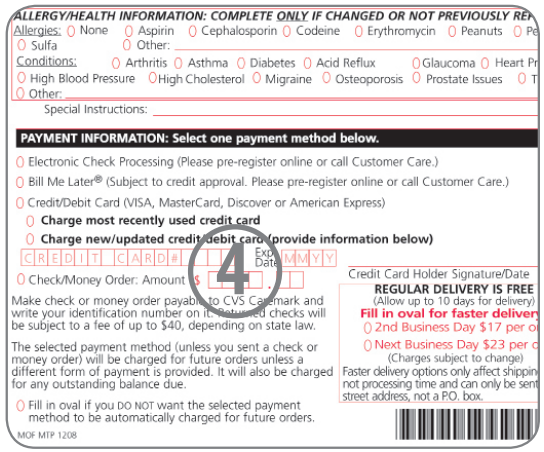
STEP 4 – Method of Payment

4. Fill in the appropriate oval for your method of payment. You can pay using an electronic check, Bill Me Later®, or credit/debit card (VISA®, MasterCard®, Discover® or American Express®). If you are paying by check or money order, please write your benefit ID number on the check. DO NOT SEND CASH.

Note: Electronic check and Bill Me Later® require pre-registration by logging on to BCBSRI.com. (Select "Pharmacy," on the left hand side of your member homepage, and follow prompts.) or by calling 1-888-648-9621 (Medicare Part D) or 1-866-329-3053 (all others) fully automated refill service. Have your benefit ID number ready.


ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY RE

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Pe
○ Sulfa ○ Other:

Conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid Reflux ○ Glaucoma ○ Heart Pr
○ High Blood Pressure ○ High Cholesterol ○ Migraine ○ Osteoporosis ○ Prostate Issues ○ T
○ Other:

Special Instructions:

PAYMENT INFORMATION: Select one payment method below.

○ Electronic Check Processing (Please pre-register online or call Customer Care.)
○ Bill Me Later® (Subject to credit approval. Please pre-register online or call Customer Care.)
○ Credit/Debit Card (VISA, MasterCard, Discover or American Express)
○ **Charge most recently used credit card**
○ **Charge new/updated credit/debit card (provide information below)**

CREDIT CARD# Exp. Date MMYY

○ Check/Money Order: Amount $.

Credit Card Holder Signature/Date

REGULAR DELIVERY IS FREE
(Allow up to 10 days for delivery)
Fill in oval for faster delivery
○ 2nd Business Day $17 per o
○ Next Business Day $23 per o
(Charges subject to change)
Faster delivery options only affect shippin
not processing time and can only be sent
street address, not a P.O. box.

Make check or money order payable to CVS Caremark and write your identification number on it. Returned checks will be subject to a fee of up to $40, depending on state law.

The selected payment method (unless you sent a check or money order) will be charged for future orders unless a different form of payment is provided. It will also be charged for any outstanding balance due.

○ Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

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STEP 5 – Enclose Your Prescription

5. Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

That's It!

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided, or use your own envelope and mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form. Please be sure to fold the mail service order form along the fold lines so the CVS Caremark Mail Service Pharmacy address shows through the window of the envelope.

3 Ways to Refill

Online. You can order your mail service refills by logging on to BCBSRI.com. (Select "Pharmacy," on the left hand side of your member homepage, and follow prompts.). Register online to receive refill reminders, informative newsletters and other important alerts. Have our benefit ID number handy to register.

By Phone. Call 1-888-648-9621 (Medicare Part D) or 1-866-329-3053 (all others) fully automated refill service. Have your benefit ID number ready.

By Mail. You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number(s) in the space provided. Send the order form to CVS Caremark and enclose your payment, if your plan requires a payment.

Questions?

Contact Customer Care toll-free at 1-888-648-9621 (Medicare Part D) or 1-866-329-3053 (all others) fully automated refill service. Have your benefit ID number ready. We are here to serve you.

CVS CAREMARK

BCBSRI.com

Getting Started With CVS Caremark Mail Service

For First Time Users

CVS CAREMARK

Your CVS Caremark Mail Service Pharmacy

Your CVS Caremark Prescription Benefit

How would you like to have your long-term medicine conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medicine for a copay* that may be significantly less than you would pay at a participating retail pharmacy.

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine
- Enjoy the convenience of having your medicine delivered to a location of your choice – home, office, vacation spot
- Speak to a registered pharmacist 24 hours a day, seven days a week
- Order prescriptions and get health information online at BCBSRI.com. (Select "Pharmacy," on the left hand side of your member homepage, and follow prompts.)

Getting Started

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:

- The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy
- The second for the maximum days supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark Mail Service Pharmacy

If you're not in a hurry, just mail your prescription for a 90-day supply (with any appropriate refills) to CVS Caremark.

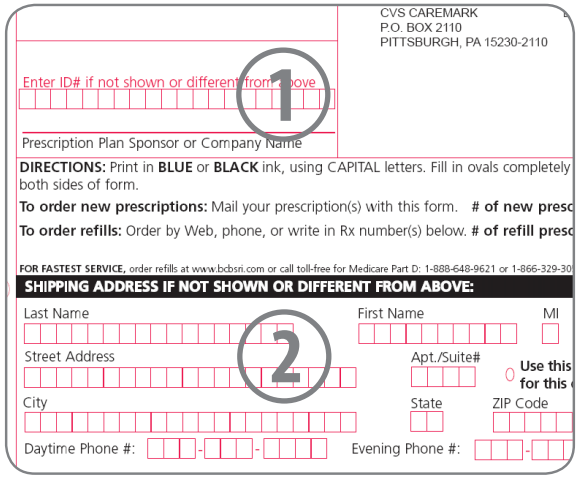
*Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Filling Out the Mail Service Order Form

Follow these five steps to fill out the mail service order form:

STEP 1 – Benefit ID Number

1. Fill in your ID number from your benefit ID card. (On your next order, your ID number will be pre-printed on your order form.)



STEP 2 – Address

2. Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.

STEP 3 – Prescription Information

3. Provide the requested information for the first person for whom a prescription(s) is being submitted.

- Indicate if you would like your order to include Easy-Open Caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
- Be sure to completely fill out your Doctor's First Name, Last Name and Telephone Number.
- Fill in the ovals under "Allergies" if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the "Other" oval and write in the allergy.
- Fill in the ovals if you have any health "Conditions." If you do not see your health condition listed, fill in the "Other" oval and write in the health condition.

3a. Provide the requested information for the second person for whom a prescription(s) is being submitted (if applicable). If this is the case, provide the same information as STEP 3.