



CVS Caremark  
2100 E. Lake Cook Road  
Buffalo Grove, IL 60089

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JOHN Q SAMPLE  
9501 E. Shea Blvd  
SCOTTSDALE, AZ 85260



# A prescription (plan) for a healthier you has arrived

Turn over to learn more and register >>



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# Welcome to CVS Caremark®

## We're glad to meet you

Know you can count on us for a wide range of cost-effective medications, thousands of network pharmacy choices (including home delivery) and select participating pharmacies for specialty medications. All this is built into your plan.

## First, let's get connected

Register for an online account so you don't miss out on any of your plan benefits or updates. Scan the QR code on the right or go to **Caremark.com/StartNow** to get set up today.

## You're off to a great start

After you register, be sure to visit our website so you can learn about your new plan and how it works.

- Check out your plan and deductible details
- Print an ID card to use at the pharmacy
- See if your medication is covered and how much it costs
- Locate a network pharmacy near you
- Find out if there are any ways to save on your medication
- Tell us how to contact you (by text, email or other)

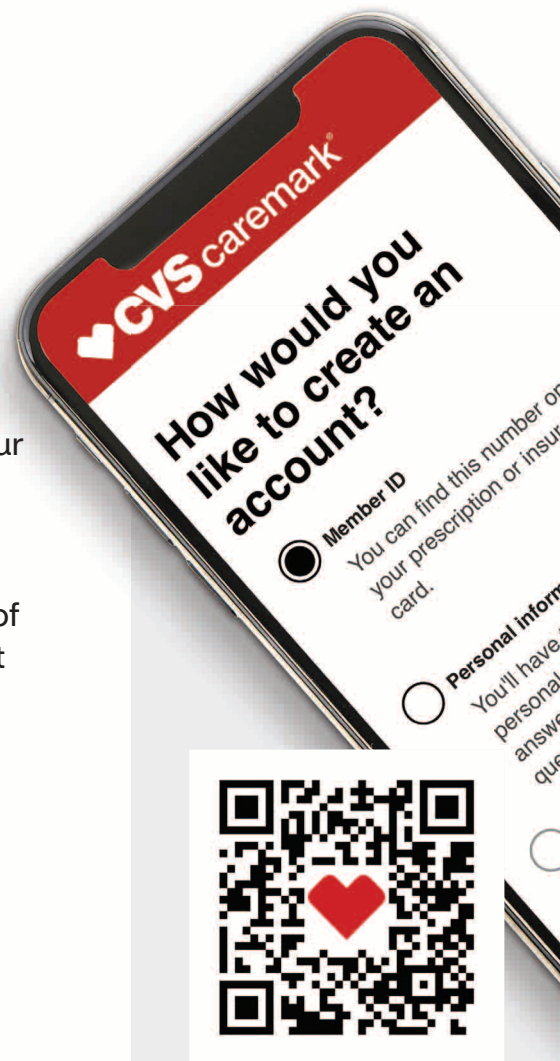
## You've got this

But if you need help along the way, you can always find answers on our website or call us at the number on your ID card.

## Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also provide express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at [Caremark.com](https://www.caremark.com).

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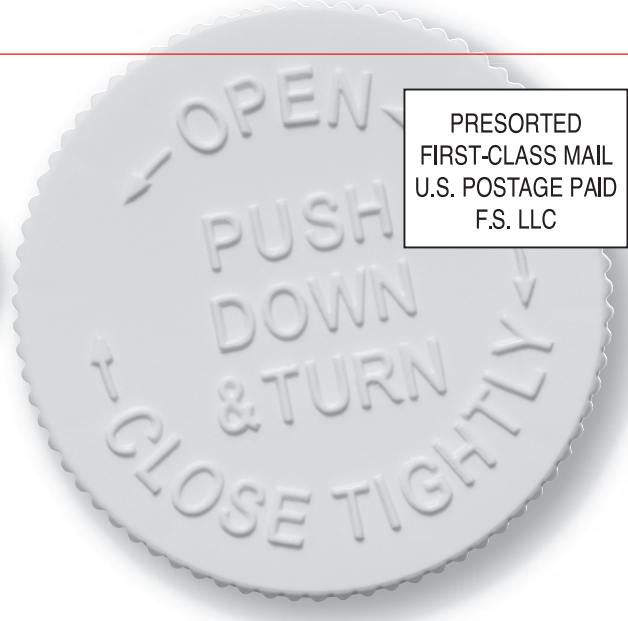


## Scan the code to register

- Open the camera on your smart phone
- Focus on the QR code
- Tap the link that appears



