

Welcome to SilverScript® Insurance Company

Once Medicare has approved your application and your prescription benefits are in affect, you can begin using your prescription benefits immediately. Below is a temporary membership card that you can print from your computer and use right away. Remember, this is just a temporary card to use until you receive your permanent card.

NOTE: If you use your card before your effective date (typically 1/1) or if your enrollment is NOT approved by Medicare we may bill you for the amount we have paid for any prescriptions you have received.

1. To begin using your card, follow these easy steps.
2. Print out your card.
3. Fill in the blanks on your card.

You can find the RxGrp information and your ID number at the top right corner of the Acknowledgement letter we recently sent you.

4. Cut out your card.
5. Fold for convenience and you're ready to go.

Your card now contains all the information necessary for your pharmacist to fill your prescriptions. You will also need information from this card to request a prescription refill from the Caremark mail service pharmacy.

Present this card and your prescription to your retail pharmacist. You may fill your prescription at any of our 64,000* participating network pharmacies nationwide. To find a network pharmacy, log on to www.silverscript.com and click on the **pharmacy locator** button. Remember to always use a network pharmacy for complete coverage. You may use an out-of-network pharmacy for emergencies, but coverage is dependent on review and in some cases, we may not pay for your prescriptions.

For questions or more information, contact Customer Care at the number on the back of your card (right side when folded). They are there to help!

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<p>SILVERSCRIPT® A CVS CAREMARK COMPANY</p> <p>SilverScript® Insurance Company Prescription Drug Plan Administered by CVS Caremark</p> <p>RXBIN: 004336 RXPCN: ADV ISSUER: (80840) RXGRP: _____ ID: _____ Name: _____</p> <p>MedicareRx Prescription Drug Coverage</p> <p>S5601</p> <p>T9223</p>	<p>Pharmacy Help Desk (800) 364-6331</p> <p>Submit Claims to:</p> <table><tr><td>Medicare Part D Paper Claims P.O.Box 52066 Phoenix, AZ 85072-2066</td><td>Important Numbers: Customer Care (866) 235-5660 TTY # (866) 236-1069</td></tr></table> <p>You will receive your permanent ID card after your application is approved by the Plan and by Medicare. If your application is not approved, you will receive a letter of disapproval from SilverScript Insurance.</p> <p>www.silverscript.com</p> <p>T9223</p>	Medicare Part D Paper Claims P.O.Box 52066 Phoenix, AZ 85072-2066	Important Numbers: Customer Care (866) 235-5660 TTY # (866) 236-1069
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