

Administered by



WELCOME TO YOUR PRESCRIPTION HOME DELIVERY SERVICE FOR MEDICARE PART D

With WellPoint NextRx, you can experience the convenience of having your maintenance medications delivered directly to your home – safely and efficiently.

INTRODUCTION

WellPoint NextRx mail service pharmacy offers you a convenient and cost-effective way to obtain up to a 90-day supply of your maintenance medications, delivered directly to your home.

What are maintenance medications?

Maintenance medications are taken on a regular or long-term basis. Examples are those used to treat high blood pressure, arthritis, heart conditions, diabetes and asthma. Please refer to your Evidence of Coverage for complete pharmacy benefit information and information about covered maintenance medications. Your health plan determines coverage, copayments and deductibles.

GENERIC vs. BRAND: A SIGNIFICANT COST SAVINGS

Many prescription medications are available using either their brand/trademark name or their generic/chemical name. By law, both brand-name and generic medications must meet the same manufacturing standards for safety, purity, strength and quality. Therefore, generic medications are just as effective as their brand-name equivalents. However, generic medications are typically much less expensive, can dramatically reduce your out-of-pocket costs and provide a safe and effective alternative to brand-name medications. WellPoint NextRx dispenses generic medications when appropriate, permitted by the physician and in accordance with your medication plan design. Selecting a brand-name medication may result in a higher copayment.

HELPFUL TIPS:

GETTING THE MOST OUT OF MAIL SERVICE BEFORE YOU ORDER

Is it safe to request medications through a mail service pharmacy?

Yes, your medication(s) undergo safety and quality control checks by our team of trained pharmacists throughout the dispensing process. During this process, if there is a question about the prescription(s), WellPoint NextRx will contact you or your physician. Using your confidential Customer Profile and your doctor's original prescription, the quality control pharmacists will check to make sure the order is filled accurately. A final quality control check is performed prior to shipping your order.

Can I start using WellPoint NextRx if I need my medication immediately?

If you need medication immediately, such as an antibiotic, please use your local network pharmacy.* For maintenance medications, simply ask your doctor for two prescriptions: one for up to 90 days supply (or more if your insurance plan allows) plus refills, and the other for 30 days.

- Have the 30-day prescription filled by your local network pharmacy.*
- Mail the 90-day prescription to WellPoint NextRx, following the instructions in this brochure.

If in doubt, please ask your doctor. He or she will know when it is appropriate to order your medications through the mail service pharmacy.

* Network pharmacies are pharmacies in your area that have contracted to provide prescription drugs to plan members.

How can I check the status of my order?

Just call WellPoint NextRx's toll-free Customer Care Operations at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821 Monday through Friday 7 a.m. to 9 p.m., and Saturday 7 a.m. to 7 p.m., Central Time (closed on Sunday). You may also check our Web site at www.wellpointnextrx.com. Please have the following information available:

- Beneficiary I.D. Number
- Member Name
- Prescription Number
- Health Plan Name
- Confirmation Number

Can I combine my refills for the same medication to get a larger quantity in one delivery?

Unfortunately, no. Prescriptions must be filled for the exact quantity prescribed by your doctor, up to the maximum allowed by your plan. For example, a 30-day supply prescription with two refills cannot be combined into one delivery for a 90-day supply. In this case, the medication must be ordered three times. Please be sure to ask your doctor to write your prescription for the appropriate maximum allowed amount.

Can I transfer my prescription from my local network pharmacy* to WellPoint NextRx?

Unfortunately, no. We recommend that you contact your doctor to ensure that the medication is appropriate for mail service and ask for a new prescription for up to a 90-day supply, plus refills. Send the prescription directly to WellPoint NextRx, following the instructions in this brochure.

Can all medications be ordered through the mail?

Unfortunately, no. Certain medications may be subject to special dispensing limitations or refill regulations. If the medication should not or cannot be obtained for more than a 30-day supply (such as antibiotics), it may be better for you to obtain it through a local network pharmacy.* If you have questions about a specific medication, a Customer Care Associate can assist you at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821.

RELIABLE DELIVERY

How long will it take to receive my medication(s)? In most cases, your medications are delivered to your door by the United States Postal Service (USPS) or United Parcel Service (UPS) with no delivery charge up to 14 days after you mail your order. Express delivery is available for an additional fee. If you are interested in this optional service, please call our Customer Care department at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821 prior to mailing the prescription. You may reach Customer Care Monday through Friday 7 a.m. to 9 p.m., and Saturday 7 a.m. to 7 p.m., Central Time (closed on Sunday).

