



Patient Welcome Packet



They make everything convenient for me.

— Giant Eagle Specialty Pharmacy Customer

A PERSONALIZED
APPROACH to Your
Complex Therapy Needs

Dear Patient:

On behalf of Giant Eagle Specialty Pharmacy, we would like to welcome you! We are excited about the opportunity to provide service for you with your specialty prescriptions. Giant Eagle Pharmacy has been caring for patients for generations; over 30 years and counting. We are devoted to the care of our patients and all of their individual needs.

Giant Eagle Specialty Pharmacy will work with you, your physician and your insurance company to ensure the best possible outcome for you. Patients on specialty medications often require more from their pharmacy than simply filling the prescription, and we are trained to meet those needs and provide these services. We take pride in our ability to provide you with clinical and insurance information regarding your specialty medication. We understand that your medical condition is one that requires special knowledge, training and communication with your insurance company.

As a patient of Giant Eagle Specialty Pharmacy, you will receive a call from our team monthly to remind you of your refills and check on your needs. Plus, our staff is always available to answer your questions. We want the process of using specialty medications to be as easy as possible for you.

This booklet is designed to inform you of various policies and procedures of Giant Eagle Specialty Pharmacy, as well as a copy of patient rights and responsibilities and our contact information. We look forward to the opportunity to get to know you. Thank you for trusting Giant Eagle Specialty Pharmacy.

Sincerely,

The Giant Eagle Specialty Pharmacy Team



Caring for Generations

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Please complete form and return in envelope provided.

Giant Eagle Pharmacy — Introduction to Services

Giant Eagle Pharmacy is a full-service Pharmacy offering personalized care to each patient. With our Pharmacy, your medications are conveniently filled at your local Giant Eagle Pharmacy.

Giant Eagle Pharmacy emphasizes the importance of patient care and quality customer service. At Giant Eagle Pharmacy, you will have access to over 900 Giant Eagle Pharmacists in over 200 locations ready to provide unparalleled customer care, therapy counseling and prescription processing. Giant Eagle Pharmacy also provides an On-call Pharmacist 24 hours a day/7 days a week to assist you with any questions or concerns regarding your medication. In addition, for our Specialty patients, we have a team of Pharmacists, Nurse Clinicians, Patient Care Coordinators, and Reimbursement Specialists who will work closely with you and your physician throughout your course of therapy. Our Giant Eagle Pharmacy Patient Care Coordinators, who will be your regular point of contact, will provide you with ongoing refill reminders before you run out of your medications. Our On-call Pharmacist is available 24 hours a day/7 days a week at 1-844-259-1891 for urgent matters regarding your medications. For additional information regarding your condition or your medications, you can also visit our Website at www.GiantEagleSpecialtyRX.com.

Hours of Operation

Our in-store Pharmacy locations are open 7 days a week for all of your prescription processing needs. Hours vary by location, please contact your local Giant Eagle Pharmacy for specific times or visit www.GiantEagle.com for information on our stores.

Our Specialty Pharmacy is open Monday through Friday, 9:00 a.m. to 9:00 p.m. (Eastern Time) and our Hepatitis C Specialty Pharmacy is open Monday through Friday, 8:30 a.m. to 5:30 p.m. Both Specialty Pharmacy locations will be closed on the following holidays:

- New Year's Day (January 1)
- Memorial Day (last Monday in May)
- Independence Day (July 4)
- Labor Day (first Monday in September)
- Thanksgiving (fourth Thursday in November)
- Christmas (December 25)

Our On-call Pharmacist is available 24 hours a day/7 days a week, 365 days a year at 1-844-259-1891 for urgent matters regarding your medications.



Caring for Generations

Patient Management Program

Giant Eagle Specialty Pharmacy believes that treatment is enhanced when patients and caregivers can make informed decisions about their medication therapy. Giant Eagle Specialty Pharmacy provides a Patient Management (PM) Program to those patients receiving specialty medications. The PM services provide help for consumers to understand, manage and comply with their drug treatment. In addition, it provides assistance to those patients experiencing difficulty taking, obtaining or following their medication schedule. Giant Eagle Specialty Pharmacy's Patient Management services include the following:

- An initial health assessment of the patient
- Education and counseling with the Pharmacist, designed to enhance patient understanding and appropriate use of his/her medications
- Information and resources designed to enhance patient compliance with specialty drug administration
- Coordination of healthcare services, with promoting continuity of care with providers, and other healthcare professionals participating in the patient's care
- Care planning to ensure treatment meets the patient's needs and are shared among the patient's providers

Why Use Patient Management Services?

