



Dear Empire Plan Enrollee:

Starting on January 1, 2014, the New York State Health Insurance Program's Empire Plan Prescription Drug Program will be administered by CVS Caremark.

Enclosed is a one-time use card that you should take with you the first time you go to a retail pharmacy on or after January 1, 2014. This one-time use card contains information needed by your pharmacist to update your prescription billing records beginning January 1, 2014.

1. Please fill in the underlined areas with your name and NYSHIP ID number. (This information is needed by the pharmacist to process your prescriptions and is printed on your Empire Plan Benefit Card.)
2. Please present this temporary ID card to the pharmacist. This card can be used by all your covered dependents.

CVS CAREMARK

RxBIN: 004336
RxPCN: ADV
RxGRP: RX6027
Issuer (80840): 9151014609

ID: _____
NAME: _____

Present this Prescription Card to fill your prescription at any participating retail pharmacy.

For more information, visit www.EmpirePlanRXProgram.com or call a Customer Care representative toll-free at 1-877-7-NYSHIP

Pharmacy Help Desk for Pharmacists: 1-800-364-6331

Submit paper claims to:
 CVS Caremark Claims Department
 P.O. Box 52136, Phoenix, AZ 85072-2136

3. For questions or concerns, please call toll-free at 1-877-7-NYSHIP (1-877-769-7447) to speak to a Customer Care representative 24 hours a day, seven days a week. TTY users should call 1-800-863-5488.
4. Included with this one time use ID card is a new 2014 mail order form for home delivery of prescriptions. Please use this form for any new mail order (home delivery) requests beginning 1/1/2014. Note: your Empire Plan mail order prescriptions that have any refills available will automatically transfer from Express Scripts to CVS Caremark as of January 1, 2014. You will need to contact CVS Caremark to set up billing information prior to your first refill order.


Sincerely,

CVS Caremark

Enclosure: CVS Caremark Mail Order Form

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



	Mail this form to:
Member ID # (if not shown or if different from above)	 CVS CAREMARK PO BOX 2110 PITTSBURGH, PA 15230-2110
Prescription Plan Sponsor or Company Name	

Instructions:
 Please use **blue or black ink, capital letters**, and fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online at www.empireplanrxprogram.com or call toll-free 1-877-7-NYSHIP.

A Shipping Address. To ship to an address different from the one printed above, please make changes here.

Last Name	First Name	MI	Suffix (JR, SR)
Street Address		Apt./Suite #	
		Use shipping address for this order only.	
City	State	ZIP Code	
Daytime Phone #:		Evening Phone #:	

B Refills. To order mail service refills, enter your prescription number(s) here.

1)	2)	3)	4)
5)	6)	7)	8)

CVS Caremark wants to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

All claims for prescriptions submitted to CVS Caremark Pharmacy using this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.



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