

# HEALTH NET SENIORITY PLUS PRESCRIPTION DRUG

*Mail order program*

HEALTH NET A *better* DECISION<sup>SM</sup>



**Health Net<sup>®</sup>**  
MEDICARE PROGRAMS

# INTRODUCING THE MAIL ORDER PHARMACY SERVICE

## THE BENEFITS OF YOUR HEALTH NET SENIORITY PLUS PRESCRIPTION DRUG MAIL ORDER PROGRAM

The Health Net Seniority Plus prescription mail order program, administered by Express Scripts, offers the convenience of home delivery for most of your maintenance prescription needs.

“Maintenance medications” are medications needed for a chronic or long-term condition.

### WHO IS ELIGIBLE?

All Health Net Seniority Plus members with prescription drug benefits are eligible to use the mail order program. Please check your Summary of Benefits to find out whether your plan has prescription drug coverage.

### WHAT CAN I EXPECT FROM EXPRESS SCRIPTS?

- Expect to receive your medication within 14 days after you mail your prescription.
- Prescriptions will be delivered to your home free of postage and handling charges; there is a charge, however, if you choose overnight mail service.
- Copayments/coinsurance can be made by check, money order, MasterCard, Visa, Discover or American Express.
- Convenient refill ordering service is available 24 hours a day, seven days a week. If you need to refill a prescription, have questions regarding your order, or need to speak with a pharmacist, simply call toll-free, **1-866-265-9455** (en español, **1-866-265-9456**, or the Telecommunications Device for the hearing and Speech Impaired TTY/TDD, **1-800-972-4348**. If you are calling to refill a prescription please have your credit card ready.

- You can also order your refills online at [www.Express-Scripts.com](http://www.Express-Scripts.com).
- For Seniority Plus benefits questions, call Health Net Member Services at **1-800-275-4737** (or our Telecommunications Device for the Hearing Impaired TTY/TDD at **1-800-929-9955**), Monday through Friday from 7:30 a.m. to 12:00 p.m. and from 1:00 p.m. to 5:00 p.m., Pacific Time except holidays.

### WHAT IS COVERED?

Maintenance medications that:

- are on the Health Net Medicare Drug List,
- by law require a doctor's prescription, and
- are covered under the Health Net Seniority Plus prescription drug benefit. “Maintenance medications” are medications needed for a chronic or long-term condition.

Following are examples of diseases or conditions that qualify as chronic:

- |                    |                       |
|--------------------|-----------------------|
| • Arthritis        | • Diabetes            |
| • Emphysema        | • Epilepsy            |
| • Heart conditions | • High blood pressure |
| • Thyroid          | • Ulcers              |

Antibiotics for infections and painkillers for pain due to injury are examples of medications for short-term conditions. These and all first-time prescriptions should be filled at a Health Net participating retail pharmacy.

## SPECIAL DELIVERY AND PACKAGING

- There is an additional charge for overnight delivery and orders shipped “Signature Required.”
- Be sure to indicate on the prescription order form if:
  - You want your order shipped “Signature Required,” or
  - You would like to receive non-child proof caps on your prescription vials.

Certain medications as well as all those requiring prior approval may be subject to dispensing limitations and to the professional judgment of the pharmacist. If you have any questions, call Express Scripts toll-free at **1-866-265-9455** (or the Telecommunications Device for the Hearing and Speech Impaired TTY/TDD at **1-800-972-4348**, 24 hours a day, seven days a week. Or you can contact Express Scripts online at [www.Express-Scripts.com](http://www.Express-Scripts.com).

Remember, the mail order prescription program is designed to complement and not replace the existing Health Net retail pharmacy network.

## WHY GENERIC DRUGS?

Your plan requires generic drugs whenever possible. Every drug has a generic or “chemical” name. The brand name is the name under which the drug is marketed and sold. If there is an existing patent, the drug will not be available as a generic. But once a patent expires, any drug manufacturer obtaining Food and Drug Administration (FDA) approval can sell the drug, usually at a much lower price, under its generic name. By law, generic and brand name drugs must meet the same standards for safety and efficacy as outlined by the FDA.

## HOW TO USE THE MAIL ORDER PRESCRIPTION PROGRAM

1. You should use mail order only for maintenance medications you have been using for a while and take regularly. You should not use mail order for medications that you have not had before. New medications that you have not taken before should be filled at a retail pharmacy, not through mail order.
2. A two month supply is the minimum amount of a maintenance medication that can be filled through mail order. The mail order copay does not vary based on the amount of the monthly supply ordered.
3. Ask your physician for two prescriptions: one for a 30-day supply you can obtain through a retail pharmacy and a 90-day supply for mail order. Have your 30-day supply filled immediately and mail your 90-day prescription to Express Scripts. Express Scripts will fill your prescription and mail it to you before you run out of the 30-day supply.
4. By law, Express Scripts will only fill your prescription with the quantity indicated on your prescription.  
Example:  
One a day - 90 tablets/capsules  
Two a day - 180 tablets/capsules  
Three a day - 270 tablets/capsules
5. Examine the prescription for the proper dosage, as well as the doctor’s signature, state license number and DEA number.
6. Complete both the order form and the patient profile questionnaire. The patient profile will only need to be completed with your first order. List all allergies (drug sensitivities) and health conditions. Answer “none” if none applies.
7. Use the provided pre-addressed, postage-paid envelope to mail the completed order forms, original prescriptions (no photocopies) and your copayments or coinsurance payments.
8. Prescriptions will be delivered, postage-paid directly to your home. Please allow 14 days from the day you mail your order.