Giant Eagle Specialty Pharmacy believes that patients may gain the following potential health benefits by participating in the Patient Management Program:

- Improved knowledge of medication use and administration
- Improved medication compliance by creating an individualized plan for the patient to make sure medication doses aren't missed
- Improved ability to manage difficult side effects
- Greater self-management of medications and medical condition
- Improved coordination of healthcare services through the collaboration of your Pharmacist and doctor
- 24/7 accessibility to a Pharmacist or other clinical person at 1-844-259-1891

You will automatically receive these Patient Management services if you are taking a specialty medication for a chronic medical condition. However, you may request not to participate in the program at any time by calling Giant Eagle Specialty Pharmacy at 1-844-259-1891.

Important Contacts

Giant Eagle Pharmacy On-call Pharmacist Line (24/7).....	1-844-259-1891
Giant Eagle Hepatitis C Specialty Pharmacy.....	1-888-792-1552
Poison Control Center.....	1-800-222-1222
Giant Eagle Pharmacy Customer Care.....	1-800-553-2324
ACHC Complaints Department.....	1-855-937-2242
URAC Complaints Department.....	www.urac.org/complaint

Important Forms

Giant Eagle Pharmacy wants to make sure that you have everything you need to get the most out of your medication therapy.

Please review this entire document and complete the form marked with  in the upper right-hand corner of Page 19.

Two signatures are required to acknowledge that you've read the Patient Rights and Responsibilities (Page 7) and the Assignment of Benefits (Page 8).

Please sign the form on Page 19 and return it in the provided self-address stamped enveloped to Giant Eagle Specialty Pharmacy #0232.

You can also visit www.GiantEagle.com for access to our privacy policy and supplier standards, as well as many other services.



Patient's Rights and Responsibilities

Patients receiving products and services from Giant Eagle Pharmacy, have the following rights:

1. To select those who provide your healthcare services.
2. To receive the appropriate or prescribed service in a professional manner without discrimination relative to your age, sex, race, religion, ethnic origin, sexual preference or physical or mental handicap.
3. To be promptly informed if the prescribed care or services are not within the scope of service, mission or philosophy of Giant Eagle, and therefore be provided with transfer assistance to an appropriate care or service organization.
4. To be dealt with and treated with friendliness, courtesy and respect by each and every individual representing our Pharmacy who comes in contact with you during the course of your therapy insuring freedom from mental, physical, sexual, and verbal abuse, neglect, and exploitation.
5. To have your privacy and property respected at all times.
6. To assist in the development and planning of your healthcare program that is designed to satisfy in the best possible manner your current needs as they have been presented.
7. To be provided with adequate information from which you can give your informed consent for the commencement of service, the continuation of service, the transfer of service to another healthcare provider, or termination of service.
8. To express concerns or grievances or recommend modification to your product or services provider without fear of discrimination or reprisal.
9. To request and receive complete and up-to-date information relative to your condition, treatment, alternative treatments, risks of treatment within the physician's legal responsibilities of medical disclosure.
10. To receive care and services within the scope of your healthcare plan, promptly and professionally, while being fully informed of our policies, procedures and charges relative to your care and who is providing your care.
11. To refuse care within the boundaries set by law, and receive professional information relative to the ramifications or consequences that will or may result due to such refusal.
12. To request and receive the opportunity to examine or review your medical records.
13. To request and receive data regarding services or costs thereof privately and with confidentiality.
14. To expect that information received by our Pharmacy will be kept confidential and will not be released without written consent of you or your responsible party based on applicable state and federal laws.
15. To be involved, as appropriate, in discussions and resolutions of conflicts and ethical issues related to your care.
16. To be informed of any experimental or investigational studies that are involved in your care, and be provided the right to refuse any such activity.
17. To be informed of any unanticipated or negative outcomes of care, treatment and services that relate to a serious event during the course of care.
18. The patient has the right to access, request amendments to and receive an accounting of disclosures regarding his or her own health information as permitted under applicable law.
19. The right to know about the philosophy and characteristics of the Patient Management Program.

20. The right to have personal health information shared with the Patient Management Program only in accordance with state and federal law.
21. The right to identify the program's staff member including their job title, and to speak with a staff member's supervisor if requested.
22. The right to speak to a health professional.
23. The right to receive information about the Patient Management Program.
24. The right to receive administrative information regarding changes in or termination of the Patient Management Program.
25. The rights to decline participation, revoke consent or disenroll from the program at any point in time.

