



Client Name
Address 1
Address 2
City, AZ 12345



>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 CVS Pharmacy or 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.



Get your online benefits by registering at Caremark.com/startnow

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



Your first step is to register today at Caremark.com/startnow

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Here's an overview of your CVS Caremark benefits.

PLAN NAME

Your annual deductible is \$XX for an individual or \$XX for a family. **Until this deductible amount is met, you will pay 100% for your prescriptions.** If you have any questions about your prescription plan or costs, call us at 1-XXX-XXX-XXXX. We can help anytime after your plan starts. For TDD assistance, please call 1-800-863-5488.

	Short-Term Medicines CVS Caremark Retail Pharmacy Network (Up to a XX-day supply)		Long-Term Medicines CVS Caremark Mail Service Pharmacy or CVS Pharmacy Locations (Up to a XX-day supply)
Generic Medicines Always ask your doctor if there's a generic option available. It could save you money.	\$XX for a generic medicine before refill limit (after deductible)	\$XX for a generic medicine after refill limit (after deductible)	\$XX for a generic medicine (after deductible)
Preferred Brand-Name Medicines If a generic is not available or appropriate, ask your doctor to prescribe from your plan's preferred drug list.	\$XX for a preferred brand-name medicine before refill limit (after deductible)	\$XX for a preferred brand-name medicine after refill limit (after deductible)	\$XX for a preferred brand-name medicine (after deductible)
Non-Preferred Brand-Name Medicines Drugs that aren't on your plan's preferred list will cost more.	\$XX for a non-preferred brand-name medicine before refill limit (after deductible)	\$XX for a non-preferred brand-name medicine after refill limit (after deductible)	\$XX for a non-preferred brand-name medicine (after deductible)
Refill Limit	One initial fill plus XX refills for long-term medicines	Not Applicable	None
Specialty Medicines	\$XX for a XX-day supply of specialty medicines		
Annual Deductible	\$XX per individual / \$XX per family		
Maximum Out-of-Pocket	\$XX per individual / \$XX 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-HD_INCENTIVIZED_MCHOICE_SP_AD_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-XXX-XXX-XXXX. 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 private health information.



Prescription Card

RxBIN 004336
RxPCN ADV
RxGRP RX1234
Issuer (80840) 9151014609

ID 123456789

Name **JOHN Q SAMPLE**

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Visit [Caremark.com](https://www.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-XXX-XXX-XXXX
Pharmacy Help Desk for Pharmacists: 1-800-364-6331

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

XXXX-ID-0916

1 x 3-1/4
L: 7/16 B: 2-3/4

Personal and confidential - please open right away

Your new prescription benefits have arrived

1-1/4 x 4
L: 7/16 B: 5/8



106-38008A 042516

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 درج‌شده 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)។

Get your medication delivered to your door

For medications you take regularly, we offer a convenient mail service delivery option. To sign up and get started today, simply click or call.

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

Or call the Customer Care number on the back of your prescription card to speak to a representative



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.

6527-43710A

PEEL