

Save Money on Your Prescriptions!

*Have Them Delivered
to Your Door!*

MESSA members who take prescribed medications on an **ongoing basis**, such as medicine to treat high blood pressure, asthma, diabetes, or any chronic health condition can now save money and have a 90-day supply of their prescribed medication delivered to their home.

Administered by Medco Health, the Home Delivery Pharmacy Service is safe, convenient and saves you money. It also helps to keep health care costs down. MESSA members who utilize the Home Delivery Pharmacy Service can save money by ordering up to a 90-day supply for a single co-payment. Co-payment amounts vary depending on your plan.

Let your physician know that you are enrolled in a maintenance prescription drug program which permits up to a 90-day supply of medication when prescribed by your physician. When authorized by your physician, you are permitted a maximum of one year except where prohibited by law. Let your physician know that you support the use of generic drugs whenever possible and only when it does not compromise your health.

To start saving money, ask your doctor to prescribe up to a 90-day supply, plus refills, of your medication. Send in your prescription using a special order envelope you can get by calling MESSA.

Payment can be made by check, money order or credit card. Prescription refills can be requested by mail, by calling Medco Health or on the Internet at www.messa.org and choose **Home Delivery Pharmacy**. Prescriptions are usually delivered in 14 days or less by the US Postal Service or UPS.

Medco Health pharmacies are staffed with highly trained, registered pharmacists who follow strict quality and safety controls for every prescription. When you receive your order from Medco Health, please review the medication label, billing invoice and product information to make sure you received the medication your doctor prescribed. **When available and when your doctor does not indicate to "dispense as written" prescriptions will be filled with a generic.** Generic medications contain the same active ingredients and are subject to the same FDA standards as their brand name counterparts.

If you have specific questions, please call MESSA. The telephone numbers are listed below and can be selected depending on your plan.

MESSA Telephone Numbers by Plan

MESSA Super Care	800.336.0013
MESSA Tri-Med	800.860.7292
MESSA Choices / MESSA Choices II	888.888.4599
All other MESSA plans	800.336.0013

For questions about the Home Delivery Pharmacy Service, please call Medco Health at 800.903.8346.



MESSA
www.messa.org

Answers to Your Questions

Q. How do I know if my drug is covered under the program?

A. Check with MESSA for specific information about covered and excluded medications.

Q. How do I order a larger supply of medication from the Home Delivery Pharmacy?

A. Your doctor is responsible for determining the amount of medication ordered - based on the limits of your plan. Let your doctor know that you are covered under a mail service prescription drug program. Advise him or her of the maximum supply permitted. That way, he or she can prescribe appropriately.

Q. How long will it take to receive my medication?

A. If you phone in a refill order your medication will be processed within 48 hours. Allow approximately one week for normal mail delivery to your home. If you mail in your order, please allow 10-14 days for delivery from the time you mail your prescription.

Q. How do I order refills from Medco Health?

A. If your doctor has authorized refills, the quickest way to order is by calling Medco Health Member Services and using the automated refill system. Have your member ID number and refill slip with the prescription information ready. You also have the option of ordering your refills by mail or online. Please order refills on or after the refill date indicated on the refill slip or when you have fewer than 14 days of medication remaining.

Q. What if I send in the wrong co-payment?

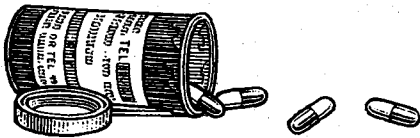
A. If there is a balance due, an invoice will be included with your prescription order. If you overpaid, your account will be credited.

Q. How are medications shipped?

A. Most medications are shipped via the US Postal Service. Medications containing certain controlled substances are shipped via UPS.

Q. How do I order additional mail service envelopes?

A. Simply call MESSA. The requested materials will be mailed to you right away.



*The Home Delivery Pharmacy
Service is safe, convenient and
saves you money.*



1475 Kendale Blvd., P.O. Box 2560 • East Lansing, Michigan 48826-2560

517.332.2581 • 800.292.4910



Health, Allergy & Medication Questionnaire



MESSA.
www.messa.org

Your answers to the following questions will help us provide your pharmacy benefit services including, for example, filling prescriptions and alerting your doctor about possible medication problems. To best serve you, we need to know if you have any known allergies, conditions or diseases.

- Please complete the questionnaire for each person in the household eligible for pharmacy benefits with Medco Health Home Delivery Pharmacy Service™.
- If you need additional forms you may call MESSA toll free at 800 292-4910 or you may print a form on-line at www.medcohealth.com.
- **Return this questionnaire with your prescription or refill order form.**

Section 1: Member Identification and Contact

MCH		-	-	
Group Number	Member Number <small>(Located on your pharmacy benefit card and/or in your benefits information)</small>	Daytime Telephone Number		
Member/Subscriber First Name	M.I.	Last Name		
Street Address/Apt. No.	City	State	Zip	

Section 2: Drug Allergy Conditions

For each covered family member, include their name, date of birth and gender.
For each family member fill in the circle **ONLY** if an allergy or bad reaction happened anytime in the past. If your medication is not listed, please print the name of the medication allergy in the bottom section of this chart.

