



**The Teamsters Health and Welfare Fund of**  
Philadelphia and Vicinity  
6981 N. Park Drive, Suite 400  
Pennsauken, NJ 08109

**CVS/caremark**

# “Welcome!”

Your new prescription benefits are here.  
And so are the savings.

Use your card to save on prescriptions.

Because saving on what matters feels good.

Dear Member,

Welcome to your new prescription benefits with CVS/caremark. Attached is your prescription benefit ID card, which you will need when you fill your medicines.

Beginning on your plan start date, you'll have access to a range of online tools that will help you get the most from your new plan. Register your card at [www.caremark.com](http://www.caremark.com) to order refills, check drug costs and coverage, discover savings opportunities and much more.

**See reverse side for important facts about how to save on your prescriptions.**

Your feedback is important as it helps us improve our service. Please contact us with any questions or concerns at 1-866-549-0998. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

**1399706**

MCV-STD-0513

## Saving on prescriptions can make a big difference. Here's how:

**Long-term medicines** are taken regularly for chronic conditions.\*

Saving money matters. And your new prescription benefits offer new ways to save on the things that matter, like your long-term medicines. First, make a change from 34-day refills to 90-day supplies. Then, choose to fill your 90-day supply at any of our more than 7,700 CVS/pharmacy locations or with CVS/caremark Mail Service Pharmacy for the same low price. If you would like to receive your 90-day supplies through mail service, fill out the enclosed form and mail it back to the address on the mail service order form found in this welcome kit. The choice is yours, and so are the savings.

**There are two easy ways to start saving with 90-day prescriptions:**

- Call Customer Care toll-free at **1-866-549-0998**
- Speak to a pharmacist at one of our CVS/pharmacy locations

**Short-term medications**, such as antibiotics, are taken for a limited period of time.\*\*

To save on short-term prescriptions, use one of our 68,000 network pharmacies nationwide. To find a list of network pharmacies or even more savings, visit [www.caremark.com](http://www.caremark.com).

**See the chart below for an overview of your copay costs.\*\*\***

	Any network pharmacy		CVS/pharmacy or CVS/caremark Mail Service Pharmacy
	Price of one 34-day refill	Price of three 34-day refills	Price of one 90-day supply
Generic drugs	\$5	\$15	\$5
Preferred brand drugs	\$15	\$45	\$15
Non-preferred brand drugs	50% (\$30 min / \$50 max)	50% (\$30 min / \$50 max)	50% (\$30 min / \$50 max)
Specialty drugs	\$100 per 34 day fill on specialty medications		
Maximum Out-of-Pocket	\$1,500 per individual / \$3,000 per family on prescription drugs		
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.			

**Questions?**

Go to [Caremark.com](http://Caremark.com) or call Customer Care toll-free at 1-866-549-0998

We're here for you 24 hours a day, seven days a week.

Sincerely,  
CVS/caremark

\*Long-term medicines are taken regularly for chronic conditions, such as high blood pressure, asthma, diabetes or high cholesterol.

\*\*Short-term medicines are generally taken for a limited amount of time and have a limited amount of refills, such as an antibiotic.

\*\*\*Copayment, copay or coinsurance means the amount a plan member is required to pay in accordance with a Plan, which may be a deductible, a percentage price, a fixed amount or other charge, with the balance, if any, paid by the Plan.

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5287-26202a 082812 TDD: 1-800-863-5488

0236-2PRTF\_6-MCV\_SM\_MOOP-0116



**Make a change.**




**Make a choice.**



**Feel the savings.**

## Mail Service Order Form

PM 236 GROUP <b>JOHN Q SAMPLE</b> <b>9501 E. Shea Blvd</b> <b>SCOTTSDALE, AZ 85260</b>	<b>Mail this form to:</b>   CVS/caremark PO BOX 659541 SAN ANTONIO, TX 78265-9541
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<b>123456789</b> Member ID # (if not shown or if different from above)																		
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																		
Prescription Plan Sponsor or Company Name																		

**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](http://www.caremark.com) or call toll-free 1-866-549-0998.

**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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/>
Street Address	Apt./Suite #	<input type="radio"/> <b>Use shipping address for this order only.</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 60px;" type="text"/>		
City	State	ZIP Code	
<input style="width: 100%;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 60px;" type="text"/> - <input style="width: 40px;" type="text"/>	
Daytime Phone #: <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 60px;" type="text"/>	Evening Phone #: <input style="width: 30px;" type="text"/> - <input style="width: 30px;" type="text"/> - <input style="width: 60px;" type="text"/>		

**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.



Please fold here →

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**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.