If I live at different addresses during the year, how can I make sure my medications are shipped to the correct address?

When ordering prescriptions by mail, please indicate on the order form the correct "Ship To" address for the expected delivery date. Please order your prescriptions by mail or phone if you need to change any shipping information. Be certain to specify the address to which you want the medication shipped.

Is your packaging safe?

All medications are mailed in plain packaging. For security purposes, our name and logo are not displayed on the outside of the package. If the package appears tampered with, please notify WellPoint NextRx.

What if my medication needs to be refrigerated?

These medications will be sent to you via overnight shipping, and packaged to maintain the required temperature.

If I have any questions after I receive my order, what should I do?

Customer Care Associates are available to take your call at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821 Monday through Friday 7 a.m. to 9 p.m., and Saturday 7 a.m. to 7 p.m., Central Time (closed on Sunday). Customer Care Associates may refer you to a WellPoint NextRx pharmacist if you have specific questions about your medication(s). You should always contact your doctor or a pharmacist if you have questions or concerns about your medication(s) prior to taking it.

Our Interactive Voice Response (IVR) is available 24 hours a day, 7 days a week.

ORDERING INFORMATION THE EASY, CONVENIENT WAY TO FILL PRESCRIPTIONS

How do I start using WellPoint NextRx?

To have your prescription filled for the first time, or to order a refill, follow the easy ordering instructions below:

FIRST-TIME ORDERS

If you are a first-time mail service customer, call your health plan to determine the maximum supply allowed by your insurance. Then, request a prescription from your doctor, written for the appropriate maximum allowed amount plus refills, to be used through mail service. Send the prescription directly to WellPoint NextRx following the order process below.

- Complete the enclosed Order Form and Customer Profile for your first order.
- Complete and sign the medical information. Be sure to list ALL drug allergies.
- Include all insurance information, such as Beneficiary I.D. (found on your plan member I.D. card).
- Print your name, Beneficiary I.D. number and date of birth on the back of all prescriptions.
- Complete payment information, specifying which form of payment you are using for your order.
- You can pay by check, money order, American Express, VISA, MasterCard or Discover Card. Please do not send cash.
- Mail your original prescription(s), correct copayment(s), Order Form and Customer Profile to the address shown at the top of your order form.

ORDERING REFILLS

You can refill your medications by mail, phone or via the Internet.

By Mail

You will receive a convenient Reorder Form in every prescription order you receive from WellPoint NextRx. All Reorder Forms are dated to remind you when it is time to reorder.

- Complete the Reorder Form.
- You may pay by check, money order, American Express, VISA, MasterCard or Discover Card.
- Mail the Reorder Form with your copayment to the address shown at the top of your order form.

By Phone

Contact WellPoint NextRx toll-free at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821 and follow the prompts to refill a prescription. Be sure to have the following information ready:

- Your Beneficiary I.D. number, which is usually found on your plan member I.D. card
- The prescription number(s), which is found on your Reorder Form or on the label of your prescription
- Your American Express, VISA, MasterCard or Discover Card number and its expiration date. Phone lines are open Monday through Friday 7 a.m. to 9 p.m., and Saturday 7 a.m. to 7 p.m., Central Time (closed on Sunday).

Via the Internet

Log on to www.wellpointnextrx.com. Online ordering is safe and secure. The Web site utilizes encryption and other security technologies to protect customer data. Follow the instructions for completing the secure online order form. You will need to have the following information ready:

- Your Beneficiary I.D. number, which is usually found on your plan member I.D. card
- The prescription number(s), which is found on your Reorder Form or on the label of your prescription
- Your American Express, VISA, MasterCard or Discover Card number and its expiration date

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Filled by NextRx, LLC
P.O. Box 746000
Cincinnati, OH 45274-6000
1 (888) 565-8361

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Order Form

Part 1: Primary Cardholder Information

Cardholder I.D. Number (usually found on your benefit card):

[Grid of 20 boxes for I.D. Number]

The pharmacist will dispense federally approved, generic equivalent medications for brand-name medications unless you or your practitioner direct otherwise.

