



EPC Schools - New Richmond- PPO

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Vandalia, OH 45377

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PM 7471 GROUP

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 filled outside the CVS/caremark Retail Pharmacy Network.

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

New Richmond PPO Plan 07/01/2015

	CVS/caremark Retail Pharmacy Network	Maintenance Choice CVS Caremark Mail Service Pharmacy or CVS/pharmacy
	For short-term medications (Up to a 30-day supply)	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.	\$20 for a generic prescription	\$20 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.	\$35 for a preferred brand-name prescription	\$85 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.	\$55 for a non-preferred brand-name prescription	\$165 for a non-preferred brand-name prescription
Refill Limit	None	None
Maximum Out-of-Pocket	\$3,000 Individual/ \$6,000 Family	
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 brand copayment.		

For out of network coverage, you will be reimbursed 50%.

Certain medications may require prior authorization or coverage through a CVS/caremark specialty pharmacy. Please contact customer care or go to www.caremark.com for additional information on these medications.

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 7,700 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 four 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. Visit www.caremark.com/faststart
4. Call FastStart toll-free at 1-800-875-0867

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.

Mail Service Order Form

PM 7471 GROUP JOHN Q SAMPLE 9501 E. Shea Blvd SCOTTSDALE, AZ 85260	Mail this form to:  CVS/caremark PO BOX 659541 SAN ANTONIO, TX 78265-9541
123456789 Member ID # (if not shown or if different from above)	
Prescription Plan Sponsor or Company Name	

Please fold here →

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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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #	<input type="checkbox"/> Use shipping address for this order only.	
<input type="text"/>	<input type="text"/>		
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Daytime Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>	Evening Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>		

Please fold here →

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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.



CVS/caremark™ Prescription Card

RxBIN 004336
RxPCN ADV
RxGRP RX7471
Issuer (80840) 9151014609



 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



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GET CONNECTED

www.caremark.com/startnow

(after your coverage begins) 6527-23279b