

# 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		
	Tier 1	Tier 2	Tier 3
30-day supply, retail pharmacy	\$15	\$30	\$50
90-day supply, mail service pharmacy	\$30	\$60	\$150

1. In most cases for eligible maintenance medications. Check plan materials for more details.  
2. 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](https://bluecrossma.org). Once signed in, click **Pharmacy Benefit Manager** under **My Medications**, then go to the **Prescriptions** tab. To:

### TRANSFER PRESCRIPTIONS

Click  
**Start Rx Delivery by Mail**

### ORDER REFILLS

Click  
**View/Refill All Prescriptions**

### SET UP AUTOMATIC REFILLS

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).



MASSACHUSETTS

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).

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# Mail Service Order Form

Please fold here →

CVS Caremark  
PO BOX 659541  
SAN ANTONIO, TX 78265-9541

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

Number of **New** prescriptions:Number of **Refill** prescriptions: 

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Go to **90-Day Mail Service** under **My Medications**.

please fold here →

\*WEB\*

Suffix (JR, SR)

Apt./Suite #

**Use shipping address  
for this order only.**

State

ZIP Code

Daytime Phone #:

Evening Phone #:

please fold here →

\*WEB\*

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.

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**\* WEB \***

**C Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

**First person** with a refill or new prescription.

☐ Spanish forms and labels

Last Name   
Nickname

First Name   
Date of birth: MM-DD-YYYY

MI  Suffix (JR,SR)

E-mail address:  Date new prescription written:

Doctor's last name  Doctor's first name  Doctor's phone #

Tell us about new health information for 1st person if never provided or if changed.

**Allergies:** ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin  
☐ Sulfa ☐ Other:

**Medical conditions:** ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem  
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid  
☐ Other:

**Second person** with a refill or new prescription.

☐ Spanish forms and labels

Last Name   
Nickname

First Name   
Date of birth: MM-DD-YYYY

MI  Suffix (JR,SR)

E-mail address:  Date new prescription written:

Doctor's last name  Doctor's first name  Doctor's phone #

Tell us about new health information for 2nd person if never provided or if changed.

**Allergies:** ☐ None ☐ Aspirin ☐ Cephalosporin ☐ Codeine ☐ Erythromycin ☐ Peanuts ☐ Penicillin  
☐ Sulfa ☐ Other:

**Medical conditions:** ☐ Arthritis ☐ Asthma ☐ Diabetes ☐ Acid reflux ☐ Glaucoma ☐ Heart problem  
☐ High blood pressure ☐ High cholesterol ☐ Migraine ☐ Osteoporosis ☐ Prostate issues ☐ Thyroid  
☐ Other:

**D Special instructions:**

**E How would you like to pay for this order?** (If your copay is \$0, you do not need to provide payment information.)

☐ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

☐ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

☐ Use your card on file.

☐ Use a new card or update your card's expiration date.

Exp.Date MMY

☐ **Check or money order.** Amount: \$

- Make check or money order payable to CVS Caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

**Payment for Balance Due and Future Orders:** If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

☐ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Credit card holder signature/Date

**Regular delivery is free** and takes up to 5 days after your order is processed.

**If you want faster delivery, choose:**

☐ **2nd business day (\$17)**

☐ **Next business day (\$23)**

Faster delivery can only be sent to a street address, not a PO Box

**Expected processing time from receipt of this form:**

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)