Plan Name

[Grid of 30 boxes for Plan Name]

Last Name

[Grid of 20 boxes for Last Name]

First Name

[Grid of 15 boxes for First Name]

Initial

[Grid of 2 boxes for Initial]

Date of Birth

[Grid of 8 boxes for Date of Birth]

Sex

Male Female

Month Date Year

Please list your complete shipping address below. Additional addresses can be added at any time.

Street Address

[Grid of 30 boxes for Street Address]

Apt./Suite #

[Grid of 5 boxes for Apt./Suite #]

City

[Grid of 30 boxes for City]

State

[Grid of 2 boxes for State]

ZIP

[Grid of 5 boxes for ZIP]

Day Phone Number (include Area Code)

[Grid of 11 boxes for Day Phone Number]

Evening Phone Number (include Area Code)

[Grid of 11 boxes for Evening Phone Number]

Area Code

Area Code

Email Address:

[Grid of 30 boxes for Email Address]

New Prescriptions (Please provide the following information.)

Name

[Grid of 20 boxes for Name]

Date of Birth

[Grid of 8 boxes for Date of Birth]

Doctor's Name

[Grid of 20 boxes for Doctor's Name]

Name

[Grid of 20 boxes for Name]

Date of Birth

[Grid of 8 boxes for Date of Birth]

Doctor's Name

[Grid of 20 boxes for Doctor's Name]

Additional Refills (Please write your prescription number(s) in the boxes provided.)

Rx# [Grid of 6 boxes] Medication Name _____ Rx# [Grid of 6 boxes] Medication Name _____

Payment Information

Payment is required at time of shipment. A \$25 fee is charged for all returned checks. Please allow 14 days from the date you mail your order for the delivery of your medication. If you prefer expedited shipping, please mark the appropriate oval below. Expedited shipping applies only to the shipping time for your order, and in-house processing times will apply. Expedited shipping fees are subject to change. Overnight (add \$20)

Please select your method of payment. Check/Money Order American Express Visa MasterCard Discover

Credit Card Number

[Grid of 16 boxes for Credit Card Number]

Expiration Date

[Grid of 4 boxes for Expiration Date]

Total Payment Enclosed \$ _____

Please do not include cash.

Signature _____

Date _____

PLEASE MAIL COMPLETED ORDER FORM, PRESCRIPTION(S) AND PAYMENT TO: P.O. Box 746000, Cincinnati, OH 45274-6000.

If you have questions, please contact Customer Service at 1 (888) 565-8361 or TTY/TDD 1 (800) 905-9821, Monday through Friday 7 a.m. to 9 p.m., and Saturday 7 a.m. to 7 p.m., Central Time. Our Interactive Voice Response (IVR) is available 24 hours a day, 7 days a week.

Please continue on other side ->

Part 2: Confidential Customer Profile

Fill in the appropriate box(es) below.

Member	
Last Name <i>(if different from cardholder name)</i>	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Date of Birth <i>(mm/dd/yyyy)</i>	<input type="text"/>
Sex <i>(M–Male, F–Female)</i>	<input type="text"/>

Allergies to Medications: Check the appropriate box(es) where allergies to medications exist.

Penicillin (31)	<input type="checkbox"/>
Codeine (97)	<input type="checkbox"/>
Sulfa (40)	<input type="checkbox"/>
Aspirin (4)	<input type="checkbox"/>
Other <i>(Please list all)</i>	<input type="text"/>
None	<input type="checkbox"/>

Medical History: Check the appropriate box(es) for medical conditions diagnosed by a practitioner.

Diabetes (DIA)	<input type="checkbox"/>
High Blood Pressure (HBP)	<input type="checkbox"/>
Heart Condition (HRT)	<input type="checkbox"/>
Thyroid (THY)	<input type="checkbox"/>
Glaucoma (EYEGLA)	<input type="checkbox"/>
Ulcers (GSTULC)	<input type="checkbox"/>
Epilepsy (MNM CVSNO)	<input type="checkbox"/>
Osteoporosis (BNECPR)	<input type="checkbox"/>
Depression (CNSDEP)	<input type="checkbox"/>
Arthritis (ART)	<input type="checkbox"/>
Other Conditions <i>(Please list all)</i>	<input type="text"/>
None	<input type="checkbox"/>

If additional space is needed, please attach a separate sheet indicating customer name, date of birth, sex, and appropriate allergies to medications and medical history.

Please list cardholder name and any medications taken regularly, including over-the-counter drugs.
