answer your medication questions.
- Specialist pharmacists have in-depth training in the medications used to treat specific conditions, such as high blood pressure, high cholesterol and diabetes.



Cost-saving services

- You'll typically pay less by getting up to a 90-day supply.
- Savings notifications let you know when you have new ways to save.
- Prescription benefit specialists can help you find other cost-saving opportunities, such as using generics.



At-home convenience

- Enjoy free standard delivery right to your home.
- Automatically receive refill reminders by email so you never run out.
- Refill your medication by phone or online.
- With your permission, we will contact your doctor when it's time to renew.



Online services

- Track your prescriptions and home delivery refills.
- View claims, balances and prescription history.
- Receive alerts if there's a prescription-related safety issue.

Get started with home delivery and review your online benefits.

Visit www.highmarkblueshield.com

HOME DELIVERY ORDER FORM



1 Member information: Please verify or provide member information below.

Member ID: _____

Group: _____

Name: _____

Street Address: _____

Street Address: _____

Street Address: _____

City, ST, ZIP: _____

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: _____@_____.

New shipping address: _____

(Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

Daytime phone:

Evening phone:

FOLD HERE

2 Patient/doctor information: Complete **one section** for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in the envelope provided.

First name _____

Last name _____

Birth date (MM/DD/YYYY) _____

Sex

Patient's relationship to member

M F

Self Spouse Dependent

Doctor's last name _____

1st initial _____

Doctor's phone number _____

First name _____

Last name _____

Birth date (MM/DD/YYYY) _____

Sex

Patient's relationship to member

M F

Self Spouse Dependent

Doctor's last name _____

1st initial _____

Doctor's phone number _____

3 Complete your order: You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your ID card.

Number of prescriptions sent with this order:

Payment options: e-check Payment enclosed Credit card Send bill

For credit card payments:

Visa MC Discover Amex Diners

Credit card number

Expiration date

X

I authorize Express Scripts to charge this card for all orders from any person in this membership.

Cardholder signature _____

Rush the mailing of this shipment (\$21, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

FOLD HERE

Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M F

Patient's relationship to member

 Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

 M F

Patient's relationship to member

 Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the phone number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

Check the box if you do not wish a less expensive brand or generic drug.

Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at Express-Scripts.com or call Member Services at the phone number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Federal law prohibits the return of dispensed controlled substances.

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the address shows through the window. Do not use staples or paper clips.

EXPRESS SCRIPTS
PO BOX 747000
CINCINNATI, OH 45274-7000



FOLD HERE

FOLD HERE