

>00001 00001 001 P50708

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



00001

## 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](http://CVSspecialty.com) to get started.

To learn more about your benefits, register at [Caremark.com/startnow](http://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](http://Caremark.com/startnow)**

Registration not required for coverage.

# Here's an overview of your CVS Caremark benefits.

## Regular Enhanced 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.

	<b>CVS Caremark Retail Pharmacy Network</b> (Up to a 30-day supply)	<b>CVS Caremark Mail Service Pharmacy or CVS Pharmacy</b> (Up to a 90-day supply)
<b>Generic Medicines</b> Always ask your doctor if there's a generic option available. It could save you money.	<b>\$10</b> for a generic medicine	<b>\$20</b> for a generic medicine
<b>Preferred Brand-Name Medicines</b> If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	<b>\$30</b> for a preferred brand-name medicine	<b>\$60</b> for a preferred brand-name medicine
<b>Non-Preferred Brand-Name Medicines</b> Drugs that aren't on your plan's preferred list will cost more.	<b>\$50</b> for a non-preferred brand-name medicine	<b>\$100</b> for a non-preferred brand-name medicine
<b>Refill Limit</b>	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
<b>Maximum Out-of-Pocket</b>	\$1,500 individual / \$3,000 family	

GLOBAL-WKL-MCHOICE\_MOOP-0517

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](http://www.caremark.com).

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

© 2018 CVS Caremark. All rights reserved.

106-46657A 082718



Prescription Card

RxBIN 004336  
RxPCN ADV  
RxGRP RX4647  
Issuer (80840) 9151014609



ID 123456789  
Name **JOHN Q SAMPLE**

00001

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

4647-Combo\_MC-0817

Bleed Area

J188781-1

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.**



106-38008A 082119

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.

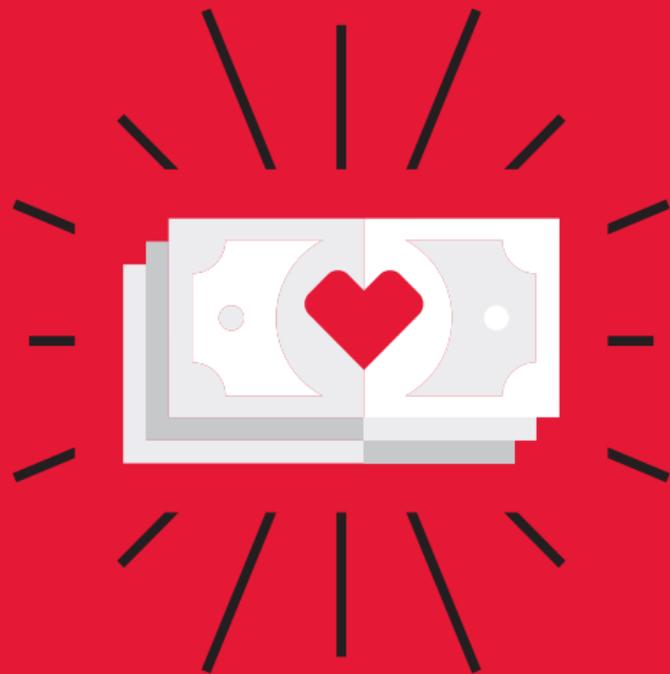
6527-49336A

PEEL



# Saving 20% at CVS Pharmacy<sup>®</sup> just got easy.

Great news! Now that you're a CVS Caremark<sup>®</sup> 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<sup>®</sup> 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.

©2019 CVS Caremark. All rights reserved. 106-49540B 072619