

# SAVE MONEY ON YOUR MEDICATIONS WITH THE MAIL SERVICE PHARMACY

Maintenance medications, also known as long-term medications, are used to treat chronic or ongoing conditions. Save 33% when you order them in 90-day supplies through the mail service pharmacy.<sup>1</sup>



### BENEFITS OF USING THE MAIL SERVICE PHARMACY



You'll pay 33% less for 90-day supplies of most maintenance medications (that's one less copay).



There's no additional cost for standard delivery.



Signing up for automatic refills makes it less likely to miss a dose.

### **EXAMPLE OF HOW YOU'LL SAVE<sup>2</sup>**

TYPE OF PRESCRIPTION	MEDICATION COPAY		
5	Tier 1	Tier 2	Tier 3
30-day supply, retail pharmacy	\$15	\$30	\$50
90-day supply, mail service pharmacy	\$30	\$60	\$150

<sup>1.</sup> In most cases for eligible maintenance medications. Check plan materials for more details.

<sup>2.</sup> For illustrative purposes only, using a 3-tier plan.

#### **HOW TO USE THE MAIL SERVICE PHARMACY**

Download the MyBlue app or create an account at **bluecrossma.org**. Once signed in, click **Pharmacy Benefit Manager** under **My Medications**, then go to the **Prescriptions** tab. To:

TRANSFER PRESCRIPTIONS

**ORDER REFILLS** 

**SET UP AUTOMATIC REFILLS** 

Click

Start Rx Delivery by Mail

Click
View/Refill All Prescriptions

Click
Manage Automatic Refills

You can also fill prescriptions by calling CVS Customer Care at 1-877-817-0477 (TTY: 711), or by using the included order form.

## WHY ISN'T MY MEDICATION AVAILABLE THROUGH THE MAIL SERVICE PHARMACY?

Certain medications that require immediate administration or are used for short periods of time aren't available through the mail service pharmacy. In addition, some specialty medications are only available through specialty pharmacies.

#### **Please Note:**

Certain prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions about your medication, call CVS Customer Care at 1-877-817-0477 (TTY: 711).

It's the patient's responsibility to report any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities. Prescription information about members and dependents is used to administer your prescription program. That information is reported to Blue Cross Blue Shield of Massachusetts, and is used for reporting and analysis, without identifying individual patients in accordance with applicable laws.

#### Questions?

If you have any questions, call CVS Customer Care at 1-877-817-0477 (TTY: 711).



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. Blue Cross Blue Shield of Massachusetts is an independent Licensee of the Blue Cross and Blue Shield of Massachusetts is an independent Licensee of the Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts IMO Blue, Inc.

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	Mail this form to:	
	CVS Carema PO BOX 659	
Member ID # (if not shown or if different from ab		
Prescription Plan Sponsor or Company Name		
Instructions: Please use blue or black ink and print in cap	tal letters. Fill in both sid	as of this form
New Prescriptions - Mail your new prescription		lumber of <b>New</b> prescriptions:
Refills - Order by Web, phone, or write in Rx nu TO RECEIVE YOUR ORDER SOONER reque Go to 90-Day Mail Service under My Medicat	st refills or new prescription	umber of <b>Refill</b> prescriptions: ns online at <b>bluecrossma.org</b> .
A Shipping Address. To ship to an address di	ferent from the one printed	d above, enter the changes here.
Last Name	First Name	MI Suffix (JR, SR)
Street Address	Apt./Sui	te # Use shipping address for this order only.
City	State	ZIP Code
Daytime Phone #:	Evening Phone #:	
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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.

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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.

First person with a refill or new prescription.	Spanish forms and lab  First Name  MI Suffix (JR,SR)
Nickname	Date of birth:
E-mail address:	Determination with a
Doctor's last name Doctor's file	st name Doctor's phone #
Tell us about new health information for 1st pers  Allergies: None Aspirin Cephalospor  Sulfa Other:	son if never provided or if changed.
Medical conditions: Arthritis Asthma Dia High blood pressure High cholesterol Other:	Migraine Osteoporosis Prostate issues Thyro
Second person with a refill or new prescription.	○ Spanish forms and lak
Last Name  Nickname	First Name  Suffix (JR,SR)  Date of birth:
E-mail address:	MM-DD-YYYY  Date new prescription written:
Doctor's last name Doctor's fi	
Doctor's last name Doctor's fill Tell us about new health information for 2nd per	'
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