

>00001 00001 001 P50708 PM 6088 GROUP JOHN Q SAMPLE 9501 E. Shea Blvd SCOTTSDALE, AZ 85260



Your Prescription Card. Your guide for savings.

Dear Plan Member,

Welcome to your new prescription benefits. Attached is your Prescription Card. Be sure to take it to your pharmacy when you get a prescription filled for the first time. Use the ID number on the card to register at www.caremark.com, where you can order refills, check drug cost and coverage, print a claim form and more.

Your plan sponsor chose CVS Caremark to manage your prescription care and associated costs. We offer you these tips to help you save money on your prescriptions:

- 1. Ask for generics first. Generic drugs can cost up to 80 percent less than brand-name drugs.
- **2. Remember the preferred drug list.** If a generic drug isn't available, ask your doctor to prescribe a drug on your plan's preferred drug list, if appropriate. You will pay more for a brand-name medication not on the preferred list.
- **3. Order 90-day supplies of long-term medications** to save money. Maintenance Choice® lets you choose to receive your long-term prescriptions at a CVS/pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay.
- **4. Fill short-term prescriptions at a network pharmacy.** You will generally pay more for short-term (30 days or fewer) prescriptions that are not filled at a CVS Caremark retail network pharmacy.

See the other side of this letter for a summary of your prescription benefits. If you have questions about your plan coverage, please call Customer Care toll-free at 1-888-202-1654 <u>after your benefits begin</u>. We're here to help you.

Research shows that individuals on average can save 30 to 80 percent by using generics. Source: Generic Pharmaceutical Association.



Your Prescription Benefit Plan Copay Overview Gold

	CVS/pharmacy
For short-term medications (Up to a 30-day supply)	For long-term medications (Up to a 90-day supply)
\$10 for a generic prescription	\$25 for a generic prescription
25% (\$0 min / \$70 max) for a preferred brand-name prescription	25% (\$0 min / \$175 max) for a preferred brand-name prescription
35% (\$0 min / \$85 max) for a non-preferred brand-name prescription	35% (\$0 min / \$175 max) for a non-preferred brand-name prescription
One initial fill plus two refills for long-term medications	None
30-day fill at CVS/caremark Specialty Pharmacy: 30% (\$0 min / \$125 max)	
\$2,500 per individual / \$5,000 per family	
	\$10 for a generic prescription 25% (\$0 min / \$70 max) for a preferred brand-name prescription 35% (\$0 min / \$85 max) for a non-preferred brand-name prescription One initial fill plus two refills for long-term medications 30-day fill at CVS/caremark Specialty Pharmacy: 3

Where to fill your prescription

Choosing where to fill your prescription depends on whether you are ordering a short-term or long-term medication:

Short-term medications are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic. You can fill prescriptions for these medications at any pharmacy in the CVS Caremark retail network.

- Choose from more than 68,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 9,600 CVS/pharmacy locations.
- Find a participating pharmacy at www.caremark.com

Tip: To avoid filling out claims paperwork, bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS Caremark retail network.

Long-term medications are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol. You will generally save money by using mail service for these prescriptions.

Choose one of the following easy ways to start using the Maintenance Choice program:

- 1. Bring your prescription to a CVS/pharmacy location
- 2. Fill out and send in a mail service order form use the one included in this welcome kit or print one at www.caremark.com
- 3. Use the FastStart® tool found on www.caremark.com
- 4. Call Customer Care at 1-888-202-1654

Customer Care

If you have questions about your prescriptions or benefits, you can contact Customer Care 24 hours a day, seven days a week. You can either e-mail customerservice@caremark.com or call toll-free at 1-888-202-1654 <u>after your benefits begin</u>. For TDD assistance, please call toll-free 1-800-863-5488.

