



CONVENIENCE. COST-SAVINGS. DELIVERED TO YOU.



Health Net®



CVS CAREMARK MAIL SERVICE PHARMACY

SO MANY BENEFITS, NO EXTRA COST

Do you or someone in your family take a long-term medicine to treat a chronic condition like asthma, heart disease, diabetes or high blood pressure? The CVS Caremark Mail Service Pharmacy will deliver these prescriptions directly to the location of your choice — at no additional cost for shipping or postage.

The benefits of ordering 90-day supplies of your long-term medicines through mail service include:

Greater convenience

Ordering a 90-day supply of your prescriptions saves you a trip to the retail pharmacy every 30 days.

Lower prescription costs

For many plans, the copay* for a 90-day supply through mail service is less than three 30-day supply copays at a retail pharmacy.

Personal service

Speak with a registered pharmacist by calling the 24-hour, toll-free number at 1-888-624-1139 (TTY 711)

Secure delivery

Your medicines are sent in plain packaging to protect your privacy. The package is tamper-proof and, if necessary, temperature controlled to protect certain medications and for your safety.

Choose one of three ways to start using mail service delivery:

1 Call the FastStart® toll-free number at 1-888-624-1139 (TTY 711)

We will let you know which prescriptions can be filled through CVS Caremark Mail Service Pharmacy. We will then contact your doctor for a 90-day prescription and will mail your medication to you. When you call, be sure to have:

- » Your Health Net ID number
- » Your doctor's first and last name and phone number
- » Your payment information and mailing address

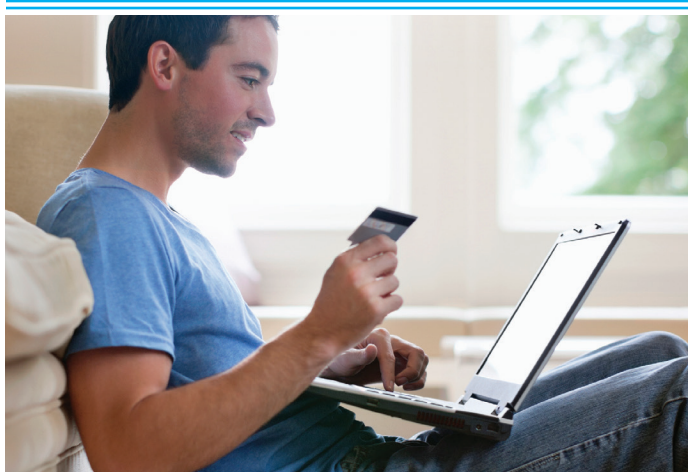
2 Log in to www.healthnet.com

» Go to Pharmacy Resources > New Mail Order Prescriptions.

3 Fill out and send a mail service order form

Please have the following information with you when you complete the form:

- » Your Health Net ID number
- » Your complete mailing address, including zip code
- » Your doctor's first and last name and phone number
- » A list of your allergies and other health conditions
- » Your credit or debit card number if you prefer that method of payment
- » You can also pay by check, electronic check, or money order (Cash is NOT accepted)
- » Your original prescription from your doctor for up to a 90-day supply



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If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicine:

» One for a short-term supply (30 days or less) that can be filled at a retail pharmacy participating in the Health Net Pharmacy Network



» One for the maximum days supply allowed by your plan (usually 90 days), with up to three refills. Enclose this prescription along with the mail service order form you send in.

Enjoy easy refills

You can refill your mail service prescription in three simple ways:

Option 1

Online by logging in to www.healthnet.com

Option 2

Call us at 1-888-624-1139 (TTY 711). Have your Health Net ID number handy.

Option 3

Mail in a completed order form (there's one included in your prescription delivery)

Members give us high marks for service

Each year, close to five million people choose the convenience and cost savings of CVS Caremark Mail Service Pharmacy to fill their long-term prescriptions. A recent survey** of members using mail service found that:

- » **96%** are very satisfied overall
- » **96%** think mail service is convenient
- » **93%** would recommend mail service to their family and friends
- » **94%** think mail service is easy to use

If you have questions or need help with your mail service order, simply call us at 1-888-624-1139 (TTY 711).

Mail service is available for most common maintenance medications for chronic conditions or long-term therapy. Some medications are not eligible for mail service.


*Copay, copayment or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, or a fixed amount or other charge, with the balance, if any, paid by the Plan.

**Source: 2014 Mail Service Satisfaction survey

For Health Net Medicare Advantage plan members: Health Net has a contract with Medicare to offer HMO, PPO, and HMO SNP plans. Health Net has a contract with Medicare and the Arizona and California state Medicaid programs to offer HMO SNP coordinated care plans. Enrollment in a Health Net Medicare Advantage plan depends on contract renewal. For Health Net Cal MediConnect plan members: Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

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Mail Service Order Form

	<p>Mail this form to:</p> <p style="text-align: center;">  CVS Caremark PO BOX 94467 PALATINE, IL 60094-4467 </p>
Member ID # (if not shown or if different from above) <input style="width:100%; height: 15px;" type="text"/>	
Health Net Prescription Plan Sponsor or Company Name	

Instructions:
 Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.healthnet.com or call toll-free 1-888-624-1139. TTY 711, 24 hours a day, 7 days a week.

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

Last Name <input style="width:100%; height: 20px;" type="text"/>	First Name <input style="width:100%; height: 20px;" type="text"/>	MI <input style="width: 20px; height: 20px;" type="text"/>	Suffix (JR, SR) <input style="width:100%; height: 20px;" type="text"/>
Street Address <input style="width:100%; height: 20px;" type="text"/>	Apt./Suite # <input style="width: 40px; height: 20px;" type="text"/>	<input type="radio"/> Use shipping address for this order only.	
City <input style="width:100%; height: 20px;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>	ZIP Code <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>	
Daytime Phone #: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>	Evening Phone #: <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>		

B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Please fold here →

Please fold here →

Please fold here →

Please fold here →

* WEB *

* WEB *

We may package all of these prescriptions together unless you tell us not to.

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.



