

>00001 00001 001 P50708



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.

Blue Plan

If you have any questions about your prescription plan or costs, call us at 1-888-202-1654. 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.	\$12 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.	30% (\$0 min / \$85 max) for a preferred brand-name medicine	30% (\$0 min / \$225 max) for a preferred brand-name medicine
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	40% (\$0 min / \$125 max) for a non-preferred brand-name medicine	40% (\$0 min / \$250 max) for a non-preferred brand-name medicine
Refill Limit	One initial fill plus two refills for long-term medications	None
Specialty Medicines	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.

GLOBAL-WKL-MCHOICE_SP_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 1-888-202-1654. If you access your pharmacy benefits information through the Caremark Web site, you can find Plan Members Rights and Responsibilities at www.caremark.com.



Prescription Card

RxBIN 004336
RxPCN ADV
RxGRP RX6088
Issuer (80840) 9151014609



ID 123456789

Name **JOHN Q SAMPLE**

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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: 1-888-202-1654
Pharmacy Help Desk for Pharmacists: 1-800-364-6331

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

6088-ID-0517

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**



Notice of Nondiscrimination

Federal civil rights laws prohibit certain health programs and activities from discriminating on the basis of race, color, national origin, age, disability, or sex. The laws apply to health programs and activities that receive funding from the Federal government, are administered by a Federal agency or are offered on a public Health Insurance Marketplace. Health plans that are subject to the laws include Medicare Part D plans, Medicaid plans, health plans offered by issuers on Health Insurance Marketplaces, and certain employee health benefit plans. If you have questions about whether these Federal civil rights laws apply to your plan, please contact your health plan at the number in your benefit plan materials.

If your health plan is subject to these Federal civil rights laws, it complies with the laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Your health plan:

- Provides appropriate aids and services, free of charge, when necessary to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:
 - Auxiliary aids and services
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language assistance services, free of charge, when necessary to provide meaningful access to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Customer Care at the phone number on your benefit ID card.

If you believe these services have not been appropriately provided to you or you have been discriminated against on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail, fax, or email with your health plan's Civil Rights Coordinator.

You may also contact Customer Care and we will direct your grievance to your health plan's Civil Rights Coordinator:

Nondiscrimination Grievance Coordinator
PO BOX 6590, Lee's Summit, MO 64064-6590
Phone: 1-866-526-4075
TTY: 1-800-863-5488
Fax: 1-855-245-2135
Email: nondiscrimination@cvscaremark.com

If you need additional help filing a grievance, your health plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call Customer Care at the number on your benefit ID card (TTY: 711).

