

Your CVS Caremark Mail Service Pharmacy

Your CVS Caremark Prescription Benefit

How would you like to have your long-term medicine conveniently delivered to your home or office? Not only will it save you time and trips to a participating retail pharmacy, you may also save money! With mail service, you can receive up to a 90-day supply of your medicine for a copay* that may be significantly less than you would pay at a participating retail pharmacy.

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine
- Enjoy the convenience of having your medicine delivered to a location of your choice – home, office, vacation spot
- Speak to a registered pharmacist 24 hours a day, seven days a week
- Order prescriptions and get health information online at www.caremark.com

Getting Started

If you need your prescription filled right away, ask your doctor to write two prescriptions for your long-term medicines:

- The first for a short-term supply (e.g., 30 days) to be filled right away at a participating retail pharmacy

*Copayment, copay or coinsurance means the amount a plan participant 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.

- The second for the maximum days supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be mailed to CVS Caremark Mail Service Pharmacy

If you're not in a hurry, just mail your prescription for a 90-day supply (with any appropriate refills) to CVS Caremark.

Filling Out the Mail Service Order Form

Follow these five steps to fill out the mail service order form:

STEP 1 – Benefit ID Number

1. Fill in your ID number from your benefit ID card. (On your next order, your ID number will be pre-printed on your order form.)

CVS CAREMARK
PO BOX 94467
PALATINE IL 60094-4467

Enter ID# if not shown or different from above

Prescription Plan Sponsor or Company Name

DIRECTIONS: Print in **BLUE** or **BLACK** ink, using **CAPITAL** letters. Fill in ovals completely on both sides of form.

To order new prescriptions: Mail your prescription(s) with this form. # of new prescriptions: _____

To order refills: Order by Web, phone, or write in rx number(s) below. # of refills: _____

FOR FASTEST SERVICE, order refills at www.caremark.com or call the number on your benefit identification card.

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

Last Name: _____ First Name: _____

Street Address: _____ Apt./Suite#: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone #: _____ Evening Phone #: _____

STEP 2 – Address

2. Fill in your complete address. Be sure to fill in the oval if the address listed is a one-time only address.

STEP 3 – Prescription Information

3. Provide the requested information for the first person for whom a prescription(s) is being submitted.
 - Indicate if you would like your order to include Easy-Open Caps. All orders are normally shipped with safety caps or dual-purpose caps (which can be converted from child safe to easy open).
 - Be sure to completely fill out your Doctor's First Name, Last Name and Telephone Number.
 - Fill in the ovals under "Allergies" if you are allergic to any drugs or foods. If you do not see the allergy listed, fill in the "Other" oval and write in the allergy.
 - Fill in the ovals if you have any health "Conditions." If you do not see your health condition listed, fill in the "Other" oval and write in the health condition.
- 3a. Provide the requested information for the second person for whom a prescription(s) is being submitted (if applicable). If this is the case, provide the same information as STEP 3.

FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER

1st PERSON ORDERING A PRESCRIPTION Easy open caps Print in 5 (OR)

LAST NAME: _____ FIRST NAME: _____

NICKNAME: _____ Gender: M F Date of Birth: MM-DD-YYYY

Your E-mail: _____ Date new prescription written: _____

Doctor's Last Name: _____ Doctor's First Name: _____ Doctor's Phone #: _____

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUS

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Penicillin

Sulfas Other: _____

Conditions: Arthritis Asthma Diabetes Acid Reflux Glaucoma High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Other: _____

2nd PERSON ORDERING A PRESCRIPTION Easy open caps Print in 5 (OR)

LAST NAME: _____ FIRST NAME: _____

NICKNAME: _____ Gender: M F Date of Birth: MM-DD-YYYY

Your E-mail: _____ Date new prescription written: _____

Doctor's Last Name: _____ Doctor's First Name: _____ Doctor's Phone #: _____

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUS

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Penicillin

Sulfas Other: _____

STEP 4 – Method of Payment

4. Fill in the appropriate oval for your method of payment. You can pay using an electronic check, Bill Me Later®, or credit/debit card (VISA®, MasterCard®, Discover® or American Express®). If you are paying by check or money order, please write your benefit ID number on the check. DO NOT SEND CASH.

Note: Electronic check and Bill Me Later require pre-registration by logging on to Caremark.com or by calling Customer Care.

ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY RECORDED
Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfas Other: _____
Conditions: Arrhythmia Asthma Diabetes Acid Reflux Glaucoma Heart Failure
 High Blood Pressure High Cholesterol Migraine Osteoporosis Prostate Issues Tinnitus
Special Instructions: _____
PAYMENT INFORMATION: Select one payment method below.
 Electronic Check Processing (Please pre-register online or call Customer Care.)
 Bill Me Later® (Subject to credit approval. Please pre-register online or call Customer Care.)
 Credit/Debit Card (VISA, MasterCard, Discover or American Express)
 Charge most recently used credit card
 Charge new/updated credit/debit card (provide information below)

 Check/Money Order: Amount \$ _____
Make check or money order payable to CVS Caremark and write your identification number on it. All checks will be subject to a fee of up to \$40, depending on state law.
The selected payment method (unless you sent a check or money order) will be charged for future orders unless a different form of payment is provided. It will also be charged for any outstanding balance due.
 Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.
REGULAR DELIVERY IS FREE (Allow up to 10 days for delivery)
Fill in oval for faster delivery:
 2nd Business Day \$17 (per order)
 Next Business Day \$23 (per order)
(Charges subject to change)
Faster delivery options only affect shipping, not processing time and can only be sent street address, not a PO box.
408.547.1238

STEP 5 – Enclose Your Prescription

5. Make sure you enclose the original prescription(s) you receive from your doctor (not photocopies).

That's It!