9. You will receive a generic medication whenever possible.
10. Place your refill order two weeks prior to the time your current supply of medication runs out. To order refills by mail, enclose the bar-coded Refill Request(s) delivered with your last order. Only the refills authorized by your physician can be filled.
11. If you have any questions or problems, please call Express Scripts Customer Service at this special phone number for Health Net members: **1-866-265-9455** (or the Telecommunications Device for the Hearing and Speech Impaired TTY/TDD at **1-800-972-4348**), 24 hours a day, seven days a week. Or you can contact Express Scripts online at [www.Express-Scripts.com](http://www.Express-Scripts.com).

*Please complete both sides of this form.*

## IMPORTANT

It is standard pharmacy practice to substitute generic equivalents for brand name drugs whenever possible. You will receive generic substitutes whenever possible, unless:

- Your physician will not allow a generic substitute.
- There is no generic substitute available.
- You request the brand name medicine.

If you or your physician request that you receive brand name drugs in place of generics, you may be responsible, depending on your benefit, for the difference in cost between the brand name and the generic drug, in addition to your copayment or coinsurance.

### Payment (required at time of order)

Rx type	No.	Cost (ea.)*	Subtotal
Brand	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Generic	<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
TOTAL AMOUNT ENCLOSED			\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

\*Please refer to your Plan benefits for copayment amounts.

Please make check or money order payable to Express Scripts.

☐ My check or money order is enclosed.

Credit Card #

Credit Card Expiration Date   -

Cardholder Name

Please print name as it appears on your credit card.

☐ Credit Card Authorized Signature

☐ I request that this and future orders be shipped "Signature Required"

I certify that all the information on this form is correct, including any indications/elections made for sending my order Signature Required or Non-Child Resistant (easy open) caps. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan administrator or health plan for the purpose of payment, treatment, or health care operations.

☐ Signature Required

Mail form to: Express Scripts  
Mail Order Pharmacy  
P.O. Box 52069  
Phoenix, AZ 85072-9935

### Member information

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Print member ID number in boxes (located on ID card)



YMX / HD4

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

☐

Male

☐

Female

Address (please do not use P.O. box)


City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

ZIP Code

						-				
--	--	--	--	--	--	---	--	--	--	--

Phone Number

			-					-				
--	--	--	---	--	--	--	--	---	--	--	--	--

Email (optional)

Allergies:\*

<input type="checkbox"/> None (00)
<input type="checkbox"/> Penicillin (01)
<input type="checkbox"/> Aspirin (03)

☐

Codeine (04)

☐

Tetracycline (07)

☐

Erythromycin (09)

☐

Other

☐

\_\_\_\_\_

☐

Sulfa (15)

Health conditions:\*

<input type="checkbox"/> No Disease (V70.0)
<input type="checkbox"/> Asthma (493.90)
<input type="checkbox"/> Arthritis (716.90)
<input type="checkbox"/> Diabetes (250.0)
<input type="checkbox"/> Depression (311)

☐

Glaucoma (365.9)

☐

High Cholesterol (272.0)

☐

Hypertension (401.90)

☐

Thyroid: HIGH (242.9)

☐

Thyroid: LOW (244.9)

☐

Other

☐

\_\_\_\_\_

Dr. Last Name

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Dr. Phone Number (very important)

			-					-				
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Child-proof safety cap is standard.

<input type="checkbox"/> Check here if you would like your prescriptions dispensed with NON-CHILD resistant (easy open) caps.
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*Please complete both sides of this form.*

### ORDER FORM AND CONFIDENTIAL PATIENT PROFILE

Please complete the following forms and return them to Express Scripts in the enclosed envelope. Be sure to enclose your prescription(s) and copayment(s) or coinsurance payment(s). Please print or type all information.

**Do not send your Health Net Seniority Plus ID card.**

**Please note:** By submitting this form, you have authorized release of all information to Express Scripts (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

This brochure only highlights your mail service pharmacy benefit. In case of any discrepancy between this brochure and the legal documents describing the plan, the legal documents govern.

Please refer to your Plan benefits for copayment or coinsurance information.

Please note that if your medication is subject to coinsurance, the cost is determined once the actual order is processed. Express Scripts does not quote prices over the telephone. Payment by credit card is required at time of order.

\* If you require assistance completing this section, please check with your doctor.

WWW.HEALTHNET.COM

Health Net Seniority Plus  
Post Office Box 10198  
Van Nuys, California 91410-0198

*If you receive your Medicare benefits  
individually, please call*

1-800-977-6738

Monday through Friday from 8:00 a.m.  
to 6:30 p.m., except holidays.

*If you receive your Medicare benefits  
through your employer, please call*

1-800-596-6565

Monday through Friday from 8:00 a.m.  
to 6:30 p.m., except holidays.

*If you are already a member of  
Health Net Seniority Plus, please call*

1-800-275-4737

Monday through Friday from 7:30 a.m.  
to 12:00 p.m. and from 1:00 p.m. to  
5:00 p.m., except holidays.

*Telecommunications Device for the  
Hearing and Speech Impaired:*

1-800-929-9955

Monday through Friday from 7:30 a.m.  
to 12:00 p.m. and from 1:00 p.m. to  
5:00 p.m., except holidays.