Each Patient is Responsible For:

1. To provide accurate information concerning your present health status, current medications, allergies, and insurance coverage as appropriate to your care or service.
2. To inform a staff member, if applicable, of your health history, including past hospitalizations, illnesses, injuries, etc.
3. To involve yourself as needed and as able in developing, carrying out and modifying your plan of care if applicable.
4. To evaluate your home environment and make necessary corrections to plan for safe medication handling and storage.
5. To request additional assistance or information on any phase of your healthcare plan that you do not fully understand.
6. To notify your physician and our Pharmacy when you feel ill, or encounter any unusual physical or mental stress or sensations, that may be as a result of the care, products or services being provided.
7. To notify us when you will not be home at the time of a scheduled delivery, if applicable.
8. To notify us prior to changing your address or telephone number.
9. To notify us when you encounter any problem with equipment or service.
10. To notify us if you are hospitalized or if your physician modifies or stops your service or care, if applicable.
11. To ask questions related to the care and services provided to you by our Pharmacy.
12. To follow instructions given to you for the care and services being provided, if applicable.
13. To meet financial commitments resulting from the care and services provided.
14. To treat our Pharmacy Representatives with respect in the care and services being provided.
15. To provide information requested as needed to provide care.
16. The responsibility to submit any forms that are necessary to participate in the program, to the extent required by law.
17. The responsibility to give accurate clinical and contact information and to notify the Patient Management program of changes in this information.
18. The responsibility to notify their treating provider of their participation in the Patient Management Program.

Assignment of Benefits

HIPAA (Health Insurance Portability and Accountability Act) AND RELEASE OF INFORMATION

My “protected health information” means health information, including my demographic information, collected from me and created or received by my physician, another healthcare provider, a health plan, my employer or a healthcare clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I hereby authorize any insurance company, prepayment organization, employer, hospital, physician or any healthcare provider to release my protected health information, including but not limited to all medical records or medical information and information with respect to myself to Giant Eagle Pharmacy for the purpose of diagnosing or providing treatment to me, obtaining payment for my healthcare bills or to conduct healthcare operations. I understand that release of such information, or failure to do so, may have a bearing on the benefit payable under this or any other plan providing benefits or services, including the dollar balance of benefits remaining under any applicable lifetime maximum benefits provision, or that which may have a bearing on my medical condition. I understand that diagnosis or treatment of me may be conditioned upon my consent as evidenced by my signature on this document. I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Physician and Giant Eagle Pharmacy are not required to agree to the restrictions that I may request. However, if physician or Giant Eagle Pharmacy agrees to a restriction that I request, the restriction is binding them. I have the right to revoke this consent, in writing, at any time, except to the extent that physician and/or Giant Eagle Pharmacy has taken action in reliance on this consent.

ASSIGNMENT OF BENEFITS

I hereby authorize Giant Eagle Pharmacy to bill my insurance carrier or any other payment source. I assign all benefits and authorize payment directly to Giant Eagle Pharmacy for any benefits otherwise payable to me for all claims for such services provided or submitted prior to, or after, the date provided on this form. I understand that I am financially responsible for payment for all services rendered and that I am obligated to pay all charges denied by my insurance carrier. This assignment and authorization in no way releases me from said responsibility and imposes no obligation on Giant Eagle Pharmacy to collect money on my behalf.



Notice of Pharmacy Privacy Practices

The Pharmacy is required by law to maintain the privacy of Protected Health Information (“PHI”) and to provide individuals with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related healthcare services or payment for those services. This Notice of Privacy Practices (“Notice”) describes how we may use and disclose PHI to carry out treatment, payment or healthcare operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you.

The Pharmacy is required to follow the terms of this Notice. We will not use or disclose PHI about you without your written authorization, except as described in this Notice. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. Upon request, we will provide any revised Notice to you. We will also make copies available at our Pharmacies and post the new Notice on our Website, www.GiantEagle.com.

Your Health Information Rights

You have the following rights with respect to PHI about you:

Obtain a paper copy of the Notice upon request. You may request a copy of the Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy. To obtain a paper copy, contact your local Giant Eagle Pharmacist or Giant Eagle, Inc. Pharmacy Privacy Officer, 101 Kappa Drive, Pittsburgh, PA 15238. You may obtain an electronic copy of this Notice at www.GiantEagle.com.

