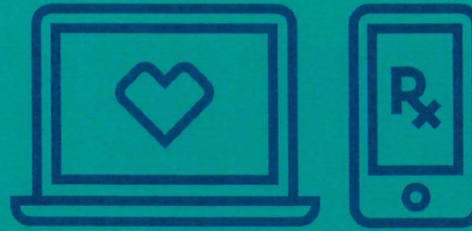


# Digital Features of CVS Caremark®



Whether you are most comfortable using your desktop or the mobile app on your smart phone, your laptop or iPad, CVS Caremark can help you digitally manage your prescription benefits.

Here's just a few of the things you can do with CVS Caremark's digital tools:

- **Check Drug Cost and Coverage**

Find out how much your medication will cost under your plan and whether there are opportunities to save money

- **Get Started with Delivery by Mail**

At Caremark.com, use the Request a New Prescription feature to enter the name and strength of your medication and your doctor's name. Or, use the mobile app to take and send a picture of your written prescription. We'll handle the rest

- **Easy Refills**

Refill your mail order prescription without logging in. Just enter the prescription number from your pill bottle and your date of birth

- **Manage Your Profile**

Set or change notifications, change your shipping, billing or contact information, and more

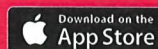
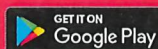
- **View ID Card**

You'll always have your member ID card available, which you can view and/or print from Caremark.com or access direct from your mobile app

- **Pharmacy Locator**

Find network pharmacies near you by entering a city and state or zip code at Caremark.com, or by using your current location with the CVS Caremark mobile app

Register today at [Caremark.com/Start](https://www.caremark.com/Start) or download the CVS Caremark mobile app to explore all of the features.



Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.  
©2018 CVS Caremark. All rights reserved. 106-40828A 073018

 **CVS caremark.**

 **RxBenefits®**



3700 Colonnade Pkwy, Ste 600  
Birmingham, AL 35243

Dear **MASE Trust** Plan Member:

**MASE Trust** is pleased to announce effective **January 1, 2021**, your pharmacy benefits will be administered by RxBenefits in partnership with CVS Caremark®. The RxBenefits service model delivers enhanced safety, better cost savings, and top-notch customer service.

With CVS Caremark®, you'll have access to a massive network of more than 60,000 pharmacies nationwide. We're prepared to meet all your pharmacy needs.

**Your prescription benefit coverage includes:**

**Member Services:** Dedicated to meeting your prescription benefit needs, we can be reached at **800.334.8134** or [RxHelp@rxbenefits.com](mailto:RxHelp@rxbenefits.com) Monday through Friday from 7:00 a.m. to 8:00 p.m. Central. After hours you may choose to transfer directly to CVS Caremark®.

**Digital Tools:** On **January 1, 2021**, register at [caremark.com](http://caremark.com) and download the CVS Caremark® mobile app to manage your profile, request refills, locate pharmacies, and more!

**ID Card:** CVS Caremark® will provide your prescription benefit ID Card. Beginning **January 1, 2021**, use the new card when filling a prescription. If you need to fill a prescription before your card arrives, simply provide the following, along with your member number or Social Security number, to the pharmacy:

RXBIN:	004336
RXPCN:	ADV
RXGRP:	RX2169
Issuer:	CVS/caremark
Pharmacy Member Services:	800.334.8134
Pharmacist Helpdesk:	800.364.6331

**Prescription Benefit Coverage:** A detailed summary of your prescription benefit coverage.

**Cost Sharing:** The amount paid for a medication may change at the start of the prescription benefit coverage period or when the preferred status of a medication changes. Visit [Caremark.com](http://Caremark.com) to find lower-cost alternatives on the **Performance Drug List**.

**Drug Exclusions:** Review the **Formulary Exclusions List** at [Caremark.com](http://Caremark.com) and the Exclusions section in the **Prescription Benefit Coverage** document. If either indicates your medication may be excluded, please speak with your doctor about moving to a covered alternative. Over the Counter (OTC) alternatives do not require a prescription.

