

Welcome to SilverScript (PDP)

Confirming Your Membership

SilverScript will send a confirmation letter to let you know we received your completed enrollment application. If Medicare approves your application, we will send you your SilverScript Member ID card.

Proof of Membership

If you need to fill a prescription before your SilverScript Member ID card arrives, you may use either your SilverScript enrollment confirmation letter (or confirmation number), or a temporary Member ID card as proof of your SilverScript enrollment.

Temporary SilverScript Member ID Card

- Print this document which includes your card and fill in the blanks by writing your name and Member ID. This information can be found at the top of your Confirmation Letter.
- For your convenience, cut and fold your temporary Member ID card. It is now ready to use.
- Present your temporary Member ID card at the pharmacy or use the information on your card if you use CVS Caremark Mail Service Pharmacy™.

Locating a Pharmacy that Welcomes Your SilverScript Coverage

There are two easy ways to find any pharmacy in your plan's nationwide pharmacy network:

- Visit our website at www.silverscript.com and click on Pharmacy Locator.
- Call SilverScript Customer Care toll free at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users call 711.

Always use a pharmacy that participates in your plan's nationwide pharmacy network

If you use an out-of-network pharmacy due to an emergency, you may request reimbursement from SilverScript for your cost-sharing amount. Reimbursement depends on our review of your request.

Caution: If you purchase prescription drugs using your SilverScript Member ID card before the date your SilverScript benefits take effect, or if Medicare does not approve your application, we may send you a bill for the amount we paid for any prescriptions you received. For more information, call SilverScript Customer Care at the toll-free number shown above.

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<p>SilverScript®</p> <p>Prescription Drug Plan Administered by CVS Caremark Part D Services, LLC</p> <p>RXBIN: 004336 RXPCN: MEDDADV RXGRP: RXCVSD ISSUER (80840): 9151014609 ID: _____ Name: _____</p> <p style="text-align: right;">MedicareRx Prescription Drug Coverage</p> <p style="text-align: right;">S5601</p>	<p>Submit Medicare Part D Paper Claims to: Claims Processing P.O. Box 52066 Phoenix, AZ 85072-2066</p> <p>SilverScript Customer Care: 1-866-235-5660 24 hours a day, 7 days a week TTY: 711</p> <p>Pharmacy Help Desk For Providers: 1-866-693-4620</p> <p>www.silverscript.com</p> <p>Claims administered by CVS Caremark Part D Services, LLC.</p>
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SilverScript Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-235-5660 (TTY: 711), 24 hours a day, 7 days a week.

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-866-235-5660 (TTY: 711), las 24 horas del día, los 7 días de la semana. 小贴士: 如果您说中文, 欢迎使用免费语言协助服务。请拨 1-866-235-5660 (TTY: 711)。一周7天, 每天24小时随时受理。

SilverScript is a Prescription Drug Plan with a Medicare contract offered by SilverScript Insurance Company. Enrollment in SilverScript depends on contract renewal.