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JOHN Q SAMPLE
9501 E. Shea Blvd
SCOTTSDALE, AZ 85260

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Hello, and welcome to CVS Caremark.

We manage your prescription benefits just like your health insurance company manages your medical benefits. That means helping you get the medication you need, when you need it, whether that's once a month or once a year. An overview of your benefits is on the back of this letter. If you have any questions, we're here for you.

We have your best health at heart.

- Your CVS Caremark Team

If you have prescriptions to fill, here's what's next:

For medications taken for a short time (like an antibiotic):

Fill at any pharmacy in our network.

For medication taken regularly (such as high blood pressure or diabetes medicine):

You have a choice. Fill at any CVS Pharmacy, or get your medication delivered to your door. See the enclosed sheet for how to get started with convenient mail service delivery.

For medications taken for complex conditions (such as

rheumatoid arthritis, hepatitis or cancer): Our specialty pharmacy can help. Visit CVSspecialty.com to get started.

To learn more about your benefits, register at Caremark.com/startnow

- Find network pharmacies
- Check drug costs and find lower-cost alternatives
- Refill medications and check order status
- See your prescription history



Be sure to register at Caremark.com/startnow

Registration not required for coverage.

Here's an overview of your CVS Caremark benefits.

Regular Basic Plan

If you have any questions about your prescription plan or costs, call us at 1-877-430-8633. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	CVS Caremark Retail Pharmacy Network (Up to a 30-day supply)	CVS Caremark Mail Service Pharmacy or CVS Pharmacy (Up to a 90-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$15 for a generic medicine	\$30 for a generic medicine
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$35 for a preferred brand-name medicine	\$70 for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$55 for a non-preferred brand-name medicine	\$110 for a non-preferred brand-name medicine
Refill Limit	One initial fill plus two refills for long-term medications. (After 3 fills, 2 retail copays apply for each 30-day supply at retail)	None
Maximum Out-of-Pocket	\$1,500 individual / \$3,000 family	

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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 1-877-430-8633. If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Members Rights and Responsibilities at www.caremark.com.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Prescription Card

RxBIN 004336
RxPCN ADV
RxGRP RX4647
Issuer (80840) 9151014609



ID 123456789
Name **JOHN Q SAMPLE**

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Maintenance Choice: 90 days of medication for a 30 day copay.
Call Customer Care number on back of card for more information.

Visit Caremark.com for easy refills,
timesaving tools and more.

Present this prescription card to fill your prescription at
any participating retail pharmacy.

Customer Care Representative: 1-877-430-8633
Pharmacy Help Desk for Pharmacists: 1-800-364-6331

Submit paper claims to:
CVS Caremark Claims Department
PO Box 52136
Phoenix, AZ 85072-2136

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Bleed Area

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K 186U

PRST
FIRST-CLASS MAIL
U.S. POSTAGE PAID
ST. LOUIS, MO
PERMIT NO. 1977

1 X 3.25 (.4375 L, 2.75 B)

Important plan information enclosed. Personal and Confidential

1.25 X 4 (.4375 L, .625 B)

Your new prescription
benefits have arrived.
Start by registering today.



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Bleed Area

Bleed Area

..No Ink Area..

..No Ink Area..

Flex



4-125x9-5_1.25FL_Web_3-875Back.eps

Bleed Area

Bleed Area

..No Ink Area..



Hi. Here's your new prescription card. Place it in your wallet or download the CVS Caremark app for your digital ID card.

A few tips:

- **Bookmark [Caremark.com](https://www.caremark.com) to order refills, check drug costs and more**
- **Save the Customer Care number on the back of your card to your phone**



Get your
medication
delivered to
your door

For medications you take regularly, we offer a convenient mail service delivery option. Simply go online to sign up and get started today.

Sign in or register at [Caremark.com/startnow](https://www.caremark.com/startnow) and follow the instructions to:

- Request a new 90-day prescription
- Refill an existing prescription if one is available to you



Register

at [Caremark.com/startnow](https://www.caremark.com/startnow) to learn about your benefits & find ways to save money.

Registration is optional, but adds convenience.

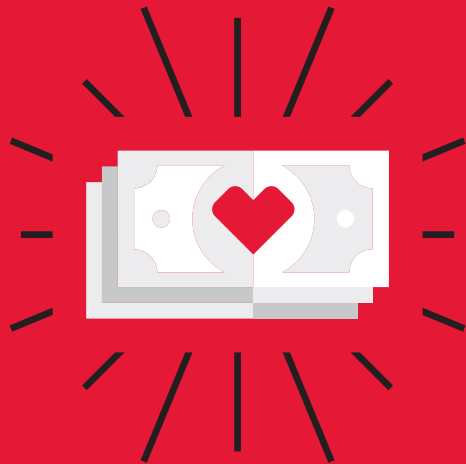
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PEEL



Saving 20% at CVS Pharmacy[®] just got easy.

Great news! Now that you're a CVS Caremark[®] plan member, you can save 20% on thousands of eligible CVS Health Brand products* every time you shop at CVS Pharmacy and use your ExtraCare[®] card.



To start saving, first register at [Caremark.com/startnow](https://www.caremark.com/startnow), then follow the steps on the back.

To activate your savings, follow these steps (*after* your benefits begin):

- 1.** First, **go to [Caremark.com/startnow](https://www.caremark.com/startnow)** and register.
- 2.** After you've registered, **go to [Caremark.com/ExtraCareHealth](https://www.caremark.com/ExtraCareHealth)**.
- 3.** Start the activation process by providing your CVS Caremark member ID number and your ExtraCare card number – if you don't have an ExtraCare card, you can easily request one.

Once activated, use your ExtraCare card at check out every time you shop at CVS Pharmacy.

*The 20% discount is restricted to items purchased for the health of cardholder only, and applies to regularly priced CVS Health Brand health-related items valued at \$1 or more. Your ExtraCare Health Benefit may not be used in Target stores including those with a CVS Pharmacy in them. Excludes alcohol, lottery, money orders, prescriptions and copays, pseudoephedrine/ephedrine products, postage stamps, pre-paid cards, gift cards, newspapers and magazines, milk (where required by law or regulation), bottle deposits, bus passes, hunting and fishing licenses, any imposed governmental fees, or items reimbursed by a government health plan.

Other pharmacies are available in our network. You are not obligated to fill your prescriptions at CVS Pharmacy by using the ExtraCare Health Benefit.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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