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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 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

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2020279



Primary Network

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

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

Submit HealthEOS PPO Claims to:
 HealthEOS
 P.O. Box 6090, DePere, WI 54155-6090
 1-800-279-9776
 Submit Claims Electronically to 36326
 Multiplan.com

Medical Card

MEDICAL GROUP 1000

ID Number is same number as on front

Medical Claims Administered by:



1805-HEOSCS-1219



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1805-HEOSCS-1219

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.



NUMCVO819IND 082119

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Bleed Area

Bleed Area

Bleed Area

..No Ink 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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