

# The Mail Service Pharmacy is for Medications You Use Regularly

## Generic Substitution

This program allows you to obtain up to a 90-day supply of most medications. (Some drugs, such as controlled substances and antidepressants, may only be dispensed in the exact quantity as written by your doctor.)

*Medications that will be taken for a short time should be obtained from your local participating pharmacy.*

To take advantage of the mail service program, please ask your doctor to write prescriptions for a 90-day maintenance supply.

## Your Cost

When you have a prescription filled you share the cost by making only one "copayment." Priority Health pays the rest.

Your copay is required whether the prescription is filled by your local participating pharmacist or Walgreens Healthcare Plus.

## Covered Drugs

The medication you take on a regular basis which is covered by your Priority Health plan can be obtained through the mail service program.

## Non-Covered Drugs

Some drugs are not covered. Please read your Summary Plan Description or the Prescription Drug Rider for details.

## Saving Money with Generic Drugs

Many drugs have a brand name and a generic name. By law, a generic name must meet the same standards for safety and effectiveness as the brand name drug.

*Because the generic version costs less than a brand name drug, your copay may be less, depending on your plan design.*

You may save money for yourself and your employer when your doctor writes a prescription for a generic drug.

It is standard pharmacy practice to fill a prescription with a generic drug unless your doctor will not allow a generic substitute. You will pay the difference between the two.

You may also request a brand name drug when you have a prescription filled. Please remember that your payment will be higher for a brand name drug than it is if you use a generic drug.

Ask your doctor to prescribe generic drugs whenever possible.

## Getting Started

**For your first order:** fill out the Registration & Prescription Order form that accompanies this brochure. Be sure to complete all sections.

Walgreens Healthcare Plus must have a written prescription from your doctor.

**For drugs you need to start taking right away:** ask your doctor for two prescriptions. Use one at your local pharmacy for your initial supply. Use the other to order a long-term supply from Walgreens Healthcare Plus.

**To avoid delays,** always include the copay when you place an order. Failure to do so may cause your order to be returned unfilled. Walgreens Healthcare Plus accepts the following credit cards: Visa • MasterCard • Discover • American Express.

Please do not mail cash. If your check or money order for the copay is for a "brand" drug, you must indicate your preference for brand on the order form. Remember that your payment may be higher for a brand name. If the drug is substituted with a generic, your account will be credited for the difference.

**Refill ordering:** When you receive your medication from Walgreens Healthcare Plus, you will receive a *Refill Request* order form. It will show the date after which you can order the refill. Orders placed before the refill date will be held and processed on that date.

**Prescription expiration:** Most prescriptions expire one year (sometimes sooner) from the date they are written. After the expiration date, regardless of whether your vial label shows refills remaining, you must obtain a new written prescription from your doctor.

## How to Place a Mail Order

We encourage you to obtain your first fill at a participating retail pharmacy.

1. Fill out the order form. Allow two weeks for delivery. Most prescriptions are delivered by the U.S. Postal Service. Include the contract holder information on the front and all dependents on the reverse side, even if you are not ordering for them today.

2. If your order is for a new prescription, enclose your doctor's prescription form.

- If the order is a refill, list the prescription number on the Refill Request order form.

3. Enclose your copay:

- A. If your plan has a "percent copayment," a credit card is required.
- B. If you do not know the amount of the copay, list the credit card number and your account will be billed.
- C. If you know the amount of the copay, enclose a check or money order. Make your check payable to:  
*Walgreens Healthcare Plus.*

- D. Mail your order to:

Walgreens Healthcare Plus  
7357 Greenbriar Parkway  
Orlando, FL 32819-8917

## Phone and Internet Refills

**To refill a prescription by phone:**

Call the touch-tone refill service toll-free at  
800-749-0009

This refill service is available 24 hours a day, seven days a week. Please have your prescription numbers and credit card ready.

**To refill a prescription on the internet:**

Visit our internet site at:  
[www.whphi.com](http://www.whphi.com)

and select *Mail Service Pharmacy*. Please have your prescription number and credit card ready.

## Overnight Delivery

It normally takes two weeks to fill mail orders. In case of an emergency, prescriptions can be shipped overnight for an additional charge to you.

