CIGNA’s Home Delivery Pharmacy Program

Your pharmacy needs are administered by CIGNA Pharmacy. You are encouraged to consider CIGNA’s Home Delivery Pharmacy program if you are taking prescription medications on an ongoing basis. This includes all classes of medications; even controlled substances. CIGNA’s Home Delivery Pharmacy is managed just like the pharmacy on the corner. A pharmacist oversees and handles your prescription just like he or she would at the local drug store. The CIGNA Home Delivery pharmacist checks for any possible interactions with medication you are currently taking and will contact your doctor if there are any concerns or questions. Your medications are shipped to you at your home or other preferred location at no cost to you. Even medications requiring refrigeration or other special handling are shipped to you at no additional cost. Your medication will arrive promptly and safely.

There are other advantages to using the CIGNA Home Delivery Pharmacy.

- A licensed pharmacist is available 24/7.
- You can sign up for reminders if you forget to order your refills.
- You can receive a 90-day prescription for a 60-day copay amount.
- You can download the order form, and track orders and ship dates through your secure sign on at www.mycigna.com
- You can get all your prescriptions by mail and non-controlled substance medications by phone.
- When you log in to www.mycigna.com you can use the Prescription Drug Price Quote tool on the pharmacy home page or call 1-800-285-4812 Option 1, ext 509 to get a price quote.

To order your prescription by mail, just follow these simple steps:

1. Get a prescription from your doctor
   a. 90-day with refills for maintenance drugs is best
   b. Controlled substances’ days supply is set by your doctor, but by law you are not allowed to have refills. Each order must be done by MAIL with an original prescription from your doctor.
2. Download the order form from www.mycigna.com
3. Mail the completed form along with the prescription and payment to
   CIGNA Home Delivery Pharmacy
   PO Box 1019
   Horsham, PA 19044

Please allow 7 to 10 days for your drugs to be delivered once your order is received.

To order your prescription by phone, just follow these simple steps:

1. Have your medication, doctor’s name, and credit card information available
2. Call 1-800-285-4812, Option 1, ext 508
3. The technician will take your information and will contact your doctor to request a prescription with refills.

Please allow 7 to 10 days for your drugs to be delivered.

* NOTE: Controlled substances cannot be ordered by phone because an original prescription is required with each order.
Quick Facts
for your ongoing prescription medications

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

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CIGNA Home Delivery Pharmacy is designed especially for individuals who take prescription medications on an ongoing basis.

- Acid reflux
- Allergies
- Anxiety
- Arthritis
- Asthma
- Birth control
- Diabetes
- High blood pressure
- Multiple sclerosis
- Osteoporosis
- Many others

When you choose CIGNA Home Delivery Pharmacy to fill your ongoing medications, you can take advantage of the following:

- Licensed pharmacists available 24/7
- Up to a 90-day supply in one fill
- Standard delivery to your home or other preferred location at no additional cost
- Likely lower out-of-pocket costs for your medication*
- Reminders if you forget to fill your prescriptions
- Specialty medications available, including those that require refrigeration and overnight delivery
- FDA-approved medications

Manage your medications 24 hours a day, 7 days a week.

- myCIGNA.com – You can compare prices, track order and ship dates, see the number of refills you have left and much more.
- Call 1.800.835.3784, Option 1 to place an order for a refill.
- Call 1.800.835.3784, Option 2 to check the status of an existing order.

Choose your ordering method. It’s as easy as 1, 2, 3!

Mail:
1. Request a prescription from your doctor for a 90-day supply with refills.
2. Download an order form from myCIGNA.com.
3. Mail the completed order form, prescription and payment to:
   CIGNA Home Delivery Pharmacy
   PO Box 1019
   Horsham, PA 19044

Phone:
1. Have your medication, doctor's name and credit card information ready.
2. Call 1.800.285.4812, Option 1, ext. 508
3. We'll request a prescription from your doctor for a 90-day supply with refills.

