

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.*

Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
 - Register at your health plan website if you haven't done so.
 - Click **Prescription Benefits** in the *Useful Tools* box.
 - Click Start a New Prescription.

This takes you to the Express Scripts\(^\) website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first home delivery pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you

can get the 30-day supply filled at your local pharmacy while your first order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the home delivery pharmacy to substitute the generic version instead.

Step three

Paying for your prescription

You can pay by e-check, check, money order or credit card. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.



Step four

Send us your prescription

You can send us your prescription in two ways:

- Mail: Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- Fax: Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

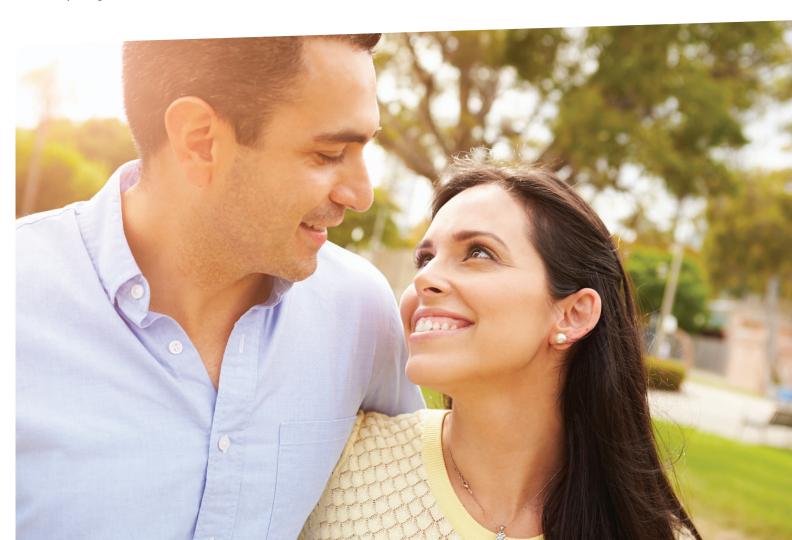
Important to know

In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

Need help getting started?

Call the phone number on your ID card. You will be transferred to the home delivery pharmacy. They can help you get started.

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^{*}Based on drug benefit plan design. ^Express Scripts is a separate company that manages pharmacy services and benefits on behalf of health plan members

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HOME DELIVERY ORDER FORM





1 Member information: Please verify or provide member information below.	
Member ID:	Please send me e-mail notices about the status of the enclosed
Group:	prescription(s) and online ordering at:
Name:	New shipping address:
Street Address:	
Street Address:	
Street Address:	/Europe Contract will be an able and during an Clarker all and an force
City, ST, ZIP:	(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:
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 nar	ne
Birth date (MM/DD/YYYY) Sex Patient	s relationship to member
	☐ Spouse ☐ Dependent
Doctor's last name	1st initial Doctor's phone number
DOCTOLS LAST HATTLE	1st illitial Doctors priorie flumber
First name Last name	me
Birth date (MM/DD/YYYY) Sex Patient's relationship to member	
	Spouse Dependent
Doctor's last name	1st initial Doctor's phone number
Doctor's last mame	
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
M M Y Y Cardholder signature	all orders from any person in this membership.
☐ Rush the mailing of this shipment (\$15, 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.	

WLPMSNWB

Program: <<<>>>>>

The **Medco Pharmacy** is now

The **Medco Pharmacy** is now a part of the Express Scripts family of pharmacies

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.

Patient/doctor information continued