




Dear Valued Member:

THIS IS A ONE-TIME CARD TO BE USED UNTIL YOUR PERMANENT CARD ARRIVES. PLEASE DISCARD THIS PIECE OF PAPER AFTER RECEIVING YOUR PERMANENT CARD IN THE MAIL.

1. Please fill in the underlined areas with your name, ID number and RxGRP Code. (This information is needed by the pharmacist to process prescriptions.) The RxGRP code is determined by the medical plan you have chosen, please use the corresponding RXGRP code per the list below.

<u>Medical Plan</u>	<u>RxGRP Code</u>
Health Savings Account (HSA) Plan - (United Healthcare)	RX1880
Health Savings Account (HSA) Plan - (Anthem BCBS)	RX1881
Health Savings Account (HSA) Plan - (Health Partners)	RX1882
Health Reimbursement Account (HRA) Plan - (Anthem BCBS, United Healthcare, Health Partners)	RX1883
Indemnity Medical Plan - Anthem BCBS (Puerto Rico, Guam and Northern Mariana Islands)	RX1883
United Healthcare Medicare Supplement Plan	RX1883

2. Please present this temporary ID card to the pharmacist.

 NAME: _____ ID: _____ <i>*Please see below</i> RxBIN: 004336 RxPCN: ADV RxGRP: _____ Issuer (80840): 9151014609	<p>Present this Prescription Card to fill your prescription at any participating retail pharmacy.</p> <p>For more information, visit www.caremark.com or call a Customer Care representative toll-free at 1-800-772-2301.</p> <p>Pharmacy Help Desk for Pharmacists: 1-800-421-2342</p> <p>Submit paper claims to: CVS Caremark Claims Department P.O. Box 52136, Phoenix, AZ 85072-2136</p>
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**Please provide the pharmacist with your SSN. Once you receive your permanent ID card you will no longer have to provide your SSN. You will receive your new ID card with a unique identifying number that will replace this temporary card.*

3. For questions or concerns, please call toll-free at **1-800-772-2301** to speak to a Customer Care representative 24 hours a day, seven days a week.

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