

<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

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

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 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

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 | e Cardholder Informat | on Complete if ab | ove has changed or | appears blank | | | | | | |
|---|--|--|---------------------------------|--|----------------|--|--|--|--|--|
| Cardholder ID Last Name Address Address | | Phone Number | First Name e-mail This is a on | Alternate Phone Number e time address | MI | | | | | |
| City | | | State Zip 0 | Code | | | | | | |
| Step 2: Shipping | Method | | | | | | | | | |
| expedites carrier d | elivery time only. Order without prior notification and Standard Del | processing is not affe and may vary depen | ected by SPECIAL SH | or the cost of SPECIAL SHIPP IPPING. These costs may be one. Overnight Overnight (by noon) | | | | | | |
| | | \$17.95 | O UPS Saver | Overnight (by 7:00 pm) | \$16.95 | | | | | |
| USPS Express | Mali Overnight | وو. ۱۲ چ | O OF 3 Saver | Overnight (by 7.00 pm) | φ10.93 | | | | | |
| Step 3: Method o | f Payment | | | | | | | | | |
| Oheck | Money Order | Please make c | heck or money order | payable to CIGNA Tel-Drug. | | | | | | |
| Total payment enclosed (excluding credit card payment): | | | | | | | | | | |
| ○ VISA ○ MasterCard | O Discover O American Express | Credit Card | # | Expirat | / tion Date | | | | | |
| Use Credit Card on File I authorize CIGNA Tel-Drug to bill my credit card. I understand that my credit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered under my benefit plan, plus any special shipping costs. | | | | | | | | | | |



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 | n ever | | | | | | | | | | | | | |
| If no allergies are selected, for new customers this indicates no known allergies and for existing customers this indicates no chanfrom information provided to CIGNA Tel-Drug previously. | ge | | | | ergie | | | pelow) | | | | ondi | | |
| | None | Penicillin | Sulfa | Codeine/Morphine | Aspirin | Erythromycin | NSAIDS | Other (list below) | Diabetes | High Blood Pressure | Asthma | GI/GERD | High Cholesterol | Other (list below) |
| Cardholder's First Name Date of Birth | YO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | YO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dependent's First Name Date of Birth | Y | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \bigcirc | \circ | 0 | \circ | \bigcirc | \bigcirc | \bigcirc | \bigcirc |
| Other Dependent's First Name Date of Birth | | | _ | ^ | ^ | _ | _ | | | 0 | ^ | 0 | | ^ |
| Other Dependent's First Name Date of Birth | Y | O | O | O | O | O | O | O | | O | O | O | O | O |
| Please write the person's name and list their other allergies and/or other conditions referenced above: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Step 5: Refill Prescriptions | | | | | | | | | | | | | | |
| Affix Label Here | | | | | | ffix | Lah | nel F | Here | | | | | |
| OR Print Prescription Number Here | OR Print Prescription Number Here | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Drug Name | Drug Name | | | | | | | | | | | | | |
| Affix Label Here | Affix Label Here | | | | | | | | | | | | | |
| OR Print Prescription Number Here | OR Print Prescription Number Here | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Drug Name | Drug Name | | | | | | | | | | | | | |
| Step 6: Special Instructions Optional | | · C - | ·VP' | | ı. <i>/</i> | ~ = | NES | 10.4 | | F0'' | I\ / A · | | • | |
| PHARMACY LAW PERMITS PHARMACISTS TO SUBSTITUTE MEDICATION FOR A BRAND NAME MEDICATION UNLESS YOU | | | | | | | | | | | | | | |
| 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 myClGNA.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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3. Mail:

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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