



Your CIGNA HealthCare Plan May Save You Money*

On Prescription Medications Taken On An Ongoing Basis.

<Date>

<Name>
<Address>
<Lastline>
<Postnet Barcode>

Keep These Wallet Cards Handy For Ordering Convenience

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

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.

A CIGNA HealthCare Benefit for Prescription Medication Taken on an Ongoing Basis

- Part of your existing benefit plan
- 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

*SEE REVERSE SIDE FOR ADDITIONAL IMPORTANT INFORMATION

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591502b 08/06

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



Step 4: Allergies & Health Conditions Complete this section every time

If no allergies are selected, for new customers this indicates no known allergies and for existing customers this indicates no change from information provided to CIGNA Tel-Drug previously.

		Allergies							Health Conditions						
		None	Penicillin	Sulfa	Codeine/Morphine	Aspirin	Erythromycin	NSAIDS	Other (list below)	Diabetes	High Blood Pressure	Asthma	GI/GERD	High Cholesterol	Other (list below)
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cardholder's First Name	Date of Birth														
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent's First Name	Date of Birth														
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Dependent's First Name	Date of Birth														
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Dependent's First Name	Date of Birth														

Please write the person's name and list their other allergies and/or other conditions referenced above:

Step 5: Refill Prescriptions

Affix Label Here
OR
Print Prescription Number Here

Drug Name _____

Affix Label Here
OR
Print Prescription Number Here

Drug Name _____

Affix Label Here
OR
Print Prescription Number Here

Drug Name _____

Affix Label Here
OR
Print Prescription Number Here

Drug Name _____

Step 6: Special Instructions Optional

PHARMACY LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT MEDICATION FOR A BRAND NAME MEDICATION UNLESS YOU OR YOUR PRESCRIBER INDICATES OTHERWISE.

Special Instructions _____

Remember to enclose the original prescription(s) from your prescriber(s).
You can call us at **1.800.Tel-Drug** (835.3784) or visit us at **myCIGNA.com**. You can also write to us or mail this order form to CIGNA Tel-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

- 1. Phone:** Initial Order – Call 1.800.285.4812 Option 1 ext. 108.
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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