MOLINA® HEALTHCARE

CVS/caremark Mail Service Pharmacy Program:
Molina Medicare Complete Care 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 (800) 665-3086, TTY users please call 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.

3

Choose one of these options to receive your orders:

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 (844) 582-8040, 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 (844) 582-8040, 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.

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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 (844) 582-8040, 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 (800) 665-3086, 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!

This information is available in other formats, such as Braille, large print, and audio.

Mail Service Order Form

Mail this form to:

CVS Caremark
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription plan sponsor name

Please fold here

Choose one of three ways to order:

Online: Visit Caremark.com

By phone: Call us at the number on your member ID card.

By mail: Complete both sides of this form and mail it with your check or credit card information. For new prescriptions, be sure to include your original paper prescription. Please use **black or blue ink** and print in CAPITAL letters. **Medicare** members should complete one form per person.

of **New** prescriptions:

of **Refill** prescriptions:

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code –

Daytime Phone #: - -   Evening Phone #: - -

Please fold here

B Refills. To order mail service refills, enter the Rx number(s) found on your prescription label.

1)________ 2)________ 3)________ 4)________

5)________ 6)________ 7)________ 8)________

To provide you with high quality medications at the lowest possible price, CVS Caremark will substitute equivalent generic medications for brand name medications whenever possible. If you do not want us to substitute generics, please provide specific instructions, including medication names, in the “Special Instructions” section of this 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.

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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.

Suffix (JR,SR)

Gender: ○ M ○ F Date of birth: - -

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: ______

Please fold here →

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.)

Please fold here →

○ **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

Credit card holder signature/date

○ **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.

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