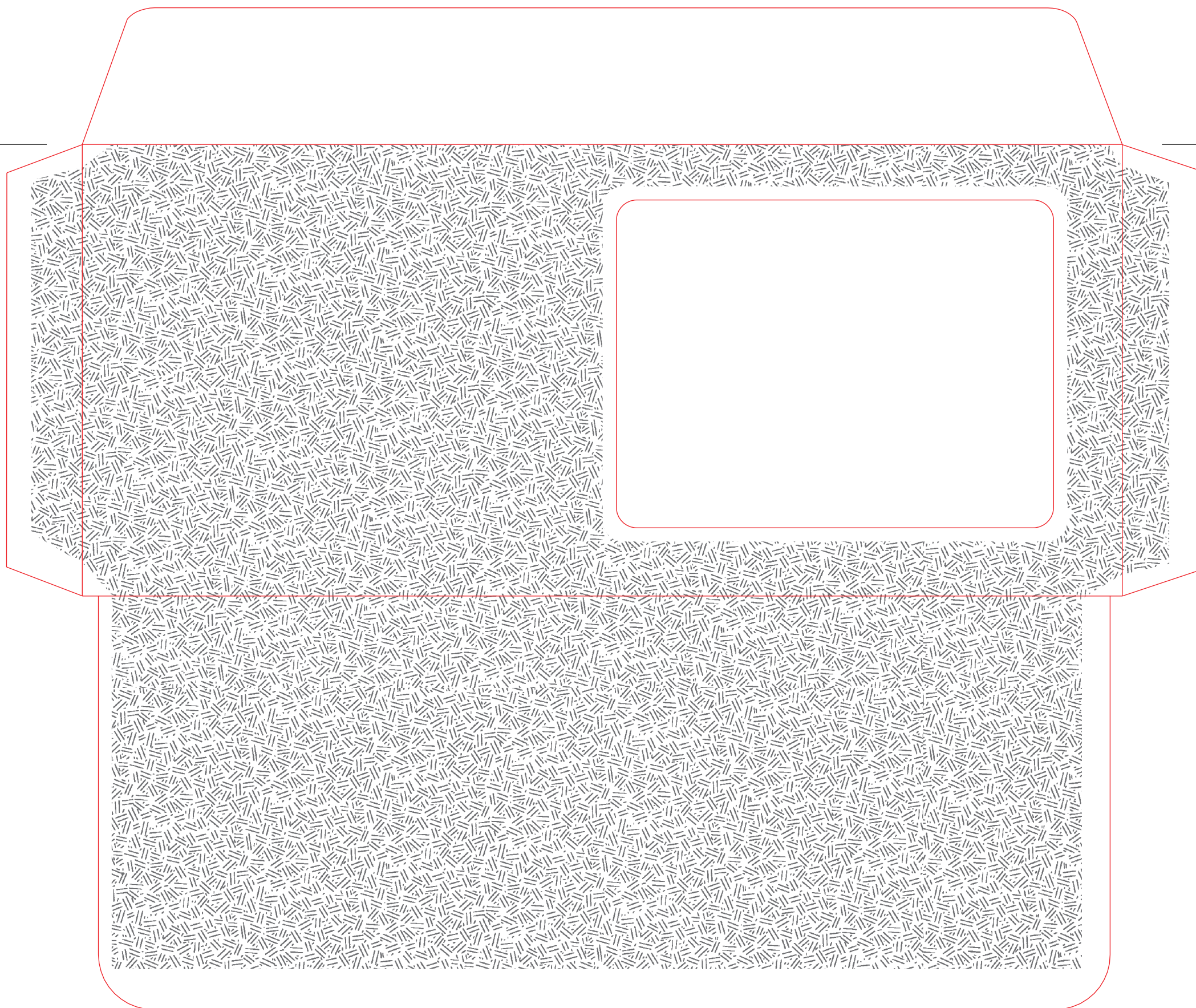
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F.S. LLC



PERSONAL AND CONFIDENTIAL  
**Open for important information about  
your prescription plan.**



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# Notice of Nondiscrimination

If you need these services, have questions or concerns, call Customer Care at the phone number on your benefit ID card.

## Discrimination is against the law

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. The statute extends nondiscrimination protections to individuals participating in: any health program or activity, any part of which receives funding from the U.S. Department of Health and Human Services (HHS); any program or activity that HHS administers under Title I of the ACA, such as the Federally-facilitated Marketplace; Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

If you believe you have been discriminated against, you can file a grievance with your health plan's Civil Rights Coordinator by contacting them at the phone number on your benefit ID card. You may also file a complaint with the Office for Civil Rights (OCR) electronically through the OCR Complaint Portal, available online at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.<sup>1</sup>



### Mail:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building Washington, DC 20201



### Phone:

1-800-368-1019  
TTY: 711

**Complaint Forms:** Available online at <http://www.hhs.gov/ocr/office/file/index.html>.

## Communicating with you is important

We provide appropriate aids and services, free of charge, to ensure that people with disabilities have an equal opportunity to communicate effectively with us, such as:

- Auxiliary aids and services
- Written information in other formats (large print, audio, accessible electronic formats)

## We're here for you in many languages

We provide language assistance services in over 200 languages, free of charge, to provide meaningful access to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

1. Washington residents may also file a complaint with the State Office of the Insurance Commissioner at: <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status> or by phone at: 1-800-562-6900.

**ATTENTION:** If you speak [LANGUAGE], language assistance services are available to you free of charge. Call Customer Care at the number on your benefit ID card (TTY: 711).

### 1. ESPAÑOL:

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al cliente al número telefónico que aparece en su tarjeta de identificación de beneficios.

### 3. 中文:

請注意：如果您使用繁體中文，您可以獲得免費的語言協助服務。請撥打您福利身份卡 (Benefit ID Card) 上的電話號碼致電客服中心。

### 5. DEUTSCH:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die Kundenbetreuung unter der Rufnummer auf Ihrer Versicherungskarte an

### 2. Tiếng Việt:

CHÚ Ý: Nếu bạn nói Tiếng Việt, chúng tôi có cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi cho Ban Chăm Sóc Khách Hàng theo số điện thoại có trên thẻ nhận dạng phúc lợi của bạn

### 4. 日本語:

注：日本語での会話を希望される場合は、無料の言語支援をご利用いただけます。保険カードに記載されているカスタマーケアの電話番号へお問い合わせください。

### 6. فارسی:

توجه: اگر به زبان فارسی گفتگو میکنید، تسهیالت زبانی بصورت رایگان برای شما فراهم میباشد. از طریق شماره تلفن درجشده بر روی کارت شناسایی مزایای تان با بخش پشتیبانی مشتریان تماس بگیرید

