

PROGRAM OVERVIEW



As an eligible participant in the PreScrip Pharmacy ADVANTAGE System Prescription Drug Program, you and your eligible dependents are covered under the *mail service pharmacy benefit*.

Under this benefit, you can obtain covered “maintenance” prescriptions used to treat chronic or long-term health conditions (such as high blood pressure or diabetes) through the Walgreens Healthcare Plus mail service pharmacy.

SAVING MONEY WITH GENERICS

Drugs have two names: a trademark or “brand” name, and a chemical or “generic” name. By law, brand and generic drugs must meet the same standards for safety and effectiveness.

Many brand prescriptions have a less expensive “generic equivalent” available. Obtaining generic drugs whenever possible can provide you with savings directly (by paying a lower copayment) and/or indirectly (because you save money for the plan—which ultimately benefits you).

Ask your doctor to prescribe generic drugs whenever possible.

GENERIC SUBSTITUTION

It is standard pharmacy practice (and in some states required by law) to substitute generic equivalents for brand drugs whenever possible.

You will receive generic substitutes whenever possible, unless your physician will not allow a generic substitute or you specify otherwise on the order form.

YOUR COST



When you have your covered prescriptions filled through the Walgreens Healthcare Plus mail service pharmacy, you share the cost by paying a small “copayment” (the portion you pay) for each prescription for *up to* a 90-day supply; your benefit plan pays the rest.

Based on your benefit program, if a generic substitute is available but your doctor prescribes and you choose to receive the brand drug, you *may be* responsible for a higher copayment and/or the difference between the brand and generic price of each drug.

For the copayment amounts applicable to your group, please refer to your Prescription Drug Coverage Insert.

IMPORTANT: If you send the brand copayment, you will not automatically receive the brand drug instead of a generic substitute. *You must specifically indicate your preference for brand on the order form.*

If you are unsure whether your prescription has a generic equivalent available, *please submit the brand copayment*. If the drug is substituted with a generic, your account will be credited for the difference.

IMPORTANT—PLEASE NOTE



Your prescriptions may be filled for up to the plan days supply maximum when allowed by your physician, the law, and in accordance with pharmacy practice. Some medications that may only be dispensed for the exact quantity as written by your physician include:

- controlled substances
- antidepressants

Please encourage your doctor to write for a 90-day maintenance supply to take full advantage of your mail service benefit. (See the supplied “Dear Physician” notice.)

COVERED DRUGS

The following items are usually covered under the program:

- Federal legend drugs (that is, drugs that federal law prohibits dispensing without a prescription)
- Compound prescriptions containing at least one legend ingredient

DRUGS NOT COVERED

The following items are usually not covered under the program:

- Devices and appliances
- Durable medical supplies
- Over-the-counter items

Almost every plan has its own unique drug coverage rules. Please refer to your Prescription Drug Coverage Insert for specific information on covered and non-covered drugs for your plan.

Prescriptions submitted for items which are not covered will be returned to you unfilled.

(See back: “Using the Mail Service Pharmacy” )

USING THE MAIL SERVICE PHARMACY

For new and refill orders by mail: Always fully complete the supplied order form (included with each delivery). Enclose the form with your new written prescription(s) and/or eligible Refill Request(s) sent with previous orders. *New prescriptions may not be phoned in by you or your doctor.* (You may, however, order **refills by phone**; see below.)

To avoid delays: Always include the appropriate copayment (if applicable), required at the time your order is placed. *Failure to provide payment may result in the return of your unfilled orders.*

For your first order: Be sure to use the special REGISTRATION & PRESCRIPTION ORDER FORM attached to this brochure to register yourself and your dependents and place your first order. This form provides important health, allergy and plan ID information for you and your dependents.

For refills from other pharmacies: Walgreens Healthcare Plus must have a *written* prescription on file to process your mail service order. If you wish to use the mail service, please ask your doctor for a new written prescription.

Refills by phone (with credit card): Call the convenient touch-tone refill service toll-free: **1-800-749-0009**, 24 hours a day, 7 days a week. Have your prescription number(s) and credit card ready (en español: 1-800-758-0002).

Refills too soon: Each bar-coded "Refill Request" shows the date on or after which you can order that refill. Orders placed more than two weeks before the refill date may be returned unfilled with a request to resubmit them at a later date.

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

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Prescription delivery: Please allow two weeks for delivery from the date you mail your order. This allows time for delivery to and from the mail service pharmacy, plus internal processing time. Most prescriptions are delivered by U.S. Postal Service.

In case of emergency: Prescriptions can be shipped overnight for an additional charge to you.

For maintenance drugs you need to start taking right away: Ask your doctor for two prescriptions: one for a small supply to be filled at your local pharmacy and one for the mail service pharmacy.

Customer Service: For questions regarding your order, or to speak with a pharmacist, call toll-free: **1-800-999-2655** (TTY for deaf: 1-800-925-0178) Monday–Friday 8:00 a.m.–8:00 p.m. (Eastern) Saturday 8:00 a.m.–Noon (Eastern).

Other Questions: Please direct questions regarding the terms of your benefit plan (such as copayment amounts, covered and non-covered drugs, eligibility, etc.) to your benefits representative.

Make checks payable to: Walgreens Healthcare Plus. **Please do not send cash.**

Credit cards accepted: Visa, MasterCard, American Express, Discover.

Mail your order to:
Walgreens Healthcare Plus
7357 Greenbriar Parkway
Orlando, FL 32819-8917

**CONVENIENT
REFILLS BY PHONE
(WITH CREDIT CARD)**



Automated Touch-Tone Refill Service
Toll-free • 24 hours a day • 7 days a week:
1-800-749-0009
(en español: 1-800-758-0002)

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.

GENERIC

CP124/3-99



Mail Service Pharmacy Benefit



provided by

**Walgreens
Healthcare Plus**