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



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 Global-FCC\_Standard-0514

## \* Important Message on Back

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

**CieloStar**  
 Attn: Kathy Myos  
 730 2nd Avenue South, Suite 900  
 Minneapolis, MN 55402

## CVS/caremark™ Prescription Card

RxBIN 004336  
 RxPCN ADV  
 RxGRP RX1805  
 Issuer (80840)  
 ID **123456789 01**  
 Name **JOHN Q SAMPLE**

**Ames Construction, Inc.\***



CVS/caremark Customer Care: 1-877-860-6415 www.caremark.com  
 Pharmacy Help Desk for Pharmacist: 1-800-364-6331  
 Submit Prescription Claims to: CVS/caremark Claims Department  
 P.O. Box 52196, Phoenix, AZ 85072-2196

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## Your Prescription Cards

This personalized card is your starting point for accessing your convenient and affordable prescription benefits. Your ID number is necessary when filling a prescription at a pharmacy for the first time. Use it to register at [www.caremark.com](http://www.caremark.com) to order refills, check drug costs, view health tips and more.



## Did You Know?

Generics are becoming the prescription of choice for most people. More than 65 percent of prescriptions filled today\* are for generic drugs because they are effective and can cost up to 80 percent less\*\* than brand-name drugs.

To save money on your prescriptions, always ask your doctor or pharmacist if there is a generic option available for you.

\*Source: Generic Pharmaceutical Association Web site. <http://www.gphaonline.org>  
 \*\*Savings are based on plan participant copayments. The amount of your savings will be based on your benefit plan.

CVS/caremark

Global-BCC-Standard-0514

2020278



Primary Network

For Eligibility/Claims Questions  
 Call 1-800-453-4302

For In-patient Admission Call  
 Spectrum Review 1-800-258-5055

Submit Arizona Foundation  
 PPO Claims to: Arizona Foundation  
 P.O. Box 2909, Phoenix, AZ 85062-2909  
 Emdeon Payer ID: 86062  
 1-888-342-7427 or 1-800-624-4277

## Medical Card MEDICAL GROUP 1000

ID Number is same number as on front  
 Medical Claims Administered by:



Submit All Other Claims to:  
 CieloStar Benefits  
 P.O. Box 21993, Eagan, MN 55121  
 1-888-342-7427

**MultiPlan**  
 for providers not in the primary  
 network, visit [multiplan.com](http://multiplan.com)

1805-AFC5-1219



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Bleed Area

1-92068JF

1 X 3.25 (.4375 LEFT; 2.75 BOTTOM)

PRST  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
ST. LOUIS, MO  
PERMIT NO. 1977

Important plan information enclosed. Personal and Confidential

1.25 X 3.25 (.4375 LEFT; .625 BOTTOM)

Your new prescription  
benefits have arrived.  
Start by registering today.



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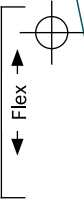


Bleed Area

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# Register

at **Caremark.com/MyCaremark** to learn  
about your benefits & find ways to save money.

Registration is optional, but adds convenience.

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