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# Make life easier with prescription home delivery

Highmark's prescription home delivery, powered by Express Scripts®, simplifies the prescription process. And you may save money, too. Here are the details:

## What is prescription home delivery?

Home delivery sends your maintenance medications (those you need on a long-term basis) straight to your doorstep. You should use a retail pharmacy for medications you take on a short-term basis, such as antibiotics.

## How do I get started?

Easy. All you have to do is follow the simple steps outlined on the next page.

## Do I need to call my doctor about this?

No. All you have to do is follow the steps on the next page and a follow-up with your doctor will be arranged if necessary.

## How long will it take to get my medication?

When you fill a prescription through home delivery for the first time, you should receive your medication within two weeks after Express Scripts receives your order. Refills are usually processed sooner — within three to five days.

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**Get started with home delivery.**  
Visit [highmarkbcbs.com](https://highmarkbcbs.com).



## The benefits of home delivery

### COST-SAVING SERVICES

- You'll typically pay less by getting up to a 90-day supply.
- Our specialists can help you find cost-saving opportunities, such as generic options.

### AT-HOME CONVENIENCE

- Enjoy free standard delivery right to your home.
- Automatically receive refill reminders by email so you never run out.
- Refill your medication by phone or online.
- With your permission, your doctor will be contacted when it's time to renew.

### HEALTH AND SAFETY SUPPORT

- Pharmacists are available 24/7.
- Licensed pharmacists can help with specific conditions, such as high blood pressure or diabetes.

### ONLINE SERVICES

- Track your prescriptions and home delivery refills.
- View claims, balances, and prescription history.
- Receive alerts if there's a prescription-related safety issue.

# Getting started with Express Scripts

## If you have remaining refills available, you can transfer them to Express Scripts online:

1. Log in to the Highmark member website at [highmarkbcbs.com](https://highmarkbcbs.com).
2. Go to the **Prescriptions** section and click **Refills & Order Status**.
3. You will be directed to the Express Scripts website.  
Under the **Prescriptions** section, review the prescriptions you have filled.
4. Click the **Prescription** tab on the top menu and then select **Pharmacy Options**.
5. Select the prescription(s) you want to transfer to home delivery.
6. You may also call Highmark at the Member Service number on the back of your ID card.

## If you do not have remaining refills available, you must obtain a new prescription from your doctor for up to a 90-day supply:

**Option 1:** Before your appointment, ask your doctor's office if they can send a prescription to Express Scripts electronically. If they cannot, see Options 2 or 3.

**Option 2:** Before your appointment, download the mail order physician fax form by following the steps below. Then, ask your doctor to complete the form and fax it to the number listed on the form.

1. Log in to the Highmark member website at [highmarkbcbs.com](https://highmarkbcbs.com).
2. Go to the **Prescriptions** section and click **Mail Order Options & Forms**.
3. You will be directed to the Express Scripts website.
4. Download the **Mail Order Physician Fax Form** and take a copy to your appointment.

**Option 3:** After your appointment, complete a Home Delivery Form and mail it with the new prescription to the address listed on the form. This form is available online by following the steps below.

1. Log in to the Highmark member website at [highmarkbcbs.com](https://highmarkbcbs.com).
2. Go to the **Prescriptions** section and click **Mail Order Options & Forms**.
3. You will be directed to the Express Scripts website.
4. Download the **Home Delivery Order Form** and send the completed form with your new prescription to the address listed on the form.

**For complete details about your prescription benefit, visit [highmarkbcbs.com](https://highmarkbcbs.com) or call Highmark at the Member Service number on your ID card.**

Note: Your medication will usually arrive within two weeks after Express Scripts receives your order. If your doctor faxes the prescription, you will be billed at a later date. Please make sure you have at least a two-week supply on hand while waiting for your medication to arrive via mail order.

Express Scripts is a separate company that provides certain prescription drugs through mail-order.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Blue Cross, Blue Shield and the Cross and Shield symbols are registered service marks of the Blue Cross Blue Shield Association. Highmark is a registered mark of Highmark Inc.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。



**Home Delivery Order Options**

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

**ePrescribe:** For fastest service ask your doctor to submit prescriptions electronically to Express Scripts Home Delivery. **Online/mobile app:** Log in to [express-scripts.com/rx](https://express-scripts.com/rx) or the Express Scripts® Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

**Fax:** Have your doctor call **1.888.327.9791** for faxing instructions. (Faxes can only be accepted from a doctor's office.)