**Prior Authorization:** Certain medications require Prior Authorization (PA) before the prescription can be filled. The PA review process helps ensure FDA prescribing guidelines are met and that you receive the safest and most appropriate drug therapy. If you currently take a medication requiring a PA, you may need to secure a new one. Be sure to keep a two-week supply on hand and contact the pharmacy after **January 1, 2021** to confirm whether a new PA is required.

**Maintenance Medications:** Treat ongoing conditions like diabetes, high blood pressure, and asthma. In addition to local retail pharmacy access, your prescription benefit coverage allows these medications to be filled by mail.

**Mail Order Provides:**

- Free delivery to your home of up to a 90-day supply
- Confidential, tamper-resistant, and temperature-controlled packaging
- Convenient refill requests online or by phone
- 24/7 access to a registered pharmacist

**Getting Started with Mail Order is Easy:**

1. Ask your doctor for a new 90-day supply, and up to three refills, prescription for each maintenance medication
2. Download the [CVS Caremark® Mail Service Order Form](#) from [caremark.com](#)
3. Mail the completed form and prescription to CVS Caremark®

New or initial orders may take **10-14 business days** to process. Be sure to have at least a two-week supply on hand when submitting a new Mail Order request.

**Specialty Medications:** Typically treat complex or rare conditions like multiple sclerosis, hepatitis, and rheumatoid arthritis. As the exclusive provider of specialty medications, **CVS Specialty** will work closely with you to ensure proper delivery and administration of your medication. A list of specialty medications and the conditions they treat is available at [CVSSpecialty.com](#).

**Switch to CVS Caremark® Specialty Pharmacy in Just One Step:**

1. Call 800.237.2767 and speak with a CVS Caremark® care specialist. They'll contact your doctor and handle the paperwork needed to continue appropriate care.

Visit [CVSSpecialty.com](#) to learn more about the services **CVS Specialty** provides.

**Step Therapy:** Some medications may be covered only after you've been prescribed a preferred alternative. Similar and FDA-approved, alternative medications are proven to be effective and are covered at a lower cost to you. The **Performance Drug List** can be viewed at [caremark.com](#). Speak with your doctor about moving to a preferred alternative.

If you have any questions about your prescription benefit coverage, contact **Member Services** at **800.334.8134** or [RxHelp@RxBenefits.com](mailto:RxHelp@RxBenefits.com) Monday through Friday from 7 a.m. – 8 p.m. Central. After hours you may choose to transfer directly to CVS Caremark®.

Sincerely,  
Your RxBenefits Team



# Mail Service Order Form

Mail this form to:



CVS Caremark  
PO BOX 94467  
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

**Instructions:**

Please use **blue or black ink** and **print in capital letters**. 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 the toll-free number on your member ID card.

**A Shipping Address.** To ship to an address different from the one printed above, enter the changes here.

Last Name

First Name

MI

Suffix (JR, SR)

Street Address

Apt./Suite #

Use shipping 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) \_\_\_\_\_

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.



PLEASE FOLD HERE

PLEASE FOLD HERE

CVS

PLEASE FOLD HERE

PLEASE FOLD HERE

CVS

**C Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

**First 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: \_\_\_\_\_

**Second 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: \_\_\_\_\_

PLEASE FOLD HERE

PLEASE FOLD HERE

**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.)

**Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

Use your card on file.

Use a new card or update your card's expiration date.

Exp. Date MMY

**Check or money order.** Amount: \$

- Make check or money order payable 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 choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

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 takes up to 5 days after your order is processed.

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

**2nd business day (\$17)**

**Next business day (\$23)**

Faster delivery can only be sent to a street address, not a PO Box

**Expected processing time from receipt of this form:**

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)

PLEASE FOLD HERE

PLEASE FOLD HERE

WED

WED