Spanish forms and labels

Last Name  First Name  MI  Suffix (JR,SR)   
Nickname  Gender:  M  F Date of Birth: MM-DD-YYYY --  
E-Mail Address:  Date new prescription written:

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

Tell us about new health information for 1st person if never provided or if changed.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other:

**Medical Conditions:**  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.

Spanish forms and labels

Last Name  First Name  MI  Suffix (JR,SR)   
Nickname  Gender:  M  F Date of Birth: MM-DD-YYYY --  
E-Mail Address:  Date new prescription written:

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

Tell us about new health information for 2nd person if never provided or if changed.

**Allergies:**  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other:

**Medical Conditions:**  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? (If your copay is \$0, you do not need to provide payment information.)

- Electronic Check.** Pay from your bank account. (You must first register online or call Customer Care.)
- Use my PayPal Credit account.** Works like a credit card. (You must first 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 MMY

**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, PayPal Credit, 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 us to use this payment method for future orders.

Credit Card Holder Signature/Date

**Regular delivery is free** and will take up to 10 days from the day you send this form.

**If you want faster delivery, choose:**

- 2nd Business Day (\$17)** Business days are only
- Next Business Day (\$23)** Monday-Friday

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



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# **Important: Starting March 1, 2016, CVS/caremark is pleased to be your new mail service pharmacy provider.**

There is some important information you need to know about your new prescription plan.

## **CVS/caremark is your new mail service prescription provider.**

Starting March 1, 2016, CVS/caremark will become your new provider instead of OptumRx. Feel free to register at [www.caremark.com](http://www.caremark.com) or call Customer Care toll-free at 1-866-549-0998 for more information after March 1, 2016.

## **Existing refills with OptumRx**

Beginning March 1, 2016, CVS/caremark will have access to your mail service refill information from OptumRx. If your prescription does not have any remaining refills, is a controlled substance or a compound medication, you will need to obtain a new prescription. We recommend you choose one of the following:

1. Ask your doctor or other prescriber to write a new prescription for up to a 90-day supply, plus refills when appropriate. Bring your prescription to a CVS/pharmacy location or send your prescription to CVS/caremark using the enclosed Mail Service Order Form.
2. Send your refill request after March 1, 2016.

## **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](http://www.caremark.com).
3. Visit [www.caremark.com/faststart](http://www.caremark.com/faststart).
4. Call FastStart toll-free at 1-800-875-0867.

## **Medications that cannot be transferred**

Controlled substances and compound medications cannot be transferred to CVS/caremark Mail Service Pharmacy. If you have existing refills for these types of medications, ask your doctor or other prescriber for a new prescription and mail it to CVS/caremark.

## **Other questions about your CVS/caremark prescription benefits?**

Visit [www.caremark.com](http://www.caremark.com) to learn more about mail service, order refills, check drug cost and coverage, print a claim form and more.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

TDD: 1-800-863-5488




Global-MKVTL-MCV\_Open\_File-1214

**CVS/caremark™** Prescription Card

RxBIN 004336  
RxPCN ADV  
RxGRP RX0236  
Issuer (80840) 9151014609



Teamsters Health & Welfare Fund of  
Philadelphia and Vicinity

 ID \_\_\_\_\_  
NAME \_\_\_\_\_

00001

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 1-866-549-0998.

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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➔ **Register**  
at **Caremark.com/startnow** to take  
full advantage of your prescription plan.

Please remove sticker before use. 6527-34755a