You may also choose from the following payment options:
- Credit/Debit Card (American Express, Discover, MasterCard, VISA)
- Check
- Money Order

CIGNA Home Delivery Pharmacy can help you save on your out-of-pocket expenses.*

Log in to myCIGNA.com and visit the Prescription Drug Price Quote tool on the pharmacy home page; or call 1.800.285.4812, Option 1, ext. 508 and ask for a price quote.
Please complete this form for NEW and REFILL prescription medication. You can also order refills online at the website on your ID card.

Print all information clearly as shown in the sample below using BLUE or BLACK ink.

Fill in the applicable ovals completely (   ).

**Step 1: Insurance Cardholder Information**  Complete if above has changed or appears blank

| MEMBER ID | PHONE | ALT-PHONE # | LAST NAME | FIRST NAME | M | ADDRESS LINE 1 | ADDRESS LINE 2 | CITY | ST | ZIP |
|-----------|-------|-------------|-----------|------------|   |----------------|----------------|------|    |     |
| email | Person completing |

Order updates, reminders and other educational information may be sent to the email address above for the following individuals:

Address above is a one time address

**Step 2: Allergies & Health Conditions**  Complete this section every time

New customers must complete this section. If left blank will indicate no known drug allergies or no change from information provided previously to CIGNA Home Delivery Pharmacy.

<table>
<thead>
<tr>
<th>Name (start with cardholder)</th>
<th>Date of Birth</th>
<th>Allergies</th>
<th>Health Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME</td>
<td>MM/DD/YY</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>LAST NAME</td>
<td></td>
<td>Penicillin</td>
<td>diabetes</td>
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<td></td>
<td></td>
<td>Sulfur</td>
<td>high blood pressure</td>
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<td>Codeine/Morphine</td>
<td>Asthma</td>
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<td>Aspirin</td>
<td>GI/GERD</td>
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<td></td>
<td></td>
<td>Erythromycin</td>
<td>High Cholesterol</td>
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<tr>
<td></td>
<td></td>
<td>NSAIDS</td>
<td>Other (list below)</td>
</tr>
</tbody>
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Please write the individual’s name and list their other allergies and other health conditions referenced above:

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Step 3: Shipping Method

Refrigerated shipments will be expedited at no additional cost. You are responsible for the cost of SPECIAL SHIPPING which expedites carrier delivery time only. Order processing is not affected by SPECIAL SHIPPING. These costs may be subject to change by carrier without prior notification and may vary depending on weight and zone.

- Standard Shipping $0.00
- USPS Priority Mail 2 - 3 Days $9.25
- Overnight Delivery $17.95

Step 4: Method of Payment

- Check
- Money Order

Please make check or money order payable to CIGNA Home Delivery Pharmacy

Total payment enclosed (excluding credit card payment): $

- VISA
- Discover
- MasterCard
- American Express

Credit / Debit Card #

Expiration Date

I authorize CIGNA Home Delivery Pharmacy to bill my credit / debit card for this and all future orders. I understand that my credit / debit 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.

Step 5: Refill Prescriptions

Affix label OR complete requested information

Individual's Name _________________________
Date of Birth _____________________________
Drug Name ______________________________

Print Prescription Number Here

Step 6: New Prescriptions

Enclose original written prescription from your doctor

Please write the date of birth and the Member ID on the back of each prescription.

Check (✓) One

<table>
<thead>
<tr>
<th>Individual's Full Name</th>
<th>Date of Birth</th>
<th>Fill Now</th>
<th>Do Not Fill Now</th>
<th>Medication Name &amp; Strength</th>
<th>(✓) if Brand Only</th>
<th>Doctor's Full Name</th>
</tr>
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Pharmacy law permits pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor indicate otherwise. By checking (✓) “Brand Only”, you may incur a higher cost.

Remember to enclose the original prescription(s) from your doctor(s).
You can call us at 1.800.835.3784 or visit the website on your ID card. You can also write to us or mail this order form to CIGNA Home Delivery Pharmacy, PO Box 1019, Horsham PA 19044.