

<Date>

Your CIGNA HealthCare Plan May Save You Money*

On Prescription Medications Taken On An Ongoing Basis.

> **Keep** These Wallet **Cards Handy For Ordering** Convenience

<Address> <Lastline> <Postnet Barcode>

<Name>

Dear <Name>:

You'll want to keep these wallet cards handy! This plan benefit offers prescription medications delivered right to your door and may save you money.* The CIGNA HealthCare Home Delivery Pharmacy Program from CIGNA Tel-Drug is designed especially for individuals who take prescription medications on an ongoing basis.

- Arthritis
- Diabetes
- Asthma
- Infertility
- High Cholesterol
- Heart Disease
- Multiple Sclerosis
- High Blood Pressure
- Birth Control
- Ulcers

Most prescription medications taken regularly are available.

Today thousands of CIGNA HealthCare members turn to this service for lower prescription medication costs, up to a 3-month supply of medication and confidential home delivery at no additional cost.

To place an order now, follow the steps in "3 Ways to Switch" found below the order form. Then save and refer to these wallet cards when placing future orders.

Make the most of your CIGNA HealthCare Plan benefit. CIGNA Tel-Drug is at your service to deliver quality, value and convenience!

Sincerely,

Jeff Nielsen, RPh Chief Pharmacist

CIGNA Tel-Drug

A CIGNA HealthCare

Medication Taken on an Ongoing Basis

> Part of your existing benefit plan

Benefit for Prescription

- Lower cost for many members
- Up to a 3-month supply at one time
- Confidential home delivery at no extra charge
- Quality medications from licensed pharmacists

PS: Even if you or an eligible dependent do not currently take prescription medication on an ongoing basis, save these CIGNA Tel-Drug benefit cards in case your needs change in the future.

*SEE REVERSE SIDE FOR ADDITIONAL IMPORTANT INFORMATION

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Please Detach & Keep These Valuable Wallet Cards



CIGNA Tel-Drug Home Delivery Pharmacy Program

Member Name:

<Sample A. Sample>

Member ID #

<Use CIGNA ID>

Order ongoing prescription medications three ways:
 • Phone • Internet • Mail
 SEE REVERSE SIDE FOR DETAILS



CIGNA Tel-Drug Home Delivery Pharmacy Program

Member Name:

<Sample A. Sample>

Member ID #

<Use CIGNA ID>

Order ongoing prescription medications three ways:

• Phone • Internet • Mail

SEE REVERSE SIDE FOR DETAILS



CIGNA Tel-Drug **Prescription Order Form**





- Please complete this form for NEW and REFILL prescription medication. You can also order refills online at myCIGNA.com.
- Print all information clearly as shown in the sample below using BLUE or BLACK ink.

1 2 3 4 A B C D

• Fill in the applicable ovals completely ().

Step 1: Insurance Cardholder Information	tion Complete if abov	e has changed or a	appears blank	
Cardholder ID Last Name Address Address	Phone Number	First Name e-mail This is a one	Alternate Phone Number et ime address	MI
City		State Zip C	Code	
Step 2: Shipping Method				
	at was additional asst Ma		who are the CDECIAL CLUDD	NO which
Refrigerated shipments will be expedited expedites carrier delivery time only. Order change by carrier without prior notification	r processing is not affect	ed by SPECIAL SHI	PPING. These costs may be s	
O Standard Shipping Standard De	elivery \$0.00	FedEx	Overnight	\$17.95
O USPS Priority Mail 2 - 3 Days	\$5.25	UPS Overnight	Overnight (by noon)	\$17.95
O USPS Express Mail Overnight	\$17.95	UPS Saver	Overnight (by 7:00 pm)	\$16.95
Step 3: Method of Payment				
OCheck OMoney Order	Please make che	ck or money order r	payable to CIGNA Tel-Drug.	
Total payment enclosed (excluding credit			nayabio to orony their brag.	
. ,	,	Y		
○ VISA ○ Discover				
○ MasterCard ○ American Express	Credit Card #		Expirat	ion Date
the following am coinsurance and	ounts in effect at the tim	e my order is filled: ents due for any med	nd that my credit card will be b any applicable copayment(s), lications not covered under m	illed



3 Ways to Switch

To place an order now, choose the method that works best for you.

1. Mail: Request a mail-order prescription from your prescriber for a 90-day supply with refills.

Complete and return the order form, original prescription(s) and payment (check or

credit card) in the enclosed envelope.

2. Phone: Call 1.800.285.4812 Option 1 ext. 108 and be sure to have medication information,

the prescriber's name and telephone number,

and credit card information available.

3. Web: Log on to **myCIGNA.com** and follow the online instructions.

Please refer to the wallet cards when placing future orders with CIGNA Tel-Drug.