Correct way to mark circles:

Please use blue or black ink.

	Member	Spouse	Dependent	Dependent	Dependent
First Name: Add last name if different than member					
Date of Birth: MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Gender: O M O F	O M O F	O M O F	O M O F	O M O F	O M O F
Penicillin/Cephalosporin Antibiotics (e.g. ampicillin, Keflex®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetracycline Antibiotics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Erythromycin, Biaxin®, Zithromax®	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Codeine (e.g. Tylenol #3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-steroidal anti-inflammatory (NSAID) drugs (e.g. Ibuprofen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aspirin (e.g. Salicylates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sulfa drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iodine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print other drug allergies not listed above in the space provided, i.e. - <i>Morphine</i>					



Continued on back

Section 3: Medical Conditions

Please list in the appropriate column the names of each family member enrolled. Then, for each family member, fill in the circle next to each condition if a doctor ever said **that particular family member** has the condition.

First Name:	Member	Spouse	Dependent	Dependent	Dependent
Heart failure (weak heart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack or angina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol (hypercholesterolemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis or emphysema (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies, runny nose, hay fever (allergic rhinitis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood sugar (diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peptic, stomach, or duodenal ulcer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastric reflux, heartburn, or esophagitis (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflammatory bowel disease (colitis, Crohn's disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High pressure in the eyes (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor circulation in the legs (peripheral vascular disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble with blood not clotting properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enlarged prostate (benign prostatic hyperplasia, BPH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraine headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Print other medical conditions not listed above in the space provided, i.e. - <i>Glaucoma</i>					

For more information about Medco Health, please visit us online
at www.medcohealth.com.

Did you complete both sides?

Please return the questionnaire with your prescription or refill order form.

Thank you very much.

MSSARF



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Medco Health Home Delivery Pharmacy Service™ Order Form



Benefits Provided by MESSA

For Refills

To order from our website: www.medcohealth.com. Have your member ID and Prescription (Rx) number on hand. Please find your member ID on your MESSA ID card and your 12-digit Prescription or Rx number on your refill slip.

To order by phone: Call **1 800 4REFILL (1 800 473-3455)** to use the automated refill system. Have your member ID number and your refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For New Prescriptions

Fill out one line of the **Patient Information Section** for each new

prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For All Home Delivery Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Medco Health Member Services at **1 800 903-8346**. Best times to call are Tuesday through Friday afternoons. If you have a question concerning eligibility or benefits, please contact MESSA at **1 800 292-4910**.

Member Information

Member ID:

Group: **MCH**

Name: _____
 Street Address: _____
 Street Address: _____
 Street Address: _____
 City, ST, ZIP: _____

Daytime telephone

Evening telephone

Shipping address if different from your mailing address

Check if Temporary Permanent

You authorize release of all information to the plan administrator, underwriter, sponsor, policyholder, and their agents for use in connection with the benefit plan programs. Information may also be used for other reporting and analysis purposes without identification of you or your family members.

Patient Information—Complete one line for each new prescription (Do not complete for refills)

Patient name	Patient's relation to plan member (fill in one)	Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Order Information

Total number of medications in this order (including all refills and new medications)

Subtotal of this order \$.

Optional expedited shipping \$9.00 (subject to change) .

Total enclosed (do not send cash) \$.

Please be sure address is visible through window of return envelope

Paying by credit card? Visa MC Disc/NOVUS AmEx Diners

CREDIT CARD NUMBER
 M Y

CARDHOLDER SIGNATURE _____

Check here to have all orders billed to your credit card. By doing so, you authorize Medco Health to keep your card number on file and bill all future orders directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your member ID on your check or money order made payable to Medco Health.

MEDCO HEALTH
PO BOX 182050
COLUMBUS, OH 43272-4404



Please take a minute to make sure...

- You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.
- You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.
- You have written your member ID (found on your MESSA ID card) on any check or money order.
- The Medco Health address on the front shows through the window of the return envelope.
- You have filled out the Health, Allergy, and Medication Questionnaire. This information will help Medco Health better serve your prescription drug needs.

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered to your area. This option must be chosen when you make the order and cannot be applied after an order is already processed.

Additional Instructions

If you elect to have this and all future orders automatically charged to your credit card, check the appropriate box on the front of this form in the **Order Information** section or enroll by phone. Remember, that the automated payment plan feature will apply to **all** Home Delivery Pharmacy Service orders. Also note, that we can only keep one credit card on record.

You may have a balance limit on your plan account. If you do, once your unpaid balance exceeds that limit no additional orders will be processed until the balance is paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Ohio Law allows a less expensive, generically equivalent drug to be substituted for certain brand name drugs unless you or your physician direct otherwise.

Get more information from our website.

Visit us at www.medcohealth.com.



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