Español	ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios (TTY: 711).
中文	請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡 (Benefit ID Card) 上的電話號碼 (TTY: 711) 致電客服中心。
Tiếng Việt	CHU Y: Nếu bạn nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn (TTY: 711).
한국어	알림: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 본인의 혜택 ID 카드에 표시된 고객 지원 전화번호로 연락 주시기 바랍니다 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Customer Care sa numero ng telepono na nasa iyong ID card ng benepisyo (TTY: 711).
Русский	ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Свяжитесь с Отделом обслуживания клиентов по номеру телефона, указанному на вашей индивидуальной карте для социальных выплат (телетайп: 711).
العربية	ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل بفريق دعم العملاء على الرقم الموجود على بطاقة التعريف. (رقم جهاز TTY للصم: 711).
Haitian Creole	ATANSYON: Si w pale Haitian Creole, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Kliyan nan nimewo telefòn ki sou kat ID avantajou an (TTY: 711).
Français	ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Service client au numéro de téléphone figurant sur votre carte de prestations (ATS : 711).
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy w tym języku. Zadzwoń do Biura Obsługi Klienta, korzystając z numeru podanego na Twojej karcie identyfikacyjnej (TTY: 711).
Português	ATENÇÃO: se você fala português, também pode obter informações sobre os serviços de assistência nesse idioma, sem nenhum custo adicional. Ligue para o Atendimento ao Cliente usando o número de telefone no seu cartão de beneficiário (TTY: 711).
Italiano	ATTENZIONE: Nel caso in cui la lingua parlata sia l'italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Contattare l'Assistenza Clienti al numero che compare sulla propria tessera dei benefit identificativa (TTY: 711).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an (TTY: 711).
日本語	注：日本語での会話を希望される場合は、無料の言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号(TTY: 711)へお問い合わせください。
فارسی	توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. از طریق شماره تلفن درج شده بر روی کارت شناسایی مزایای تان با بخش پشتیبانی مشتریان تماس بگیرید (TTY: 711).
हिंदी	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। आपके बनिफिट आईडी कार्ड पर दिए गए ग्राहक सेवा के फोन नंबर पर कॉल करें (TTY: 711)।
Հայերեն	ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, սպա ձեզ կարող են տրամադրվել թարգմանչի ծառայություններ: Չանգահարեք Հաճախորդների սպասարկման բաժնի ձեր նպաստների անհատական (ID) քարտի վրա նշված հեռախոսահամարով (TTY: 711).
ગુજરાતી	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. તમારા બેનીફિટ આઈડી કાર્ડ ઉપરના ફોન નંબર પર કસ્ટમર કેરને કોલ કરો (TTY: 711).
Hmoob	MLOOG ZOO: Yog koj hais lus Hmoob, peb muaj neeg txhais lus, pub dawb rau koj. Hu rau Cov Neeg Pab Qhua Lag Luam ntawm tus xov tooj nyob hauv koj daim ID siv qhov kev pab no (Rau cov neeg hais tsis tau lus thiab tsis nov lus siv tus xov tooj (TTY: 711).
اردو	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی معاونت کی خدمات مفت میں دستیاب ہیں۔ اپنے منفعت ائی ڈی کارڈ پر فون نمبر (ٹی ٹی وائی: 711) پر کسٹمر کیئر کو کال کریں۔
ខ្មែរ	យកចិត្តទុកដាក់: បេសធនាអ្នកនយាយ ភាសាខ្មែរ, សេវាកម្មជំនួយផ្នែកភាសា ដោយគិតគូរគ្រប់គ្រងធនធានសំរាប់លោកអ្នក។ សូមទូរស័ព្ទទៅផ្នែកថែទាំអតិថិជនតាមលេខទូរស័ព្ទនៅលើប័ណ្ណ ID អត្តប្រយោជន៍របស់អ្នក (TTY: 711)។

