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**CVS**  
**CAREMARK**

**CVS Caremark**  
620 Epsilon Drive  
Pittsburgh, PA 15238

5806-00001  
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# Your Prescription Benefit

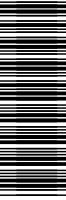


Your health and well-being is important to CVS Caremark and your employer. Keeping healthy includes having prescription care that is convenient and affordable. The information found here will show you how.

Your most complete resource for health and prescription information is available any time of day or night at [www.caremark.com](http://www.caremark.com)

## In this booklet, you'll find:

- Your Prescription Benefit Plan
- A Personal Online Saving Center
- Mail Service Order Form
- Advantages of Generics



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For information about Plan Member Rights and Responsibilities, visit the Customer Care page at [www.caremark.com](http://www.caremark.com).

**Note:** In this booklet we talk about copayment. Copayment, coinsurance or copay means the amount a 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 privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

## Your Prescription Benefit Plan Copay/Coinsurance Summary

This chart is a guide to how much you will pay for medications based on:

1. **Length of prescription.** Short-term medications are generally taken for 30 to 90 days. If you are taking a long-term medication, you will pay less by ordering in 90-day supplies. Maintenance Choice® lets you choose to receive your long-term prescriptions at either a CVS/pharmacy or through the CVS Caremark Mail Service Pharmacy for the same low copay.
2. **Type of medication you are taking.** You will generally pay less for a generic or preferred brand-name medication.

	<b>CVS Caremark Retail Pharmacy Network</b>	<b>Maintenance Choice® CVS Caremark Mail Service Pharmacy or CVS/pharmacy</b>
	For short-term medications (Up to a 30-day supply)	For long-term medications (Up to a 90-day supply)
<b>Generic Medications</b> Ask your doctor or other prescriber if there is a generic available, as these generally cost less.	<b>20%</b> for a generic prescription	<b>20%</b> for a generic prescription
<b>Preferred Brand-Name Medications</b> If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan's preferred drug list.	<b>20%</b> for a preferred brand-name prescription	<b>20%</b> for a preferred brand-name prescription
<b>Refill Limit</b>	None	None
<b>Annual Deductible</b>	\$250 per individual	
Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason other than doctor or other prescriber indicates "dispense as written," you will pay the difference between the brand-name medication and the generic plus the generic copayment.		

**To order a short-term medication:**

Prescriptions with limited refills can be ordered at a CVS Caremark Network Retail Pharmacy. Remember to use a participating retail pharmacy when available. There are more than 64,000 network pharmacies nationwide, including independent pharmacies, chain pharmacies and 7,100 CVS/pharmacy locations. Find one near you at [www.caremark.com](http://www.caremark.com).

Want to avoid filling out claims paperwork? Be sure to bring your Prescription Card with you when you pick up your prescription, and use a pharmacy in the CVS Caremark retail network.

**To order a long-term medication through Maintenance Choice:**

If you are taking a long-term medication, you can choose to receive your 90-day supplies either from CVS Caremark Mail Service Pharmacy or at a CVS/pharmacy near you. Whether you choose mail or retail, you will pay the same copay.

- To order 90-day supplies through CVS Caremark Mail Service, send in a mail order form one is included here, use the FastStart<sup>®</sup> tool found on [www.caremark.com](http://www.caremark.com), or call FastStart toll-free at 1-800-875-0867.
- To order 90-day supplies at a CVS/pharmacy, stop by and talk to the pharmacist.

**Customer Care**

If you have any 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](mailto:customerservice@caremark.com) or call toll-free at 1-877-347-7444.

**Telecommunications Device (TDD)**

If you have a hearing impairment and need TDD assistance, please call toll-free 1-800-863-5488.

## **A Personal Online Savings Center**

### **How can I avoid paying more than I have to for my medications?**

The Savings Center on [www.caremark.com](http://www.caremark.com) is the place to find personalized savings options that allow you to make the most cost effective decisions when filling your prescriptions. CVS Caremark updates the Savings Center automatically when savings opportunities are available for you or a member of your family.

### **When visiting the Savings Center at [www.caremark.com](http://www.caremark.com), you can:**

- View personalized savings based on prescription history
- Explore options to save on prescription drugs
- Drive down out-of-pocket prescription costs

Visit [www.caremark.com](http://www.caremark.com) for information on generic alternatives that may be available for your prescriptions. Hundreds of medications now have generic alternatives that are often available at a fraction of the cost of a brand-name medication and are just as effective.

To learn more, you can register on [www.caremark.com](http://www.caremark.com) to access the Savings Center. Registration is easy---be sure to have your Prescription ID Card ready and click the 'Not Registered' link on the home page.

