The University of Akron

The University of Akron
Benefits Administration
Akron, OH 44325-0602

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PM L088 GR0UP

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

Your Prescription Card.
Your guide for savings.

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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 after your benefits begin. 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.

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Your Prescription Benefit Plan Copay Overview

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	CVS Caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	**Maintenance Choice** **CVS Caremark Mail Service Pharmacy or CVS/pharmacy** For long-term medications (Up to a 90-day supply)
Generic Medications Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	**$12** for a generic prescription	**$30** for a generic prescription
Preferred Brand-Name Medications If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	**30% ($0 min / $85 max)** for a preferred brand-name prescription	**30% ($0 min / $225 max)** for a preferred brand-name prescription
Non-Preferred Brand-Name Medications You will pay the most for medications not on your plan's preferred drug list.	**40% ($0 min / $125 max)** for a non-preferred brand-name prescription	**40% ($0 min / $250 max)** for a non-preferred brand-name prescription
Refill Limit	One initial fill plus two refills for long-term medications	None
Specialty	30-day fill at CVS/caremark Specialty Pharmacy: 35% ($0 min / $150 max)	
Maximum Out-of-Pocket	$4,500 per individual / $9,000 per family	
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.		

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 after your benefits begin. 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.

CVS/caremark™

Mail Service Order Form

PM L088 GR0UP
JOHN Q SAMPLE
9501 E. Shea Blvd
SCOTTSDALE, AZ 85260

123456789
Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Mail this form to:

CVS/caremark
PO BOX 659541
SAN ANTONIO, TX 78265-9541

Please fold here

Instructions:
Please use **blue or black ink, capital letters,** and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER, request refills or new prescriptions online at www.caremark.com or call toll-free 1-888-202-1654.

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 address for this order only.**

City | State | ZIP Code

Daytime Phone #: Evening Phone #:

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

CVS/caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

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.

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C **Tell us about the people getting prescriptions.** If there are more than two people, please complete another form.

1st person with a refill or new prescription. ○ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

Nickname | Gender: ○ M ○ F | Date of Birth: MM-DD-YYYY

E-Mail Address: | Date new prescription written:

Doctor's Last Name | Doctor's First Name | Doctor's Phone #

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other:

Medical Conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid Reflux ○ Glaucoma ○ Heart Problem ○ High Blood Pressure ○ High Cholesterol ○ Migraine ○ Osteoporosis ○ Prostate Issues ○ Thyroid ○ Other:

2nd person with a refill or new prescription. ○ Spanish forms and labels

Last Name | First Name | MI | Suffix (JR,SR)

Nickname | Gender: ○ M ○ F | Date of Birth: MM-DD-YYYY

E-Mail Address: | Date new prescription written:

Doctor's Last Name | Doctor's First Name | Doctor's Phone #

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other:

Medical Conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid Reflux ○ Glaucoma ○ Heart Problem ○ High Blood Pressure ○ High Cholesterol ○ Migraine ○ Osteoporosis ○ Prostate Issues ○ Thyroid ○ Other:

D **Special Instructions:**

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

○ **Electronic Check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Use my PayPal Credit account.** Works like a credit card. (You must first register online or call Customer Care.)

○ **Credit or Debit Card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Fill in this oval to use your card on file.

○ Fill in this oval to use a new card or to update your card expiration date.

Exp.Date MMYY

Credit Card Holder Signature/Date

○ **Check or Money Order.** Amount: $.

- Make check or money order out to CVS/caremark.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for Balance Due and Future Orders: If you chose 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.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and will take up to 10 days from the day you send this form.

If you want faster delivery, choose:

○ **2nd Business Day ($17)** **Business days are only Monday-Friday**

○ **Next Business Day ($23)**

- Faster delivery charges may change.
- Faster delivery is for shipping time only, not processing.
- Faster delivery can only be sent to a street address, not a PO Box.

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CVS/caremark™ Prescription Card

RxBIN	004336
RxPCN	ADV
RxGRP	RX6088
Issuer (80840)	9151014609

The University of Akron

ID **123456789**
NAME **JOHN Q SAMPLE**

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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


Register
at Caremark.com/startnow to take
full advantage of your prescription plan.
Please remove sticker before use.
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PEEL