ਪੰਜਾਬੀ	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਵੱਧਿ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਬੈਨੀਫਿਟ ਆਈਡੀ ਕਾਰਡ ਉੱਪਰ ਦੱਸੇ ਗਏ ਕਸਟਮਰ ਕੇਅਰ ਦੇ ਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ (TTY: 711)।
বাংলা	লক্ষ্য করুন: আপনি যদি বাংলা ভাষায় কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কার্ডমার কেয়ারে ফোন করুন আপনার বেনিফিট আইডি কার্ডে দেওয়া (TTY: 711) নম্বর অনুযায়ী।
שִׁידָא	אופנים אחרים: אם אתם מדברים שִׁידָא, אנחנו מציעים שירותי תמיכה בשפות שונות. (TTY: 711) לטראק ID בעזרתנו.
አማርኛ	ማስታወሻ:- የአማርኛ ቋንቋ ተናጋሪ ከሆኑ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። በጥቅማጥቅም ካርድዎ ላይ በሚገኘው ስልክ ቁጥር ለደንበኞች አገልግሎት ይደውሉ (መስማት ለተሳናቸው:- 711)።
ภาษาไทย	หมายเหตุ: ถ้าคุณพูดภาษาไทย เรามีบริการให้ความช่วยเหลือทางด้านภาษาให้คุณฟรี โทรหาฝ่ายบริการลูกค้าที่หมายเลขโทรศัพท์ที่ระบุอยู่บนบัตรผลประโยชน์ของคุณ (โทร: 711)
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Karaa lakkoosfa bilbila Kunuunsaa Maamiltootaa waraqaa eenyummaa faayidaa kee irratti argamu (TTY: 711) tiin bilbili.
Ilokano	Pakdaar: No agsasao ka ti Ilocano, dagitti serbisyo nga tulong iti lengguahe nga libre, ket sidadaan para kenka. Tawagan ti Customer Care iti numero ti telepono iti ID card ti benepisyom (TTY: 711).
ພາສາລາວ	ຄຳຂໍ້ມູນ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພ້ອມໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາຝ່າຍດູແລລູກຄ້າຕາມເບີໂທທີ່ລະບຸໄວ້ຢູ່ໃນບັດຜູ້ໄດ້ຮັບຜົນປະໂຫຍດຂອງທ່ານ (ໂທ TTY: 711).
Shqip	KUJDES: Nëse flisni Shqip, shërbimet e asistencës gjuhësore janë në dispozicionin tuaj, pa pagesë. Telefononi Kujdesin për Konsumatorët në numrin e telefonit në kartën tuaj të identifikimit të benefiteve (TTY: 711).
Srpsko-hrvatski	OBAVJESTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Pozovite službu koja brine o korisnicima na broju telefona koji se nalazi na vašoj ID kartici usluga (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
Українська	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте у Відділ обслуговування клієнтів за номером, вказаним на вашій індивідуальній картці для соціальних виплат (Телетайп: 711).
नेपाली	ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंको लागि नि:शुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। तपाईंको बनिफिट आईडी कार्डमा भएको ग्राहक स्याहारको फोन नम्बर (TTY: 711) मा फोन गर्नुहोस्।
Nederlands	AANDACHT: Als u Nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel de Klantenservice op het telefoonnummer op uw id-voordeelkaart (TTY: 711).
unD	សំណូមពរ: អ្នកដែល ក្រើករិក្រិ ខ្មែរ, អ្នកដែល ករិក្រិ មានការប្រឈម, លាភសេវាជំនួយភាសាសំណើ. ករិក្រិ ក្រើករិក្រិ ក្រើករិក្រិ ក្រើករិក្រិ ក្រើករិក្រិ ID ទំនុកអោយ (TTY: 711) ចាត់។
Gagana Sāmoa	FA'AALIGA: Afai e te tautala Fa'aSamoa, o lo'o avanoa le fesoasoani mo le gagana mo oe, e leai se totogi. Telefoni atu i le Tautua mo le Lautele (Customer Care) i le numera o le telefoni o lo'o i lau pepa ID (TTY: 711).
Kajin Majōl	LALE: Ne kwoj konono kajin Majol, komaron in bok jipan ko ilo kajin ne am ejelok wonaan. Kirlok ro rej bok eddo im ej walok ilo ID kaat in jiban eo am (TTY: 711).
Română	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică gratuite. Sunați la Relații Clienți la numărul de telefon de pe cardul dvs. de beneficii (TTY: 711).
Foosun Chuuk	MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei áninisin chiakku, ese kamo. Kopwe kokkori nampán Ánisi Chon Fiti won epekin om we taropwen esisinnan chon fiti. (TTY: 711).
Tonga	TOKANGA'I MAI: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'e totongi, pea teke lava 'o ma'u ia. Telefoni mai 'i he numera 'i he funga 'o ho'o kaati ID 'aonga (TTY: 711).
Bisaya	ATENSYON: Kung Cebuano imong sinultihan, adunay libreng serbisyo tabang sa lingguwahe nga imong magamit. Tawagi ang Customer Care ang numero ana-a sa imong benepisyong ID kard. (TTY: 711).
Ikirundi	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona Serivisi y'Ubudandaji kuri izi numero za terefone ku nyungu za karangamuntu yawe (TTY: 711).
Kiswahili	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata huduma za lughabila malipo. Piga simu kwenye Kituo cha Huduma kwa Wateja kupitia nambari ya simu iliyo nyuma ya kadi yako ya kitambulisho cha kupata manufaa (TTY: 711).

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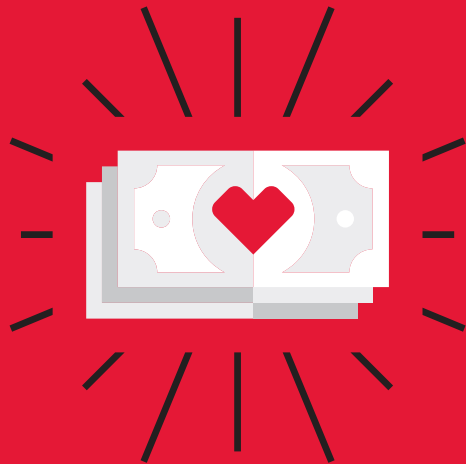
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- 2.** After you've registered, **go to [Caremark.com/ExtraCareHealth](https://www.caremark.com/ExtraCareHealth)**.
- 3.** Start the activation process by providing your CVS Caremark member ID number and your ExtraCare card number – if you don't have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

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