## Questions?

### **Walgreens Healthcare Plus Customer Service**

If you have questions about an order, or wish to speak with a pharmacist, please call:

Walgreens Healthcare Plus  
877-259-2165 (toll-free)

Hours: Monday-Friday 8 A.M. - 8 P.M. EST  
Saturday 8 A.M. - noon EST

### **Priority Health Customer Service**

If you have questions about Priority Health benefits, copays, or covered or non-covered drugs, contact:

Priority Health Customer Service

#### **Commercial Members**

800-446-5674 (toll-free)

Hours: Monday, Thursday, Friday

8:30 A.M. - 5 P.M. EST

Tuesday and Wednesday:

8:30 A.M. - 7 P.M. EST

#### **Self-Funded Members**

800-956-1954 (toll-free)

Hours: Monday - Friday:

8:30 A.M. - 5 P.M. EST

Members who speak little or no English may call Customer Service at 800-446-5674. A representative will connect you with the AT&T Language Line.

Members who are deaf or hard of hearing may use our Telecommunications Device for the Deaf (TDD). To access a representative through our TDD, call Customer Service at 888-551-6761.

Or visit us on the internet at:

[www.priority-health.com](http://www.priority-health.com)

### **Ordering Prescription Drugs is Easier than Ever**

There are two easy ways to order the prescription drugs you use on a regular, long-term basis.

- You may have prescriptions filled by your local participating pharmacy.
- You may have them filled by mail by Walgreens Healthcare Plus.

The choice is yours.

This brochure explains how the mail service pharmacy program works.

# How to Fill Prescriptions By Mail



PRIORITY HEALTH



PRIORITY HEALTH



PRIORITY HEALTH



**REGISTRATION & PRESCRIPTION ORDER FORM**

Please PRINT clearly using UPPERCASE letters. Use black ink only. Enclose this form with your mail service prescription.

**PRIORITY HEALTH**  
INTERCOM: PRIOR UPI: PRY001

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - 00  
PRIORITY HEALTH CONTRACT NUMBER (VERY IMPORTANT)

detach here ↑

Please complete both sides of this form.

**#1 CONTRACT HOLDER INFORMATION**

Name (First, Last) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_  Male  Female

Address (please do not use P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
( ) ( )

**ALLERGIES:**  70-Penicillin  Other (list):  
 No known  87-Sulfa  
 32-Codeine  93-Tetracycline

**HEALTH CONDITIONS:**  500-Glaucoma  
 No known  600-Stomach Disorders  
 200-Diabetes  700-Thyroid Disease  
 300-Hypertension  800-Arthritis  
 400-Heart Disease  Other (list):

Check if prescription(s) enclosed for this patient and print:  
 Dr. Name \_\_\_\_\_ Dr. Phone (very important) \_\_\_\_\_  
 ( ) ( )

Check if this patient needs snap-on caps.

**IMPORTANT**

It is standard pharmacy practice to substitute generic drug equivalents for brand drugs whenever possible. You will receive generic drugs whenever possible, unless your physician requests a brand drug and Priority Health approves it or you request the brand drug. (see below)

By checking this box, I elect to receive brand drugs, instead of generic drugs, for all prescriptions in this order whenever possible. By making this choice, I understand that I may be responsible for a higher payment and/or the difference between the brand and generic price for each drug that has a generic substitute.

**PAYMENT (required at time of order):**

Rx Type	No.	Cost (ea.)	Subtotal
Brand		\$*	\$
Generic		**	\$
<b>TOTAL AMOUNT ENCLOSED</b>			\$

\*Co-pay information may be found in your prescription Drug Rider and / or Summary Plan Description.  
 \*\*If you checked the above box generic copays may not apply.

CREDIT CARD NUMBER (VISA, MasterCard, Discover, American Express; **no cash, please**) CREDIT CARD EXPIRATION

Checks payable to: **Walgreens Healthcare Plus** 7357 Greenbriar Parkway, Orlando, FL 32819-8917  
**CUSTOMER SERVICE: 1-877-259-2165** (for deaf: 1-800-925-0178)  
**REFILLS BY PHONE: 1-800-749-0009** (en español: 1-800-758-0002)

PLEASE NOTE: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.  
**Thank you for your order. Please allow two weeks for delivery from the date you mail your order.**

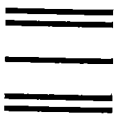
detach here ↓



From \_\_\_\_\_

\_\_\_\_\_

Write your company name below:  
\_\_\_\_\_  
\_\_\_\_\_



PLACE  
STAMP  
HERE

*Walgreens*  
**Healthcare Plus**  
7357 GREENBRIAR PARKWAY  
ORLANDO, FL 32819-8917