Request a restriction on certain uses and disclosures of PHI. You have the right to request additional restrictions on our use or disclosure of PHI about you by sending a written request to **Giant Eagle, Inc. Pharmacy Privacy Officer, 101 Kappa Drive, Pittsburgh, PA 15238.**

We are not required to agree to those restrictions; unless the restriction is for a disclosure to a health plan for health services or items paid out-of-pocket in full, unless such a disclosure is required by law. Our Pharmacies generally transmit prescriptions electronically to health plans when your prescription is received electronically (not when you pick up the prescription). If you wish to request that we not disclose the prescription to your health plan, you should obtain a paper prescription and make the request for restriction at the time you present the paper prescription to our Pharmacy.

Inspect and obtain a copy of PHI. You have the right to access and copy PHI about you contained in a designated record set for as long as the Pharmacy maintains the PHI. The designated record set usually will include prescription and billing records. We may impose charges for the cost involved in providing copies, such as labor, supplies and postage, as permitted by law. If your records are maintained electronically, you have the right to specify that the records you requested are to be provided in electronic form. We will accommodate your request for a specific electronic form or format as long as we are able to readily produce a copy in the requested form or format. If we cannot do so, we will work with you to reach agreement on an alternative readable electronic form. To inspect or copy PHI about you, you must send a written request to your local Giant Eagle Pharmacist or **Giant Eagle, Inc. Pharmacy Privacy Officer at 101 Kappa Drive, Pittsburgh, PA 15238** (certain requests may be verbal). We may charge you a fee for the costs of copying, mailing and supplies that are necessary to fulfill your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI about you, you may request that the denial be reviewed.

Request an amendment of PHI. If you feel that PHI we maintain about you in a designated record set is incomplete or incorrect, you may request that we amend it. You may request an amendment for as long as we maintain the PHI in a designated record set. To request an amendment, you must send a written request to **Giant Eagle, Inc. Pharmacy Privacy Officer, 101 Kappa Drive, Pittsburgh, PA 15238.** You must include a reason that supports your request. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with the decision and we may give a rebuttal to your statement.

Receive an accounting of disclosures of PHI. You have the right to receive an accounting of the disclosures we have made of PHI about you for most purposes other than treatment, payment or healthcare operations. The accounting will exclude certain disclosures, such as disclosures made directly to you, disclosures you authorize, disclosures to friends or family members involved in your care, and disclosures for notification purposes. The right to receive an accounting is subject to certain other exceptions, restrictions and limitations. To request an accounting, you must submit a request in writing to **Giant Eagle, Inc. Pharmacy Privacy Officer, 101 Kappa Drive, Pittsburgh, Pennsylvania 15238.** Your request must specify the time period, but the time period may not be longer than six years prior to the date you make your request. The first accounting time period

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Notice of Pharmacy Privacy Practices

Continued

you request within a 12-month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request communications of PHI by alternative means or at alternative locations. For instance, you may request that we contact you about medical matters only in writing or at a different residence or post office box. To request confidential communication of PHI about you, you must submit a request in writing to the **Giant Eagle, Inc. Pharmacy Privacy Officer, 101 Kappa Drive, Pittsburgh, PA 15238**. Your request must state how or where you would like to be contacted. We will accommodate all reasonable requests.

Examples of How We May Use and Disclose PHI

The following are descriptions and examples of ways we use and disclose PHI:

We will use PHI for treatment. Example: Information obtained by the Pharmacist will be used to dispense prescription medications to you. We will document in your record information related to the medications dispensed to you and services provided to you as part of our interest in your treatment. We may also send you refill reminders, new product offers and other services information

We will use PHI for payment. Example: We will contact your insurer or Pharmacy Benefit Manager to determine whether it will pay for your prescription and the amount of your copayment. We will bill you or a third-party payor for the cost of prescription medications dispensed to you. The information on or accompanying the bill may include information that identifies you, as well as the prescriptions you are taking.

We will use PHI for healthcare operations. Example: The Pharmacy may use information in your health record to monitor the performance of the Pharmacists providing treatment to you. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

We are likely to use or disclose PHI for the following purposes:

Business associates: There are some services provided by us through contracts with business associates who may require access to your PHI. Examples include accountants, auditors and others who provide services involving your PHI such as records storage or destruction companies. When these services are contracted for, we may disclose PHI about you to our business associate so that they can perform the job we have asked them to do and bill you or your third-party payor

for services rendered. To protect PHI about you, we require the business associate to enter into written agreements to appropriately safeguard the PHI.