## Advantages of Generics

### “I’ve never considered generics. Should I?”

Choosing generics is one of the best ways to save money on prescription medications. In fact, consumers overall save an estimated \$8 billion to \$10 billion a year when choosing a generic instead of a brand-name medication.\* Here are some other things to know:

- A generic medication is one that has been approved by the U.S. Food and Drug Administration (FDA) and found to be as safe and effective as the equivalent brand-name medication
- Companies that make generics must meet FDA manufacturing and quality standards
- Even though a generic medication may be a different shape or color than the brand-name medication, it is the same in strength (number of milligrams), dosage form (pill, liquid, cream), quality, active ingredient, and effectiveness
- Generics are available for some of the most commonly prescribed medications such as Ambien<sup>®</sup>, Prilosec, Imitrex<sup>®</sup>, Glucophage<sup>®</sup>, Norvasc<sup>®</sup>, Prozac<sup>®</sup>, Ritalin<sup>®</sup>, and Zocor<sup>®</sup>. To find out if one of your prescriptions has a generic available, visit [www.caremark.com](http://www.caremark.com) or call Customer Care toll-free at 1-877-347-7444.

**Savings tip:** The first chance you have to save money is when your doctor or other prescriber writes your prescription. Ask if there is a generic available first. If not, ask for your doctor or other prescriber to write a prescription for one of the medications on your plan’s Performance Drug List. You will usually end up paying more for a brand-name medication not on the preferred list.

\*Congressional Budget Office

## **CVS Caremark Specialty Pharmacy for Chronic or Genetic Conditions**

Certain chronic or genetic conditions require special pharmacy products, typically in the form of an injected or infused medication. If you or a covered dependent require(s) these types of medications, CVS Caremark Specialty Pharmacy will provide convenient delivery of these products along with supplies, equipment and personal support and counseling.

### **Professional Pharmacy Care and Counseling**

- Assistance in securing coverage for new drugs and therapies, processing insurance paperwork, coordinating benefits and obtaining all necessary authorizations
- Pharmacist- or nurse-led Customer CareTeam available to address your questions and concerns
- Counseling services to provide personal support and tips on managing your condition

### **Personal Support**

- Educational materials and support, including telephone training, written materials, videos, websites and patient support groups
- Assessments of the progress of your therapy, benefit coverage issues, and other health or medication concerns
- Pharmacists available 24 hours a day for emergency consultations

### **Convenient Service**

- Enjoy fast and confidential delivery to the location of your choice (home, office, doctor's office, vacation destination)
- Timely refill reminders with personal calls from the pharmacy staff of the CVS Caremark Specialty Pharmacy

### **Easy Enrollment**

To enroll in the benefits and services of CVS Caremark Specialty Pharmacy, please call CaremarkConnect<sup>®</sup> toll-free at 1-800-237-2767 or visit [www.caremark.com](http://www.caremark.com).



## **CVS Caremark Specialty Pharmacy services are available for\*:**

Allergic asthma  
Crohn's disease  
Growth hormone and related disorders  
Hematopoietics  
Hemophilia, von Willebrand disease and related bleeding disorders  
Hepatitis C  
Hormonal therapies  
Immune deficiencies and related disorders  
Infertility  
Lysosomal storage disorders  
Macular degeneration  
Multiple sclerosis  
Oncology  
Osteoarthritis  
Osteoporosis  
Psoriasis  
Pulmonary arterial hypertension  
Pulmonary disease  
Renal disease  
Respiratory syncytial  
Rheumatoid arthritis  
Virus prevention

\*Products distributed by CVS Caremark Specialty Pharmacy and therapies covered by CVS Caremark may change or expand from time to time. Call the CVS Caremark Specialty Pharmacy toll-free at 1-800-237-2767 to check on desired medications or therapy areas not listed here.



This prescription was covered by a manufacturer patient assistance program



- Important!**
- \* Always allow up to 30 days from the time you send this form until the time you receive the response to allow for mail time plus claims processing.
  - \* Keep a copy of all documents submitted for your records.
  - \* Do not staple or tape receipts or attachments to this form.

**STEP 1 Card Holder/Patient Information**

This section must be fully completed to ensure proper reimbursement of your claim.

**Card Holder Information**

Identification Number (refer to your prescription card) Group No./Group Name

Name (Last Name) (First Name)

Address State Zip

City

**Patient Information—Use a separate claim form for each patient.**

Name (Last Name) (First Name) (MI)

Date of Birth Male Female

Relationship to Primary member Phone Number

Member  Spouse  Child  Other \_\_\_\_\_

**Other Insurance Information**

**COB (Coordination of Benefits)**

Any other prescription insurance?  Yes  No

If Yes, select coverage:  Primary  Secondary

If other coverage is Primary, include the explanation of benefits (EOB) with this form.

