



Your Extended Family.

CVS/caremark Mail Service Pharmacy Program: Molina Medicare Options Plus HMO SNP's Mail Order Prescription Service

You're important to us at Molina Healthcare. So we'd like to offer you a way to save time and money with Molina Healthcare's mail order prescription service. If you take one or more medications regularly (known as *long-term drugs*), we partner with **CVS/caremark Mail Service Pharmacy Program** to mail them right to your home! Each order contains up to a 90-day supply per prescription. No more trips to the pharmacy or waiting in line—your medicine comes to *you*!

Receive your long-term drugs at home in 3 easy steps:

1

Make sure your drugs are available through the CVS/caremark Mail Service Pharmacy Program

Some long-term drugs *aren't* available through mail order. Check our Formulary (List of Covered Drugs) or call our Member Services at (844) 239-4913, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time to find out which ones are available.

2

Ask your doctor to write a 90-day prescription

Talk to your doctor about the mail order prescription service. To start, your doctor will write a 90-day prescription with up to three refills (if appropriate). This is the maximum supply your doctor can prescribe.

Note: If you need your drugs right away, ask your doctor for a 30-day prescription. You can fill it at a network pharmacy while you wait for your mail order to arrive.

Choose one of these options to receive your orders:

3



Complete the CVS/caremark Mail Service Order Form attached to this letter. Mail the completed form, payment (if required), and your 90-day prescription to the address printed on the form.



Sign up online at www.caremark.com. If this is your first time on the website, click on Register now to create an account. Once you log in, click Prescriptions for a drop down menu, select Start Mail Service then follow the online steps.



Call CVS/caremark at (866) 467-5461, TTY 711, 24/7. Provide your Member number (on your Plan ID card), your prescription names, doctor's name and phone number, and your mailing address.



Ask your doctor to place the order for you. Their office can call, fax, or ePrescribe your prescription to CVS/caremark at (866) 467-5461, TTY 711, 24/7. Be sure to give your doctor your Member number (on you Plan ID card), date of birth, and mailing address so they can place the order.

That's it! **Once CVS/caremark receives your order and payment (if required), your prescriptions will arrive in the mail in 10 days.** If you have any questions or if your medicine does not arrive on time, please call CVS/caremark at (866) 467-5461, TTY 711, 24/7.

When it's time to refill your long-term drug prescription...

You can choose to receive a reminder when your long-term prescriptions need to be refilled. CVS/caremark will call, email, or text message you the date you can refill your long-term drugs. **You can place your refill order by mail, online, or by phone.** If you request a refill too soon, CVS/caremark will let you know when you *can* request a refill. Once CVS/caremark receives your refill order and payment (if required), you will receive your prescriptions in the mail in 10 days.

If you have any questions or need help with the CVS/caremark Mail Service Pharmacy Program, please call our Pharmacy Call Center at (844) 239-4913, TTY 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. We are here to help!

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal. This information is available in other formats, such as Braille, large print, and audio.



Mail Service Order Form

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

C Tell us about the member who the prescriptions are for:

Fill in oval to receive mail service forms and prescription drug labels in Spanish: ☐

LAST NAME

FIRST NAME

M

Suffix
(JR,SR)

NICKNAME

Gender: ☐ M ☐ F

Date of birth: MM-DD-YYYY

E-mail address: _____

Doctor's last name

Doctor's first name

Doctor's phone #

Tell us about new health information if never provided or if changed.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other: _____

Medicare part D members do not need to complete the section below.

LAST NAME

FIRST NAME

M

Suffix
(JR,SR)

NICKNAME

Gender: ☐ M ☐ F

Date of birth: MM-DD-YYYY

E-mail address: _____

Doctor's last name

Doctor's first name

Doctor's phone #

Tell us about new health information if never provided or if changed.

Allergies: ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin
☐ Sulfa ☐ Other: _____

Medical conditions: ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid
☐ Other: _____

D Special instructions: _____

E How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment information.)

☐ **Electronic check.** Pay from your bank account. (You must first register at Caremark.com or call Customer Care.)