Communication with individuals involved in your care or payment for your care: Health professionals such as Pharmacists, using their professional judgment, may disclose to a family member, other relative, close personal friend or any person you identify, PHI relevant to that person's involvement in your care or payment related to your care.

Health-related communications: We may contact you to provide refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Food and Drug Administration (FDA): We may disclose to the FDA, or persons under the jurisdiction of the FDA, PHI relative to adverse events with respect to drugs, foods, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.

Worker's compensation: We may disclose PHI about you as authorized by and as necessary to comply with laws relating to worker's compensation or similar programs established by law.

Public health: As required by law, we may disclose PHI about you to public health or legal authorities charged with preventing or controlling disease, injury or disability.

Law enforcement: We may disclose PHI about you for law enforcement purposes as required by law or in response to a valid subpoena or other legal process.

As required by law: We must disclose PHI about you when required to do so by law.

Health oversight activities: We may disclose PHI about you to an oversight agency for activities authorized by law. These oversight activities include audits, investigations and inspections, as necessary for our licensure and for the government to monitor the healthcare system, government programs and compliance with civil rights laws.

Judicial and administrative proceedings: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Notice of Pharmacy Privacy Practices

Continued

We are permitted to use or disclose PHI about you for the following purposes:

Research: We may disclose PHI about you to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

Coroners, medical examiners and funeral directors: We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose PHI to funeral directors consistent with applicable law to carry out their duties.

Notification: We may use or disclose PHI about you to notify or assist in notifying a family member, personal representative or another person responsible for your care, your location and your general condition.

Correctional institution: If you are or become an inmate of a correctional institution, we may disclose PHI to the institution or its agents when necessary for your health or the health and safety of others.

To avert a serious threat to health or safety: We may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Military and veterans: If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate military authority.

National security and intelligence activities: We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

Protective services for the President and others: We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

Victims of abuse, neglect or domestic violence: We may disclose PHI about you to a government authority, such as a social service or protective services agency, if we reasonably

believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else or the law enforcement or public official that is to receive the report represents that it is necessary and will not be used against you.

Other Uses and Disclosures of PHI

The Pharmacy will obtain your written authorization before using or disclosing PHI about you for purposes other than those provided for above or as otherwise permitted or required by law. We are required to obtain your authorization:

- To use and disclose your protected health information for most marketing purposes
- To sell your protected health information

You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing PHI about you, except to the extent that we have already taken action in reliance on the authorization.

For More Information or to Report a Problem

If you have questions or would like additional information about the Pharmacy's privacy practices, you may contact the **Pharmacy Privacy Officer, Giant Eagle, Inc., 101 Kappa Drive, Pittsburgh, PA 15238**. If you believe your privacy rights have been violated, you can file a complaint with the **Pharmacy Privacy Officer, Giant Eagle, Inc., 101 Kappa Drive, Pittsburgh, PA 15238** or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

Effective Date

This Notice is effective as of September 23, 2013.

Hand Washing Procedure

Washing your hands to remove bacteria is the most important step that you can take to prevent infection. Dirty hands are the most common way to spread infection.

Always wash your hands before handling equipment or doing any procedures.

Also, repeat hand washing if your hands become contaminated at any time during a procedure.

Procedure

1. Remove all pieces of jewelry before washing. Bacteria can hide in those items.
2. Turn on the water and adjust the temperature. Keep water running while washing. Apply antibacterial soap to your hands and lower forearms and scrub aggressively for at least two minutes.
3. Start at the fingernails and scrub under all fingernails. Scrub each finger and in-between fingers.
4. Scrub inner palms and wash back of hands.
5. Rinse your hands under running water. Hold hands up as you are rinsing so the dirty water does not run back down your fingers.
6. Thoroughly dry hands with a paper towel.
7. Use a paper towel to turn off water. Discard the paper towel in the trash.

Disposing of Biomedical Waste

If your therapy involves the use of needles, you will be given a red “sharps” container with your supplies. You will use this container to dispose of all needles, syringes and any other sharp objects for your care. The following simple rules will help to ensure you and your family’s safety during your therapy.