Name of Insurance Company ID #

**Important! A signature is REQUIRED**

**NOTICE**

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

**X** \_\_\_\_\_  
 Signature of Plan Participant

\_\_\_\_\_ Date

## STEP 2

### Submission Requirements:

You **MUST** include all original pharmacy receipts in order for your claim to process. Cash register receipts will only be accepted for diabetic supplies. The minimum information required is:

- Patient Name
- Prescription Number
- Medicine NDC number
- Date of Fill
- Metric Quantity
- Days Supply
- Total Charge
- Pharmacy Name and Address or Pharmacy NABP Number

## STEP 3

### Mailing Instructions:

<b>CVS</b> <b>CAREMARK</b>	<b>XXXXXX</b> CRK
<b>RXBIN:</b>	<b>XXXXXX</b>
<b>RXPCN:</b>	<b>XXXXXX</b>
<b>RXGRP:</b>	<b>(80840)</b>
<b>ISSUER:</b>	
ID	
Name	

The RXBIN # is located on front of your CVS Caremark Prescription ID card. Please see highlighted area to the left for reference. Match your RXBIN # to the addresses below.

### Mail to:

CVS Caremark  
P.O. Box 52066  
Phoenix, Arizona 85072-2066

### IMPORTANT REMINDER

To avoid having to submit a paper claim form:

- Always have your card available at time of purchase
- Always use pharmacies within your network
- Use medication from your formulary list.
- If problems are encountered at the pharmacy, call the number on the back of your card .

# CVS | Mail Service CAREMARK | Order Form

**JOHN Q SAMPLE**  
**620 EPSILON DRIVE**  
**PITTSBURGH, PA 15238**

|||||  
 CVS Caremark  
 PO BOX 2110  
 PITTSBURGH, PA 15230-2110  
  
 |||||  
 01  
 |||||

**Mail this form to:**

Enter ID # below if not shown or if different from above

Prescription Plan Sponsor or Company Name \_\_\_\_\_

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:

**FOR FASTEST SERVICE**, order refills at [www.caremark.com](http://www.caremark.com) or call toll-free 1-877-347-7444.

**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 Name   
 Apt./Suite #   
 Use this 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) \_\_\_\_\_

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**WEB** \*

**WEB** \*

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



**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. This person needs:  Easy open caps  Spanish forms and labels

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Gender:  M  F Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Your E-Mail: \_\_\_\_\_ Date new prescription written: \_\_\_\_\_

Doctor's Last Name \_\_\_\_\_ Doctor's First Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other: \_\_\_\_\_  
**Health Information:**  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. This person needs:  Easy open caps  Spanish forms and labels

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Gender:  M  F Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_

Your E-Mail: \_\_\_\_\_ Date new prescription written: \_\_\_\_\_

Doctor's Last Name \_\_\_\_\_ Doctor's First Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Tell us about **new** allergies or health information for this person. Only tell us about **new** information.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other: \_\_\_\_\_  
**Health Information:**  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? Fill in the oval to choose a payment.

- Electronic Check.** Pay from your bank account. First time users register online or call Customer Care.
- Bill Me Later®.** Works like a credit card. First time users 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: \_\_\_\_-\_\_\_\_

**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, Bill Me Later®, 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 to use this payment method for future orders.

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\* WEB \*

\* WFB \*



**Regular delivery is free** and will take 7 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)** Business days only

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

Your ID number is necessary when filling a prescription at a pharmacy for the first time. Use it to register at [www.caremark.com](http://www.caremark.com) where you order refills, check drug costs, discover savings options such as generics and mail service, and more.




## Your Prescription Cards

This personalized card is your starting point for accessing your convenient and affordable prescription benefits.

### CVS CAREMARK Prescription Card

RxBIN 012114  
RxPCN COBADV  
RxGRP RX5806  
Issuer (80840) 9151014609


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

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### CVS CAREMARK Prescription Card

RxBIN 012114  
RxPCN COBADV  
RxGRP RX5806  
Issuer (80840) 9151014609

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

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## Did You Know?

Generics are becoming the prescription of choice for most people. More than 65 percent of prescriptions filled today\* are for generic drugs because they are effective and can cost up to 80 percent less\*\* than brand-name drugs.

To save money on your prescriptions, always ask your doctor or pharmacist if there is a generic option available for you.

\*Source: Generic Pharmaceutical Association Web site: <http://www.gphaonline.org>  
\*\*Savings are based on plan participant copayments. The amount of your savings will be based on your benefit plan.



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

For more information, visit [www.caremark.com](http://www.caremark.com) or call a Customer Care representative toll-free at 1-877-347-7444.

Pharmacy Help Desk for Pharmacists: 1-877-347-7444

Submit paper claims to:  
CVS Caremark Claims Department  
P.O. Box 52066, Phoenix, AZ 85072-2066

5806-ID50-1010

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

For more information, visit [www.caremark.com](http://www.caremark.com) or call a Customer Care representative toll-free at 1-877-347-7444.

Pharmacy Help Desk for Pharmacists: 1-877-347-7444

Submit paper claims to:  
CVS Caremark Claims Department  
P.O. Box 52066, Phoenix, AZ 85072-2066

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