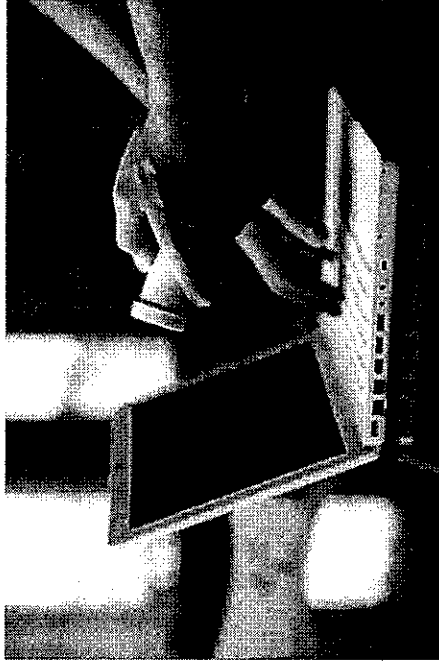


Other Items

- **Refill too soon:** The information included with your last order will identify the date on or after which you can order that refill. Orders placed before the refill date will be held and processed on that date.
- **Prescription expiration date:** Most prescriptions, including refills, expire one year (sometimes sooner) from the date they are written. After the expiration date, regardless of whether your prescription label still shows refills remaining, you must obtain a new prescription from your physician.
- **Prior authorizations:** Certain medications may require prior authorization before dispensing.
- **Supply limitations:** Your prescriptions may be filled for up to your plan-specified day supply maximum when allowed by your physician, the law, in accordance with pharmacy practice and manufacturer recommendations. There are some medications such as controlled substances and antidepressants that, by law, can only be dispensed for the exact quantity written by your physician, which may be less than your plan maximum.

Member Services

For questions regarding your order, the terms of your benefit plan (such as co-payment amounts, covered and non-covered medications, or eligibility) or to speak with a pharmacist, call toll-free, 1-877-723-6005 (TDD: 1-888-907-0020) 24 hours a day, 7 days a week.



Mail Service Assistance

1-877-723-6005
TDD: 1-888-907-0020
www.benecardpbf.com

Mail Prescription Orders to:

Benecard Central Fill
PO Box 799
Mechanicsburg, PA 17055-0799

This brochure is a summary of Benecard Central Fill mail service and is not a contract. Specific information on your prescription plan design and features are included in your Benecard PBF prescription program brochure. All benefits described are subject to the terms, conditions and limitations of the group master contract and applicable state law. All personal health information is kept strictly confidential, as required by the privacy rules of the Health Insurance Portability and Accountability Act.

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Mail Order Option For Maintenance Medications

You and your eligible dependents may choose to use Benecard Central Fill, the Benecard PBF mail service pharmacy, to obtain long-term medication supplies. Typically prescriptions filled through mail service include medications used to treat chronic conditions such as high blood pressure, heart conditions, cholesterol, diabetes, asthma, arthritis, etc. However, you may submit any prescription for fulfillment through mail service. Prescriptions that you need to use right away should always be taken to your local pharmacy.

Prescription medications can be expensive; therefore, while your physician is determining the medication, dosage and strength that is best for you, we encourage you to obtain your initial fill in a lesser quantity at a participating retail pharmacy. Once your physician has determined the right treatment course for you and it is determined that a long-term regimen is needed, ask your physician to write the prescription for a long-term supply. Typically, the prescription is written for up to a 90-day supply, plus refills. If you need to begin taking the medication immediately, ask your physician for two prescriptions, one in a lesser quantity for immediate fill at your local pharmacy, and the other for the long term supply to be submitted to mail order.

Coverage And Co-payment

Your Benecard PBF Prescription Benefit Plan provides coverage for the same medications and has the same drug exclusions as you would receive at a retail location. Be sure to read your prescription program brochure for specific coverage detail and information on your mail order co-payment amount and any special features offered through mail service. A plan brochure was provided with your identification card and is available from your benefits manager or can be obtained online at www.benecardpbf.com.

Generic Drugs Generate Savings

Generic equivalent medications must meet the same Food and Drug Administration (FDA) standards for purity, strength and safety as brand name medications. They also must have the same active ingredients and absorption rate as their brand name alternative. If you wish to take advantage of this savings opportunity, you should ask your physician to prescribe your medication generically. You may also consult with your pharmacist regarding generic drug options that may be available to you.

Generic Dispensing

Your program brochure contains information about your plan's generic dispensing policy and the co-payment differential between brand and generic medications. It is standard pharmacy practice, and required by law in some states, to substitute generic equivalents for brand products when one is available. When submitting a prescription order to the mail service pharmacy, specify your preference regarding generic dispensing. Unless you specify your preference for the brand or your physician will not allow a generic substitution, the generic equivalent will be dispensed, if one is available. It is important to

note, however, that with many medications there may not be a generic equivalent available.

Your First Order

Complete the enclosed Mail Service Order Form and mail it along with your original long-term prescription using the pre-addressed envelope provided to Benecard Central Fill. You will receive a new mail service order form and envelope with each shipment.