1. Never place the cap back on a used needle. Instead, place it immediately in the “sharps” container.
2. Always keep the “sharps” container out of reach of children and pets.
3. Call Giant Eagle Pharmacy for a new “sharps” container before it is full. Never overfill the container as you may be exposing yourself or a family member to a dirty needle stick. If this should occur, wash the area immediately with soap and water and call Giant Eagle Pharmacy or call your family physician as soon as possible.
4. As a backup, if you don’t have a “sharps” container available, you may use an empty laundry detergent bottle with a screw on lid for disposal of your sharp items.
5. You may dispose of your red “sharps” container at your local fire department, your physician’s office or your local health department.
6. Never throw a red “sharps” container into the regular trash.
7. Never dispose of “sharps” items in glass or a clear plastic container. Never put “sharps” items in a container that can be recycled or returned to a store.

Be Red Cross Ready

Get a kit. Make a plan. Be informed.

It's important to prepare for possible disasters and other emergencies. Natural and human-caused disasters can strike suddenly, at any time and anywhere. There are three actions everyone can take that can help make a difference ...

Be Red Cross Ready Checklist

- I know what emergencies or disasters are most likely to occur in my community.
- I have a family disaster plan and have practiced it.
- I have an emergency preparedness kit.
- At least one member of my household is trained in first aid and CPR/AED.
- I have taken action to help my community prepare.

Get a kit



At a minimum, have the basic supplies listed below. Keep supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

- Water—one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
- Food—non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home)
- Flashlight
- Battery-powered or hand-crank radio (NOAA Weather Radio, if possible)
- Extra batteries
- First aid kit
- Medications (7-day supply) and medical items
- Multi-purpose tool
- Sanitation and personal hygiene items
- Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
- Cell phone with chargers
- Family and emergency contact information
- Extra cash
- Emergency blanket
- Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

- Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, cane)
- Baby supplies (bottles, formula, baby food, diapers)
- Games and activities for children
- Pet supplies (collar, leash, ID, food, carrier, bowl)
- Two-way radios
- Extra set of car keys and house keys
- Manual can opener

Additional supplies to keep at home or in your kit based on the types of disasters common to your area:

- Whistle
- N95 or surgical masks
- Matches
- Rain gear
- Towels
- Work gloves
- Tools/supplies for securing your home
- Extra clothing, hat and sturdy shoes
- Plastic sheeting
- Duct tape
- Scissors
- Household liquid bleach
- Entertainment items
- Blankets or sleeping bags

Make a plan



- Meet with your family or household members.
- Discuss how to prepare and respond to emergencies that are most likely to happen where you live, learn, work and play.
- Identify responsibilities for each member of your household and plan to work together as a team.
- If a family member is in the military, plan how you would respond if they were deployed.

Plan what to do in case you are separated during an emergency

- Choose two places to meet:
 - Right outside your home in case of a sudden emergency, such as a fire
 - Outside your neighborhood, in case you cannot return home or are asked to evacuate
- Choose an out-of-area emergency contact person. It may be easier to text or call long distance if local phone lines are overloaded or out of service. Everyone should have emergency contact information in writing or programmed into their cell phones.

Plan what to do if you have to evacuate

- Decide where you would go and what route you would take to get there. You may choose to go to a hotel/motel, stay with friends or relatives in a safe location or go to an evacuation shelter if necessary.
- Practice evacuating your home twice a year. Drive your planned evacuation route and plot alternate routes on your map in case roads are impassable.
- Plan ahead for your pets. Keep a phone list of pet-friendly hotels/motels and animal shelters that are along your evacuation routes.

Be informed



Learn what disasters or emergencies may occur in your area. These events can range from those affecting only you and your family, like a home fire or medical emergency, to those affecting your entire community, like an earthquake or flood.

- Identify how local authorities will notify you during a disaster and how you will get information, whether through local radio, TV or NOAA Weather Radio stations or channels.
- Know the difference between different weather alerts such as watches and warnings and what actions to take in each.
- Know what actions to take to protect yourself during disasters that may occur in areas where you travel or have moved recently. For example, if you travel to a place where earthquakes are common and you are not familiar with them, make sure you know what to do to protect yourself should one occur.
- When a major disaster occurs, your community can change in an instant. Loved ones may be hurt and emergency response is likely to be delayed. Make sure that at least one member of your household is trained in first aid and CPR and knows how to use an automated external defibrillator (AED). This training is useful in many emergency situations.
- Share what you have learned with your family, household and neighbors and encourage them to be informed.

Emergency Contact Cards for All Household Members

- Get your cards online at <http://www.redcross.org/prepare/ECCard.pdf>.
- Print one card for each family member.
 - Write the contact information for each household member, such as work, school and cell phone numbers.
 - Fold the card so it fits in your pocket, wallet or purse.
 - Carry the card with you so it is available in the event of a disaster or other emergency.