•	10150002													
Step 4: Allergies & Health Conditions Complete this section every time														
If no allergies are selected, for new customers this indicates no			Allergies						Health Conditions					
known allergies and for existing customers this indicates no char	nge			ohin				(wo					erol	ow)
from information provided to CIGNA Tel-Drug previously.				Mon		ycin		t be		þ			lest	t bel
		Ë		ine/l	.⊑	rom	DS	isi)	ites	Bloc	na	ERD.	Cho	· (lis
	None	Penicillin	Sulfa	Codeine/Morphine	Aspirin	Erythromycin	NSAIDS	Other (list below)	Diabetes	High Blood Pressure	Asthma	GI/GERD	High Cholesterol	Other (list below)
	Z	<u>Г</u>	S	0	⋖	Ш	2				4	0		0
Cardholder's First Name Date of Birth		O	O	O	O	O	O		O	O	O	O	O	O
MM/DD/Y	YO	0	0	0	0	0	0	0	0	0	0	0	0	0
Dependent's First Name Date of Birth														
MM/DD/Y	YO	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Dependent's First Name Date of Birth		\cap	\cap	\bigcirc	\cap	\cap	\circ			\circ		\circ	\circ	\circ
Other Dependent's First Name Date of Birth		U	U	U	U	U	U		O	O	O	O	O	U
Please write the person's name and list their other allergies and/	or othe	r co	nditi	ons	refe	eren	ced a	abo\	/e:					
Step 5: Refill Prescriptions														
Affix Label Here					-	Affix			lere					
OR			P	rint			0	R		er He	ere			
			Р	rint			0	R		er He	ere			
OR Print Prescription Number Here							0	R		er He	ere			
OR	D	rug					0	R		er He	ere		_	
OR Print Prescription Number Here	D	rug			Pre	escr	O iptio	R on N		er He	ere		_	
OR Print Prescription Number Here Drug Name Affix Label Here OR	D	rug	Nar	me _	Pre	Affix	Oliptic	R on N oel H R	umb				_	
OR Print Prescription Number Here Drug Name Affix Label Here	D	rug	Nar	me _	Pre	Affix	Oliptic	R on N oel H R	umb	er He			_	
OR Print Prescription Number Here Drug Name Affix Label Here OR	D	rug	Nar	me _	Pre	Affix	Oliptic	R on N oel H R	umb				_	
OR Print Prescription Number Here Drug Name Affix Label Here OR			Nar P	me _	Pre	Affix	Oliptic	R on N Del H R on N	umb					
OR Print Prescription Number Here Drug Name Affix Label Here OR Print Prescription Number Here			Nar P	me _	Pre	Affix	C Late Option	R on N Del H R on N	umb					
OR Print Prescription Number Here Drug Name Affix Label Here OR Print Prescription Number Here Drug Name Drug Name Drug Name PHARMACY LAW PERMITS PHARMACISTS TO SUBSTITUTE	D A LES	rug SS E	Nar P Nar	me _	Pre	Affix	C Lake On One of the Control of the	R on N	Here	er He				
OR Print Prescription Number Here Drug Name Affix Label Here OR Print Prescription Number Here Drug Name Drug Name Drug Name Drug Name MEDICATION FOR A BRAND NAME MEDICATION UNLESS Y	D A LES	rug SS E	Nar P Nar EXPI	me _	Pre	Affix	C Lake On One of the Control of the	R on N	Here	er He				
OR Print Prescription Number Here Drug Name Affix Label Here OR Print Prescription Number Here Drug Name Drug Name Drug Name PHARMACY LAW PERMITS PHARMACISTS TO SUBSTITUTE	D A LES	rug SS E	Nar P Nar EXPI	me _	Pre	Affix	C Lake On One of the Control of the	R on N	Here	er He				
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mail this order form to CIGNA Iel-Drug, PO Box 1019, Horsham PA 19044.

"CIGNA Healthcare" or "CIGNA" are registered service marks and refer to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and HealthCare of Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company. "CIGNA Tel-Drug" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C.

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*Savings are based on 90-day fill/refill and are subject to your plan's provisions which may differ based on state law. Please check your plan documents for more details and to confirm that you have the CIGNA Tel-Drug Home Delivery Pharmacy Program benefit.

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Please Detach & Keep These Valuable Wallet Cards

Initial Order — Call 1.800.285.4812 Option 1 ext. 108. 1. Phone:

Refill Order — Call 1.800.835.3784 Option 1.

2. Internet: Visit myCIGNA.com to place an initial order or submit a refill request.

3. Mail:

Send completed order form, original prescription(s) and payment to CIGNA Tel-Drug, PO Box 1019, Horsham PA 19044-9805.

Customer Service: 1.800.Tel.Drug (835.3784)

Check your plan documents to confirm CIGNA Tel-Drug plan benefit.

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