

What is the "Split Incentive" program?

Our innovative "Split Incentive" program offers employers and employees a creative and practical way to reduce the price and co-pays for prescription medications. Often, expensive drugs are available in many strengths. Dramatic savings occur when tablets equal to twice the dose are dispensed and one-half of the tablet is taken. Patients get the correct dose of medication, and both patients and employers save money. We provide tablet splitters, instructions, and you pay less!

How can you begin using the "Split Incentive" program?

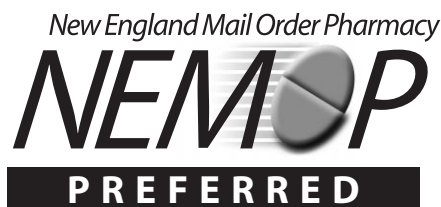
The "Split Incentive" program cannot be used for every prescription. Some tablets should not be broken, some medicines only come in capsule form and others may not be available in the dosage needed to participate. NEMOP Preferred pharmacists know when to use this program. We have been providing this service since 1995. We know it works, and when it should be utilized.

Participation in the "Split Incentive" program is automatic. If there is some reason why this program is not right for you, please contact us.



Welcome to New England Mail Order Pharmacy Preferred

We want the change to NEMOP Preferred to be easy. If you have questions, email, fax or call us. We do not use voice mail during business hours. Real people answer the phone 7 days a week!



P.O. BOX 69, MIDDLEBURY, VT 05753

LOCAL: 388-1684

TOLL-FREE: 888-778-8667

WEB: www.vmop.com

EMAIL: mail@vmop.com

FAX: 802-388-1688

**Monday – Friday: 8 am – 6 pm
Saturday: 8 am – 5 pm
Sunday: 9 am – 2 pm**

After hours use our website, send an email, fax, or leave a message.

Thank You!

New England Mail Order Pharmacy



Your Mail Order Pharmacy Program
in conjunction with Restat Retail Services

• **Personal Service
At A Level Matched
By No Other!**

• **Helping To Lower
Medication Costs To You
and Your Employer**

• **Offering Our Exclusive
Cost Saving
"Split Incentive Program"**

NEW ENGLAND MAIL ORDER PHARMACY PREFERRED

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Benefits of Using New England Mail Order Pharmacy Preferred:

- **Reduced co-pays** (depending on your plan design) for you and your eligible family members
- Up to a **90-day supply** of medication
- **Prescriptions delivered to you in days not weeks!**
- Prescriptions mailed directly to you and eligible family members at the location(s) of your choosing.
- **NEMOP Preferred is open 7 days a week.**
- Pharmacists are always on site and available.
- Direct access to our staff. We have no switchboard – only human beings.
- **After hours direct refill service**
- **Toll-free direct access**

When do I use NEMOP Preferred, and when do I use my local pharmacy?

NEMOP Preferred is an easy, convenient and cost effective way to obtain all your maintenance medications. A maintenance medication is one that is taken on a consistent basis, often every day (i.e. drugs for blood pressure, diabetes, cholesterol, heart conditions, asthma, birth control, arthritis, etc.) Your Prescription Card should be used at your local pharmacy when there is a need for an acute medication (i.e. antibiotics, eardrops, etc.)

How do I begin using NEMOP Preferred?

Simply complete a patient information form. You may complete the paper form, and send it to us in the postage paid envelope, fax the form to 802-388-1688 or visit our website: www.vmop.com and fill out the electronic version.

Do I need to get all new prescriptions from my doctor and send them in?

No! Just fill in the prescription transfer request on the back of the patient information form. We will call your current pharmacy and transfer the balance of your prescription for you. You may:

- Complete the paper form and send it to us in the postage paid envelope
- Fax it to us @ 802-388-1688, or
- Go to our website www.vmop.com

How will I receive my medication from NEMOP Preferred?

All prescription orders are typically filled within 24 hours and will be mailed via first class mail. Medications requiring special handling will be sent using express services.

Can my doctor phone prescriptions to NEMOP Preferred?

Physicians may call toll free 888-778-VMOP (8667). New England Mail Order Pharmacy Preferred is open 7 days a week.

How can I get my refills?

There are 4 easy ways to get your refills. If you have had the prescription previously filled by NEMOP Preferred, you may enter a refill request at www.vmop.com, email, fax, or phone a refill request anytime.