Let Your Family Know You're Safe

Tell your loved ones about the American Red Cross Safe and Well Web site available through RedCross.org. This Internet-based tool should be integrated into your emergency communications plan. People within a disaster-affected area can register themselves as "safe and well" and concerned family and friends who know the person's phone number or address can search for messages posted by those who self-register. If you don't have Internet access, call 1-866-GET-INFO to register yourself and your family.



For more information on disaster and emergency preparedness, visit RedCross.org.

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Frequently Asked Questions (FAQ)

How do I refill my prescriptions?

If you are a Specialty customer, our Specialty Team will contact you prior to your refill and schedule pick up at your local store.

Medicare customers can request refills through phone, Website, Pharmacy app, or in-store.

If you would like automatic refill reminders please talk to your local Pharmacy Team Member and they will discuss your options.

What is the policy on returning medications?

Pharmacy law prohibits the return of medications once they have been received by a patient.

If you have a defective blood glucose machine, please contact your local Pharmacy for a replacement.

How am I alerted if there is a drug recall?

Giant Eagle Pharmacy handles all drug recalls and notifies all patients affected by recalled products. At any time you can call or stop in to a retail Pharmacy location, or call Giant Eagle Specialty Pharmacy at 1-844-259-1891 and we will be happy to answer your question and assist with recalls.

What if I have questions about my medications?

Giant Eagle has over 900 Retail Pharmacists available to answer your prescription questions at over 200 locations. We also have a licensed Pharmacist available for our patients 24 hours a day/7 days a week at 1-844-259-1891. You can also contact us on our Specialty Website at www.GiantEagleSpecialtyRX.com.

What do I do if I believe there is an error in prescription order?

We are always available to answer any questions or concerns about your prescriptions. If you feel that there is an error please contact us right away, either at one of our retail locations or my calling Giant Eagle Specialty Pharmacy at 1-844-259-1891.

How do I get information on disposing of unused/unneeded medications?

Do not flush medicines down the sink or toilet unless this information specifically instructs you to do so. Call your local law enforcement agencies to see if they sponsor Medicine Take-Back Programs in your community. Great information can be found on the FDA Website at www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm.

What form do I need to return?

You must return Page 19, requiring two signatures, that acknowledges that you've read the Patient Rights and Responsibilities (Page 7) and the Assignment of Benefits (Page 8).

Please sign the form on page 19 and return it in the provided self-address stamped envelope to Giant Eagle Specialty Pharmacy #0232.

Where can I get more information on my disease or get help with financial assistance?

The Giant Eagle Specialty Pharmacy team is available to answer your questions and help with financial assistance by either calling 1-844-259-1891, or you can contact us via our Website at www.GiantEagleSpecialtyRX.com. Our Website also has a lot of helpful information on disease states and medications. If your prescription is not covered by your insurance, we will work with your physician to either get approval, switch to a covered medication or search for foundation coverage to help with payment.

For complete benefit information, please contact your medical insurance provider. Their contact number will be located on the back of your identification card.

What if Giant Eagle Specialty Pharmacy cannot fill my medication?

If Giant Eagle Specialty Pharmacy is not contracted to fill your medication, we will triage your prescription to a preferred pharmacy, and let you and your physician know what pharmacy it was transferred to, as well as their contact information.

Am I able to receive evidence based health information and educational materials in the mail concerning my disease or medication?

Yes! Simply call Giant Eagle Specialty Pharmacy at 1-844-259-1891 and speak to your care team ... they can send you out materials on medication safety, injection training if needed, and information on foundations and programs available to further assist you in your therapy.

My physician has suggested that I change my diet due to my condition, can you help with that?

We have a full-time Specialty Registered Dietitian on staff at our facility. She is able to help with meal plans, recipes, food choices and alternatives, weight gain/loss, and can even refer you to an in-store Dietitian for a face to face consultation. You can call 1-844-259-1891, or you can use our contact us section on our Website at www.GiantEagleSpecialtyRX.com to request a call from our Dietitian.

When will my specialty medication be available?

Once your medication is paid for by your insurance and ready to fill, most prescriptions will be available the following day. Your Patient Care Coordinator will keep you updated and let you know when your medication will be ready for pick up at your Retail Pharmacy location or ready for shipment. If you have a specific need with your medication delivery please communicate that to your Patient Care Coordinator.

