



About PharmaCare Direct

PharmaCare Direct, PharmaCare's mail service pharmacy, is one of the oldest and largest mail service pharmacies in the country.

PharmaCare Direct guarantees that all prescriptions will meet the highest pharmacy standards of quality, safety, and effectiveness. Each and every prescription is filled and checked by highly qualified registered pharmacists to ensure the quantity, quality, and potency are accurate. A patient profile is maintained on file to ensure there are no adverse reactions with other prescriptions you are receiving from PharmaCare Direct. Our pharmacist will contact your doctor or you before dispensing medication if any questions arise regarding potential drug interactions or other adverse reactions.

Who is eligible for benefits?

If you and your family are presently covered for outpatient prescription drugs under your employer's medical plan, you are eligible to enroll in the home delivery program.

What is covered?

The program covers any drug that by federal law requires a doctor's prescription and is covered by your employer's prescription benefit plan.

What is not covered?

This program does not cover any medicine that can be purchased over the counter. Please refer to your Benefit Plan Summary for specifics on any other drug exclusions.

What are the advantages of using PharmaCare Direct?

With PharmaCare Direct, you can save both time and money because you can receive up to a 90-day supply (or the maximum day supply allowed by your prescription plan) per copayment. Otherwise, through a retail pharmacy, you are limited to a 30-day maximum supply and required to pay the copayment for each prescription. Plus, by taking advantage of mail order service, you eliminate frequent trips to the retail pharmacy.

When should I use PharmaCare Direct?

The PharmaCare Direct mail service program is designed mainly for individuals using maintenance-type medications for 30 days or longer to treat chronic or long-term conditions. These conditions include, but are not limited to, diabetes, arthritis, heart conditions and high blood pressure.

How do I pay for the prescriptions?

PharmaCare Direct accepts checks, money orders, and any of the following credit cards:

- JCPenney
- Discover
- MasterCard
- American Express
- VISA

How do I use the program the first time?

1. When your doctor prescribes a maintenance drug, have the prescription written for **up to a 90-day supply** (or the maximum day supply specified by your prescription plan). By law, PharmaCare Direct can only fill your prescriptions for the quantity indicated by your doctor:
 - 1 pill per day = 90 pills
 - 2 pills per day = 180 pills
2. Complete the Enrollment Order Form and Confidential Patient Profile for you and your covered family members. **This form will need to be completed with your first order only.** In the future, if you have additional medical information or changes to report, please notify PharmaCare Direct in writing.
3. Mail this completed form along with the original prescription and copayment to PharmaCare Direct, P.O. Box 270, Pittsburgh, PA 15230-9949.
4. Be sure to write the member number on the back of each prescription.
5. Drugs will be delivered postage-paid directly to your home. If you have any questions or problems concerning your prescription order, or if you do not receive your medication in 14 days, please contact PharmaCare Direct toll-free at 1-800-222-3383. Allow a few extra days the first time you place an order with PharmaCare Direct.

PHARMACARE CUSTOMER SERVICE HOURS:

Monday - Friday ~ 24 hours a day

Saturday ~ 9 a.m. - 8 p.m. EST

Sunday ~ 9 a.m. - 6 p.m. EST

1-800-222-3383

TDD-Hearing Impaired:
1-800-238-0756

How do I order refills or new prescriptions?

- For **refills** you have several options. You can visit the **member area** of our website at www.ehs.com to place your order online. You can also complete the Prescription Order Form provided with your order and **MAIL** or **FAX** it to PharmaCare Direct at 1-800-222-3383 and provide the member number, prescription number(s), and credit card information. The prescription label and the Customer Receipt will indicate the number of times you may have a prescription refilled.
- For **new prescriptions**, simply complete the Prescription Order Form included with each order and **mail** both the form and original prescription(s) to PharmaCare Direct in the envelope provided. Be sure to write the member number on the back of each prescription.

What about generic drugs?

The generic name of a drug is simply its chemical name. Generic drugs meet strict FDA requirements and are as safe, efficient and effective as brand-name drugs, but considerably less expensive. Generic substitutes will be dispensed by the pharmacist whenever possible, based upon availability, legal requirements, and your physician's approval.

Before leaving your doctor's office remember to:

- Discuss the possibility of using a generic medication.
- Examine the prescription to make sure it includes the dosage, your doctor's signature, and your name and address.
- Have your doctor write your prescription for up to a 90-day supply (or the maximum day supply allowed by your prescription plan). If you need medication immediately, ask your doctor to issue two prescriptions – one for an immediate supply to be taken to your local pharmacy, and a second for an extended supply, to be mailed to PharmaCare Direct.
- Please note, PharmaCare Direct requires a prescription for insulin and insulin syringes. If you need to order insulin or insulin syringes ask your doctor to write a prescription for each.