Copayment, copay or coinsurance means the amount a plan member 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. Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-888-202-1654. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Please fold here →

	Mail this form to:
PM 6088 GROUP JOHN Q SAMPLE 9501 E. Shea Blvd SCOTTSDALE, AZ 85260	
123456789	SAN ANTONIO, TX 78265-9541
Member ID # (if not shown or if different from above)	
Prescription Plan Sponsor or Company Name	
Instructions:	
Please use blue or black ink, capital letters, and fill	
New Prescriptions - Mail your new prescriptions with	n this form. Number of New prescriptions:
Refills - Order by Web, phone, or write in Rx number(s	s) below. Number of Refill prescriptions:
TO RECEIVE YOUR ORDER SOONER , request refil call toll-free 1-888-202-1654.	ls or new prescriptions online at www.caremark.com or
A Shipping Address. To ship to an address different	from the one printed above, please make changes here
Last Name	First Name MI Suffix (JR, SR)
Street Address	Apt./Suite # Use shipping addres
City	State ZIP Code
Daytime Phone #:	Evening Phone #:
B Refills. To order mail service refills, enter your pre	scription number(s) here.
1) 2)	3)4)
5) 6)	7) 8)
CVS/caremark wants to provide you with high quality this, we will substitute equivalent generic medicines do not want us to substitute generics, please provide "Special Instructions" section of this form.	for brand name medicines whenever possible. If you

All claims for prescriptions submitted to CVS Caremark Mail Service Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

'S/caremark™

Mail Service Order Form

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1st person with a refill or new prescription.	○ Spanish forms and labels
Last Name First Na	Suffix (JR,SR)
Nickname Date	of Birth:
E-Mail Address:	Date new prescription written:
E-Mail Addioss.	Date new prescription written
Doctor's Last Name Doctor's First Name	
Tell us about new health information for 1st person if ne Allergies: None Aspirin Cephalosporin Co Sulfa Other:	ver provided or if changed. odeine () Erythromycin () Peanuts () Penicillin
Medical Conditions: Arthritis Asthma Diabetes High Blood Pressure High Cholesterol Migraine Other:	Osteoporosis O Prostate Issues O Thyroid
2nd person with a refill or new prescription.	○ Spanish forms and labels
Last Name First Na	Suttix Suttix
Nickname	of Birth: (JR,SR)
Gender: W OF MM-D	D-YYYY Land Land Land
E-Mail Address:	Date new prescription written:
Doctor's Last Name Doctor's First Name	e Doctor's Phone #
Tell us about new health information for 2nd person if ne	ever provided or if changed.
Allergies: None Aspirin Cephalosporin Co	odeine () Erythromycin () Peanuts () Penicillir
Medical Conditions: Arthritis Asthma Diabetes High Blood Pressure High Cholesterol Migraine Other:	** ** ** ** ** ** ** ** ** ** ** ** **
Special Instructions:	
How would you like to pay for this order? (If your copay	is \$0, you do not need to provide payment information.)
O Electronic Check. Pay from your bank account. (You n	nust first register online or call Customer Care.)
O Use my PayPal Credit account. Works like a credit card.	(You must first register online or call Customer Care.)
Oredit or Debit Card. (VISA®, MasterCard®, Discover®,	or American Express®)
○ Fill in this oval to use your card on file.	
O Fill in this oval to use a new card or to update your ca	rd expiration date.
Exp.Date MMYY	
Check or Money Order. Amount: \$	Credit Card Holder Signature/Date
Make check or money order out to CVS/caremark. Write your prescription benefit ID number on your.	Regular delivery is free and will take up to 10 days from the day you send this form.
 Write your prescription benefit ID number on your check or money order. 	If you want faster delivery, choose: 2nd Business Day (\$17) Business days
• If your check is returned, we will charge you up to \$40.	
Payment for Balance Due and Future Orders: If you ch	are only Next Rusiness Day (\$23) Monday Friday
Electronic Check, PayPal Credit, or a Credit or Debit Card we will also use it to pay for any balance that you owe and for future orders.	OSE • Faster delivery charges may change. • Factor delivery is for chiming time only not processing.

method for future orders.

MOF FAX 1014

CVS/caremark Prescription Card

RxBIN 004336 ADV **RxPCN RxGRP** RX6088 Issuer (80840) 9151014609



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ID NAME

123456789 **JOHN Q SAMPLE** Present this Prescription Card to fill your prescription at any participating retail pharmacy.

For more information, visit www.caremark.com or call a Customer Care representative toll-free at 1-888-202-1654.

Pharmacy Help Desk for Pharmacists: 1-800-364-6331

Submit paper claims to: CVS/caremark Claims Department P.O. Box 52136, Phoenix, AZ 85072-2136

6088-ID50-0714



Please remove sticker before use. 6527-34755a