☐ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Use your card on file.

☐ Use a new card or update your card's expiration date.

CARD NUMBER

Exp.
Date MMYY

☐ **Check or money order.** Amount: \$ _____

- Make check or money order payable to CVS Caremark.
- Write your member ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for balance due and future orders: If you choose to pay by electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

☐ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Credit card holder signature/date

Processing time takes up to 5 days. Shipping options:

- ☐ **Free shipping (takes 3-5 days)**
- ☐ **2nd business day (\$17)**
- ☐ **Next business day (\$23)**

2nd day or next day delivery:

- Can only be sent to a street address, not a PO Box.
- Applies to shipping time only, not processing.
- Charges may change





Your Extended Family.

Molina Healthcare of Idaho (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (844) 239-4913; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-239-4913 (TTY: 711).

Spanish

ATENCIÓN: Si usted habla español, tiene servicios de asistencia lingüística disponibles sin cargo alguno para usted. Llame al Departamento de Servicios para Miembros al 1-844-239-4913 (TTY: 711).

Chinese

收件人：如果您講韓語，則免費提供語言協助服務。請致電會員服務部，電話：1-844-239-4913 (TTY: 711)。

Serbo-Croatian

PAŽNJA: ako govorite srpsko-hrvatski jezik, dostupne su vam besplatne usluge jezične pomoći. Nazovite usluge za članove na broj telefona 1-844-239-4913 (TTY: 711).

Korean

주의 : 한국어를 말할 때 무료로 언어 지원 서비스를 이용할 수 있습니다. 현지 시간으로 월요일부터 금요일까지, 오전 8시부터 오후 8시까지 회원 서비스에 1-844-239-4913 (TTY: 711).

Nepali

सावधानी: यदि तपाईं नेपाली बोल्नुहुन्छ भने, भाषा सहायता सेवाहरु सितैमा तपाईंलाई उपलब्ध छन्। 1-844-239-4913 (TTY: 711) मा सदस्य सेवाहरुको लागि कल गर्नुहोस्।

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho quý vị miễn phí. Gọi cho Dịch Vụ Thành Viên theo số 1-844-239-4913 (TTY: 711).

Arabic

انتباه: إذا كنت من متحدثي اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية مجاناً. يمكن الاتصال بخدمات الأعضاء على الرقم 1-844-239-4913 (TTY: 711).

German

ACHTUNG: Für Deutsch sprechende Personen stehen kostenlose Sprachassistenzsysteme zur Verfügung. Rufen Sie hierzu die Mitgliederbetreuung unter der Rufnummer 1-844-239-4913 (TTY: 711) an.



Your Extended Family.

Tagalog

PAUNAWA: Kung gumagamit ka ng wikang Tagalog, maaari kang humingi ng mga serbisyo ng tulong sa wika nang libre. Tawagan ang Member Services sa 1-844-239-4913 (TTY: 711).

Russian

ВНИМАНИЕ! Если вы говорите по-русски, вам будут предоставлены услуги переводчика бесплатно. Позвоните в отделение обслуживания клиентов по тел.: 1-844-239-4913 (телетайп: 711).

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique sont gratuitement mis à votre disposition. Contactez les services aux membres au 1-844-239-4913 (TTY: 711).

Japanese

注：日本語をお話しになる場合は、無料の言語支援サービスをご利用いただけます。メンバーサービス1-844-239-4913 (TTY: 711)までお電話ください。

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, în mod gratuit. Apelați serviciile pentru membri la 1-844-239-4913 (TTY: 711).

Bantu

MENYA NEZA: Nimba ukoresha ururimi rw'ikibantu, ubwunganizi bw'urwo rurimi uburonswa ku buntu, . Akura abajewe ivyo bikorwa kuri 1-844-239-4913 (TTY: 711).

Farsi

اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی، به صورت رایگان در دسترس شما قرار دارند. با خدمات اعضاء از طریق شماره 1-844-239-4913 (TTY: 711) تماس بگیرید.