**Phone:** Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

**Mail:** Complete the order form and send to Express Scripts® Pharmacy along with prescriptions and payment.

**Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. ( ● )**

<b>1 Member Information</b>	
Member ID Number	Group #
Member Last Name	Member First Name
<input type="radio"/> Please send email notices regarding this order's status	Email address
<b>To GO GREEN go to <a href="https://express-scripts.com/rx">express-scripts.com/rx</a> to update your Communication Preferences under Account</b>	

<b>2 Shipping Address</b>			
<input type="radio"/> Permanent <input type="radio"/> Temporary		If temporary address, please provide effective dates From ___/___/___ To ___/___/___	
Shipping Address Line 1 (Street address is preferred over PO Box)			Apt#
Shipping Address Line 2			
City		State	Zip
Primary Phone Number		Choose One M H W	Secondary Phone Number
			Choose One M H W
<b>Shipping Method</b> (Expedited shipping will <b>not</b> rush prescription processing)			
<input type="radio"/> Standard	Free	Arrives within 5-10 days after order is shipped	
<input type="radio"/> Two Day	\$12.00	Arrives 2 business days after order is shipped	
<input type="radio"/> One Day	\$21.00	Arrives 1 business day after order is shipped	

<b>3 Patient Information</b>	
Please only include prescriptions for patients covered under the above Member ID	
<b>Patient #1</b>	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone
<b>Patient #2</b>	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="radio"/> Male <input type="radio"/> Female
Physician Name	Physician Phone

<b>4</b>	<b>Payment Method</b>	<b>Do not send cash</b>
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You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.

- We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the toll-free number on the back of your ID card. The transaction amount is determined by your plan’s benefit structure at the time the prescription is shipped.
- State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund.
- See our privacy policy for information regarding our use and disclosure of personally identifiable information.

Signature X \_\_\_\_\_

<b>Credit Card:</b> We accept VISA, MC, Discover, AMEX, Diners <input type="radio"/> <b>Automatic, ongoing payment through credit card</b> Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> <b>For this order only.</b> Simply fill in your credit card information below. Credit Card Number _____  Exp Date _____	<b>Check or Checking Account</b> <input type="radio"/> <b>Automatic, ongoing payment through checking account</b> I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> <b>For this order only.</b> Enclose a check payable to Express Scripts Pharmacy. Write invoice number on the check. Name of checking account holder _____  Checking Account Number _____  Routing Number (first 9 digits lower-left corner of personal check) _____
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**Review your account balance and pay outstanding balances anytime at [express-scripts.com/rx](http://express-scripts.com/rx). To change the limit of the amount we can charge your card without a call to you:**

- Go to [express-scripts.com/rx](http://express-scripts.com/rx)
- Select Payment Information under Account, log in to your account, then Edit Information.
- Change the payment authorization limit

You can manage all account preferences at [express-scripts.com/rx](http://express-scripts.com/rx) or call Member Services at the toll-free number on your ID card.

<b>5</b>	<b>Health History</b>
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To update your allergies or health conditions: Visit us at [express-scripts.com/healthform](http://express-scripts.com/healthform) or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

<b>6</b>	<b>Important reminders and other information</b>
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**If you are a Medicare Part B beneficiary AND have private health insurance**, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at **1.800.633.4227**.

**For additional information or help**, visit us at [express-scripts.com/rx](http://express-scripts.com/rx) or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call **1.800.759.1089**.

Your order may be filled at any one of our Express Scripts® Pharmacies located nationwide.

<b>7</b>	<b>Generic Substitution</b>
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**State law permits a pharmacist to substitute a less expensive generic equivalent drug** for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.

I do not wish to receive a less expensive brand or generic medication.

If the prescription is being submitted electronically, discuss with your doctor.

Place your prescription(s), order form(s)  
and your payment in an envelope.  
Do not use staples or paper clips.  
Do not affix post it notes to form.

**EXPRESS SCRIPTS PHARMACY**  
**PO BOX 66577**  
**ST LOUIS, MO 63166-6577**