IF THE PRESCRIPTION WAS NOT ORIGINALLY FILLED BY NEMOP PREFERRED PLEASE FOLLOW THE TRANSFER INSTRUCTIONS

What are generic drugs?

Generic drugs are the non-brand version. These drugs are less expensive but must meet the same standards of safety and effectiveness as the Brand. The Federal Food & Drug Administration (FDA) set equal standards for all your medicines. According to law we must dispense generic drugs whenever they are available.

Can I get a brand drug when a generic version is available?

State pharmacy law compels all pharmacies to dispense generic drugs unless the physician writes on your prescription "Brand Necessary" or "Dispense as Written".

The doctor also must provide a written statement offering compelling reasons for dispensing the brand.

What's a preferred drug?

Your employer has established a formulary of preferred brands. The formulary will be routinely updated to reflect changes in the pharmaceutical industry. You may view this list at www.restat.com. If your prescription is for a formulary brand, you may pay the preferred brand co-pay depending on your plan design. You will be charged the non-preferred brand co-pay if:

- Your brand is not on the formulary list
- Your physician insists on dispensing a brand when a generic drug is available.



Patient Information Form

Carefully complete this form
 before ordering your prescriptions.
Please print, thank you!

DATE

EMPLOYEE'S INSURANCE IDENTIFICATION NUMBER

EMPLOYER

CHILD RESISTANT CONTAINERS
 I do not want child resistant containers.
 PLEASE SIGN
 X _____

DRUG INFORMATION
 Please check the box if you would like
 printed drug information.

NEW PRESCRIPTIONS

Please enclose original prescriptions from your physician for each medication you are ordering. The NEMOP plan allows you a full 90 day supply of each medication. Use the stamped and addressed envelopes we provide to mail us your prescriptions. **Prescriptions for narcotics must be mailed.**

REFILLING A PRESCRIPTION

There are 4 easy ways to get your NEMOP prescriptions refilled. If the prescription has already been filled at least once by us you may enter a refill request at www.nemop.com, email a request, fax a request to: (802) 388-1688 call toll-free 1-866-926-3667 or (802) 388-0509.

**You may complete an electronic version of
 this form at our website, it's quick and easy!
www.nemopr.com
 email us at: mail@nemopr.com**

www.nemopr.com

CO-PAY

If a co-payment is required by your employer, please indicate how you would like to pay:

- Personal check payable to NEMOP MasterCard VISA AMEX Discover

NAME AS IT APPEARS ON THE CARD (PRINT) SIGNATURE

CREDIT CARD NUMBER EXP. DATE

SHIPPING

NAME

P.O. BOX / STREET

CITY/TOWN STATE ZIP

HOME PHONE WORK PHONE

EMPLOYEE

LAST	FIRST	MI	DOB MM/DD/YY / /	SEX M F	ALLERGIES (IF NONE, PLEASE INITIAL THE BOX)
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Please use an additional sheet if more space needed for allergies or comments

SPOUSE

LAST	FIRST	MI	DOB MM/DD/YY / /	SEX M F	ALLERGIES (IF NONE, PLEASE INITIAL THE BOX)
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DEPENDENT

LAST	FIRST	MI	DOB MM/DD/YY / /	SEX M F	ALLERGIES (IF NONE, PLEASE INITIAL THE BOX)
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LAST	FIRST	MI	DOB MM/DD/YY / /	SEX M F	ALLERGIES (IF NONE, PLEASE INITIAL THE BOX)
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Use this form only for prescriptions not previously filled by NEMOP Preferred

You may complete an electronic version of this form at our website www.vmop.com or you may fill out this one and mail or fax it to us. Timely processing of your transfer request depends upon our ability to communicate with your physician and or pharmacy. Please enter the information neatly, accurately and completely.

IMPORTANT: Please make sure the prescriptions you want transferred have valid refills

PATIENT		PHARMACY		PHARMACY PHONE #	
PHYSICIAN				PHYSICIAN PHONE #	
1	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT
2	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT
3	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT
4	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT
5	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT

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5	MEDICATION NAME AND STRENGTH	<input type="checkbox"/> FILL NOW <input type="checkbox"/> DO NOT FILL	DIRECTIONS	PRESCRIPTION #	# REFILLS LEFT

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New England Mail Order Pharmacy Preferred – We bring the corner drug store to your mailbox.

Web: www.vmop.com Email: mail@vmop.com Fax: (802) 388-1688 Voice: 1-888-778-VMOP (8667) or 802-388-1684