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided, or use your own envelope and mail the form and payment to the CVS Caremark Mail Service Pharmacy address printed on the form. Please be sure to fold the mail service order form along the fold lines so the CVS Caremark Mail Service Pharmacy address shows through the window of the envelope.

3 Ways to Refill

Online. You can order your mail service refills by logging on to Caremark.com. Register online to receive refill reminders, informative newsletters and other important alerts. Have our benefit ID number handy to register.

By Phone. Call our toll-free Customer Care number for fully automated refill service. Have your benefit ID number ready.

By Mail. You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number(s) in the space provided. Send the order form to CVS Caremark and enclose your payment, if your plan requires a payment.

Questions?

Contact Customer Care toll-free at the number listed on your benefit ID card or in your Welcome Kit. We are here to serve you.



Getting Started With CVS Caremark Mail Service

For First Time Users

CVS
CAREMARK

CVS
CAREMARK

CVS Caremark Mail Service Order Form Guide

Simply follow these six steps to fill out your new mail service order form, and get started enjoying the convenience and savings of CVS Caremark Mail Service Pharmacy.

1. Fill in the ID Number. The ID number is on your benefit ID card and it identifies the card holder. (On your next order, your ID number will be pre-printed above this field.)

2. Fill in your address and phone number in its entirety. Be sure to fill in the oval if you want your prescription mailed to a one-time address.

5. Provide information for the first person submitting a prescription.

• Indicate if you would like your order to include Easy-Open Caps. Most prescriptions have combination easy open/safety caps. However, some come only with safety caps, unless easy-open caps are requested.

• Be sure to completely fill out your Doctor's First Name and Last Name and Telephone Number.

• Fill in the ovals under Allergies if you are allergic to any drugs or foods. If you do not see the drug or food you are allergic to, fill in the Other oval and write it in.

• Fill in the ovals if you have any Health Conditions. If you do not see your health condition, fill in the Other oval and write it in.

Note: It is only necessary to report allergies and health conditions the first time you submit a mail service order to CVS Caremark, or if there are changes.

The top section of the form includes the CVS Caremark logo, the title 'MAIL SERVICE ORDER FORM', and a mailing address: 'CVS CAREMARK, PO BOX 94467, PALATINE, IL 60094-4677'. It features a 'MAIL ORDER FORM TO:' field with a barcode. The 'SHIPPING ADDRESS' section has fields for Last Name, First Name, MI, Suffix (JR, SR), Street Address, Apt./Suite#, City, State, ZIP Code, Daytime Phone #, and Evening Phone #. There are checkboxes for 'Easy open caps' and 'Print in Spanish'. A 'REFILL INFORMATION' section has eight numbered ovals for prescription numbers. A barcode is at the bottom right.

3. Enter the name of your prescription plan sponsor or Company, i.e., the company that provides your prescription benefit plan.

4. For new prescriptions, simply enclose the original prescription(s) with your order form. For refills, write in the prescription number(s) in the spaces provided. When you receive your prescription order, a refill order form will be enclosed that will list your refills. Simply fill in the ovals for the prescriptions you want to refill.

5a. (OPTIONAL) Provide information for the second person if you are submitting prescriptions for two family members. If this is the case, provide the same information as in STEP 4.

The bottom section of the form is titled 'FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER'. It contains two identical sections for '1st PERSON ORDERING A PRESCRIPTION' and '2nd PERSON ORDERING A PRESCRIPTION'. Each section has fields for Name, Date of Birth, Doctor's Name, Doctor's Phone #, and E-mail. There are checkboxes for 'Easy open caps' and 'Print in Spanish'. An 'ALLERGY/HEALTH INFORMATION' section has checkboxes for various allergies and conditions, with an 'Other' oval. A 'PAYMENT INFORMATION' section has checkboxes for 'Electronic Check Processing', 'Bill Me Later', 'Credit/Debit Card', 'Charge most recently used credit card', and 'Charge new/updated credit/debit card'. There is a 'Special Instructions' field and a 'Credit Card Holder Signature/Date' field. A barcode is at the bottom right.

6. Fill in the appropriate oval for your method of payment. If you are paying by check or money order, please write your ID number on the check. If you are paying by credit card, be sure to include your signature. Do not send cash. Regular delivery is free. Fill in an oval for optional expedited delivery.

7. Make sure you enclose the original prescription(s) you received from your doctor (not photo copies).

That's It!

Now, simply mail your order form along with your prescription(s) and payment in the envelope provided to the address printed on the form. Be sure to fold the form on the lines indicated so the address shows through the window of the return envelope.