

Make life easier with prescription home delivery

Highmark's prescription home delivery, powered by Express Scripts Pharmacy, 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 following pages.



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 Pharmacy receives your order. Refills are usually processed sooner — within three to five days.

Get started with home delivery. Visit MyHighmark.com.

Getting started with Express Scripts Pharmacy

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

1. Log in to the My Highmark app or the member website at [MyHighmark.com](https://www.myhighmark.com).
2. Click on the **Benefits** tab and then scroll down to the **Insurance Benefits** section and select **Prescription**. Next, select **View prescription benefits**.
3. You will be directed to the Express Scripts Pharmacy website.
4. Select **Pharmacy Options** under the **Prescriptions** tab to review available prescriptions you can have delivered by mail.
5. 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 Pharmacy electronically. If they cannot, see Options 2 or 3.

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.

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 My Highmark app or the member website at [MyHighmark.com](https://www.MyHighmark.com).
2. Click on the **Benefits** tab and then scroll down to the **Insurance Benefits** section and select **Prescription**. Next, select **View prescription benefits**.
3. You will be directed to the Express Scripts Pharmacy website.
4. Click the **Benefits** tab on the top menu and then select **Forms**.
5. Download the **Mail Order Fax Form (PDF)** 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 My Highmark app or the member website at [MyHighmark.com](https://www.MyHighmark.com).
2. Click on the **Benefits** tab and then scroll down to the **Insurance Benefits** section and select **Prescription**. Next, select **View prescription benefits**.
3. You will be directed to the Express Scripts Pharmacy website.
4. Click the **Benefits** tab on the top menu and then select **Forms**.
5. Download the **Home Delivery Order Form (PDF)** and send the completed form with your new prescription to the address listed on the form.

For complete details about your prescription benefit, visit [MyHighmark.com](https://www.MyHighmark.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 Pharmacy 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. Express Scripts is an independent company that assists in the administration of your health plan's prescription benefits.

Benefits and/or benefit administration may be provided by or through the following entities, which are independent licensees of the Blue Cross Blue Shield Association:

Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company or Highmark Senior Health Company. **Your plan may not cover all your health care expenses. Read your plan materials carefully to determine which health care services are covered. For more information, call the number on the back of your member ID card or, if not a member, call 866-459-4418.**

Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield.

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

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://www.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 circles as shown. (●)

1 Member Information	
Member ID Number	Group #
Member Last Name	Member First Name
Want updates on your order? Register on our website. https://www.express-scripts.com	Email address
To GO GREEN go to https://www.express-scripts.com/green to update your Communication Preferences under Account	

2 Shipping Address			
<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
Shipping Method (Expedited shipping will not 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	

3 Patient Information	
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender Male Female
Physician Name	Physician Phone
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender Male Female
Physician Name	Physician Phone

4 Payment Method Do not send cash

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 _____

Credit Card: We accept VISA, MC, Discover, AMEX, Diners Check or Checking Account

Automatic, ongoing payment through credit card
 Authorize to pay for this order and all future orders with the credit card below.

For this order only. Simply fill in your credit card information below.

Credit Card Number

Exp Date

Automatic, ongoing payment through checking account
 I authorize to pay for this order and all future orders with the checking account information below or include a voided check.

For this order only. 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)

Review your account balance and pay outstanding balances anytime at [express-scripts.com/rx](https://www.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](https://www.express-scripts.com/rx)
- Log in to your account
- Under Account, select Payment Methods; under the method, select Edit
- Change the payment authorization limit and Save

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

5 Health History

To update your allergies or health conditions: Visit us at <https://www.express-scripts.com/frontend/consumer/#/health-profile> or call **1.877.438.4417**. This information helps us protect you against potentially harmful drug interactions and allergies.

6 Important reminders and other information

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](https://www.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.

7 Generic Substitution

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 sticky notes to form.



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