You can also have your physician fax your prescription to us at 1-888-907-0040. Be sure that your physician includes the cardholder name, ID number, shipping address and date of birth. Only prescriptions faxed from a doctor's office will be accepted via fax.

3 Ways To Order Refills

The information included with your last order will include all the information you need to request a refill. Additionally, the number of refills remaining on your prescription is included on the prescription label. To order refills you have three options:

Internet: Visit www.benecardpbf.com. If you have not yet registered, click on Register. If you are a registered user, log in and select Mail Order.

Phone: Call Member Services toll-free, 1-877-723-6005 24 hours a day, 7 days a week and use the prompts to order your refills. Have your identification number and credit card information ready.

Mail: Send the Refill Request Order Form provided with your last shipment back to Benecard Central Fill mail service in the pre-addressed envelope.

Co-payment

To avoid delays, always include the appropriate co-payment (if applicable) when your order is placed. Benecard Central Fill accepts Visa, MasterCard, Discover or American Express. You may also pay by check or money order made payable to Benecard Central Fill. *Please do not send cash.*

Shipping

Please allow up to 2 weeks for delivery. This time frame includes the time necessary for the mail to deliver your order to Benecard Central Fill, internal processing time and return shipping of your prescription order. Standard shipping is free-of-charge. Emergency prescriptions can be expedited to you at an additional charge. Please note that expedited shipping only affects shipping time, and not the time for internal processing of your order.



MAIL SERVICE Patient Information and Order Form

PO Box 779

Mechanicsburg, PA 17055-0779 • Phone: 1-877-723-6005 • TDD Phone: 1-888-907-0020 • Fax: 1-888-907-0040 • www.beneCARDpbf.com

Complete this form to order new prescriptions or refills.
For convenient service, order refills or check benefit information at www.beneCARDpbf.com or call 1-877-723-6005.

(Cardholder ID #) _____ (RxGRP)

(Cardholder Name)

(Shipping Address)

(Shipping Address)

(City, State, Zip)

(Daytime Phone) _____ (Evening Phone) _____ (Cell Phone)

(E-Mail Address)

Please be aware that certain medications cannot be delivered to a post office box.

Is this a temporary address change?

Is this a permanent address change?

If so, be sure to contact your plan administrator.

Check here if it is OK to contact you via text message.

New Prescriptions and Patient Information

Complete section below for each person submitting prescription(s) and enclose new prescription(s) in envelope along with form.

Patient Name	Prescriber Name	List Allergies/Health Conditions or Misc Info
DOB	Prescriber Phone #	List Allergies/Health Conditions or Misc Info
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	# of Rx's enclosed for this patient. <input type="checkbox"/> Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.	
Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Patient Name	Prescriber Name	List Allergies/Health Conditions or Misc Info
DOB	Prescriber Phone #	List Allergies/Health Conditions or Misc Info
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	# of Rx's enclosed for this patient. <input type="checkbox"/> Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.	
Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		
Patient Name	Prescriber Name	List Allergies/Health Conditions or Misc Info
DOB	Prescriber Phone #	List Allergies/Health Conditions or Misc Info
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	# of Rx's enclosed for this patient. <input type="checkbox"/> Check here for easy open caps If you do not permit substitution with a lower cost or generic medication, indicate here by listing the medications.	
Relationship To Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		

PA STATE LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE.

If you do not want a less expensive brand or generic medication, please indicate above where requested. Please note that you may pay more for a brand name drug if your prescription plan dictates.

Please see reverse side for additional information.



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If prescriptions for more than one person are sent to us in the same envelope, we may send the medications together in one package unless otherwise directed.

(Expedited shipping will not affect processing time of your order; it will only affect the shipping time.)

Your credit card will be charged according to your prescription plan and expedited shipping (if requested). There is no additional charge for standard delivery. (Allow up to two weeks for delivery.)
 Check one of the boxes below for faster delivery. (Charges are subject to change.)
 2nd Business Day – \$15 Next Business Day – \$20

Check here to keep this card on file. We will bill your card for future orders and any outstanding balances for all persons in the family.

Visa MasterCard Discover American Express

Credit Card Holder Signature _____ Date _____

Credit Card Number _____ Exp. Date _____

If the Credit Card Billing Address is NOT the same as the Shipping address, please specify Credit Card Billing Address below.

 (Credit Card Billing Address)

 (Credit Card Billing Address)

 (City, State, Zip)

Complete section below if paying by credit card.
 We accept Visa®, MasterCard®, Discover®, American Express®.

Please make check or money order payable to **BeneCARD Central Fill**.
 Write your member ID # on the check or money order.
 (Checks returned for insufficient funds will be subject to a \$40 processing fee.)

Payment Information
 DO NOT SEND CASH

Medication	Rx #	Patient Name
Medication	Rx #	Patient Name
Medication	Rx #	Patient Name
Medication	Rx #	Patient Name
Medication	Rx #	Patient Name

For convenient service, order refills or check benefit information at www.benecardpbf.com or call 1-877-723-6005.

Refills