Please complete this form and return it to PharmaCare Direct at the following address:
PharmaCare Direct, Box 270, Pittsburgh, PA 15230-9949

Insurance Plan _____ Employer Name _____

Member Name _____ Member Number _____

Member Address: Street _____ City _____ State _____ Zip _____

() _____ () _____
Daytime Phone Home Phone E-mail Address _____

NOTE: All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other covered dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request Form provided in the PharmaCare Direct Privacy Notice, or as available on our website at www.ehs.com.

CONFIDENTIAL PATIENT PROFILE

Member _____ Date of Birth ____/____/____ Sex ____
Last Name First MI

ALLERGIES (check boxes) None 1 Penicillin 2 Chocolate 3 Sulfa 4 Aspirin 5 Thyroid
HEALTH CONDITIONS (check boxes) 6 Diabetes* 7 Glaucoma 8 Heart Condition 9 High Blood Pressure

Other health conditions/allergies _____

*Indicate the type of supplies being used - _____
Monitor Lancets Test Strips

Spouse _____ Date of Birth ____/____/____ Sex ____
Last Name First MI

ALLERGIES (check boxes) None 1 Penicillin 2 Chocolate 3 Sulfa 4 Aspirin 5 Thyroid
HEALTH CONDITIONS (check boxes) 6 Diabetes* 7 Glaucoma 8 Heart Condition 9 High Blood Pressure

Other health conditions/allergies _____

*Indicate the type of supplies being used - _____
Monitor Lancets Test Strips

Dependent _____ Date of Birth ____/____/____ Sex ____
Last Name First MI

ALLERGIES (check boxes) None 1 Penicillin 2 Chocolate 3 Sulfa 4 Aspirin 5 Thyroid
HEALTH CONDITIONS (check boxes) 6 Diabetes* 7 Glaucoma 8 Heart Condition 9 High Blood Pressure

Other health conditions/allergies _____

*Indicate the type of supplies being used - _____
Monitor Lancets Test Strips

Dependent _____ Date of Birth ____/____/____ Sex ____
Last Name First MI

ALLERGIES (check boxes) None 1 Penicillin 2 Chocolate 3 Sulfa 4 Aspirin 5 Thyroid
HEALTH CONDITIONS (check boxes) 6 Diabetes* 7 Glaucoma 8 Heart Condition 9 High Blood Pressure

Other health conditions/allergies _____

*Indicate the type of supplies being used - _____
Monitor Lancets Test Strips

PLEASE READ AND SIGN: I certify that the information provided on this form is correct and that the prescriptions enclosed are for use by covered participants; and I authorize the release of all information to the Plan Sponsor, administrator, or underwriter; and I AUTHORIZE PHARMACARE DIRECT TO SUBSTITUTE GENERIC DRUGS IN ALL CASES WHEN LEGALLY PERMISSIBLE, IN ACCORDANCE WITH APPLICABLE LAW, CONSISTENT WITH MY DOCTOR'S ORDERS. **NOTE: All communications regarding this account will be directed to the member (employee/retiree). If a spouse or other covered dependent wishes to direct their communications to an alternate address or telephone number, they may make this request by completing the Confidential Communications Request Form provided in the PharmaCare Direct Privacy Notice, or as available on our website at www.ehs.com.**

Member's Signature _____ Date Signed _____

PRESCRIPTION ORDER FORM FOR NEW PARTICIPANTS

Prescriptions are for: Member Spouse Dependent

Please write the member number on the back of each prescription.

Childproof caps are used for safety in shipping. **Check here if you want non-childproof caps with this order.**

Payment is being made by: Check Money Order Credit Card

Please make check or money order payable to:
PharmaCare Direct
Do not send cash.

Non-Formulary Brand-Name Prescriptions

Formulary Brand-Name Prescriptions

Generic Prescriptions

Quantity: _____

Quantity: _____

Quantity: _____

Copay: \$ _____

Copay: \$ _____

Copay: \$ _____

Total: \$ _____

Total: \$ _____

Total: \$ _____

If paying by credit card, please indicate the credit card you wish to use and provide the account number and the expiration date:

JCPenney

Discover

Master Card

Visa

American Express

Credit Card Account Number: _____

Expiration Date: _____

Signature: _____

Date Signed: _____