How will I know if there is a delay in my order or if my medication is unavailable?

Your care team at Giant Eagle Specialty Pharmacy will give you updates throughout the order process from start until completion. If there is a problem ordering your medication, your team will work to resolve the issue by researching alternative paths to order medication, even if it means sending your prescription to another pharmacy that has the medication in stock. If there are unforeseen circumstances (emergencies, natural disasters) that cause the medication to be unavailable, we will work with your physician to get you an alternative medication. Whatever the resolution is, your care team will keep you and your physician informed throughout the process so you always know your prescription status.

Will I be receiving brand name or generic medications?

Giant Eagle Specialty Pharmacy fills cost saving, generic equivalent prescription medications as required by state law, unless you or your physician require otherwise. Many specialty medications do not have available generic equivalents, but if they do we substitute only approved generic equivalents to brand name specialty medications.

What do I do if I am having side effects from my specialty medication?

If you are having an emergency, please call 911 or go to the nearest Emergency Room. If you do not feel that it is an emergency, please call our Giant Eagle Specialty Pharmacy team at 1-844-259-1891. You can speak to a Pharmacist, Nurse or Dietitian during our business hours of 9 a.m. to 9 p.m. Monday through Friday, and we have a Pharmacist available for urgent issues 24 hours a day/7 days a week by calling the same number 1-844-259-1891.



Medicare DMEPOS Supplier Standards

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State healthcare programs or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law and repair or replace free of charge Medicare-covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting a Medicare beneficiary based on a physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare-covered items and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
Implementation Date: October 1, 2009.
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c). Implementation date: May 4, 2009.
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring cumentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

ADDITIONAL COPIES AVAILABLE UPON REQUEST 9/9/2010
PLEASE ASK YOUR PHARMACIST

Medicare Prescription Drug Coverage and Your Rights

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the Pharmacy. You also have the right to request a special type of coverage determination called an "exception" if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's Website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare (1-800-633-4227) for more information.

Form CMS -10147

Keep for your own records.



Caring for Generations

Patient Satisfaction, Concerns and Complaints

At Giant Eagle, we strive to fulfill your needs with complete satisfaction. We want to hear everything.

If you have any concerns or complaints about our Giant Eagle Pharmacy, we would like to have them reported to us. You may contact us in the following ways:

- If you have any positive feedback, concerns or problems with our services, please visit your local Pharmacy, contact us on our Website www.GiantEagleSpecialtyRX.com or call our toll free number at 1-800-553-2324 (Giant Eagle Customer Care, Monday through Friday, 9:00 a.m. to 9:00 p.m.) and we will be glad to help you.
- “Your Feedback is a Gift.” Please visit our Website at www.GiantEagleSpecialtyRX.com and complete a short survey.
- If you wish to file a written complaint you may do so and return it to Giant Eagle Inc. Customer Care Center, P.O. Box 11591, Pittsburgh, PA 15238-9942. Our Quality Department will contact you within five business days upon its receipt.

If Giant Eagle cannot help you solve your concerns, then you may call ACHC at 1-855-937-2242 (our accreditation agency that works with our Specialty and Medicare Part B customers) or contact URAC at www.urac.org/complaint (our accreditation agency that works with our Specialty customers).



Caring for Generations

t: 1-844-259-1891 | f: 1-877-645-4142 | www.GiantEagle.com/Specialty-RX



Caring for Generations



Acknowledgment of Receipt

ACKNOWLEDGMENT OF RECEIPT OF GIANT EAGLE PHARMACY, INC. PATIENT RIGHTS & RESPONSIBILITIES

I have received and read the attached
GIANT EAGLE PHARMACY, INC. Patient Rights and Responsibilities

X _____
Signature of Patient or Personal Representative

X _____
Patient Name (Print)

X _____
Personal Representative Name (Print) If Applicable

_____ Zip Code Date

ACKNOWLEDGMENT OF RECEIPT OF GIANT EAGLE PHARMACY, INC. ASSIGNMENT OF BENEFITS

I have read, understand and agree to the Assignment of Benefits. A photocopy of this agreement may be used as though it were an original. This Release of Information and Assignment of Benefits will be effective until revoked by me in writing. Such revocation shall have a prospective effect only.

Please Print Patient Name: _____

Patient/Guardian Signature: _____ Date: _____

Signature of the Primary Insured: _____ Date: _____

Patient Social Security Number: _____

Please complete form and return in envelope provided.



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