

Welcome to SilverScript

After we receive your completed enrollment application for Part D prescription drug benefits, we will send you a confirmation letter that lets you know we received your application. If Medicare approves your application, we will follow up by sending your Member ID card.

Proof of Membership

If you need to fill a prescription before your permanent Member ID card arrives, you may use any of these as proof of membership:

- SilverScript's Confirmation letter
- Your SilverScript's enrollment confirmation number
- A temporary SilverScript Member ID card

Temporary Member ID Card

1. Print your card and fill in the blanks by writing the information on your card. You can find the RxGrp information and your Member ID number at the top of your Confirmation Letter.
2. Cut and fold for convenience. It is now ready to use.
3. Present your temporary Member ID card at the pharmacy or use the information on your card if you use CVS Caremark Mail Service Pharmacy.

Find a Network Pharmacy

Your SilverScript Member ID card is welcome at any of more than 68,000¹ pharmacies nationwide that participate in our pharmacy network. You can locate any pharmacy in our network by:

- Visiting our website at www.shell.silverscript.com.
- Calling Customer Care toll free at 1-866-363-7761, 24 hours a day, 7 days a week. TTY users call 1-866-552-6288.

Cost-Sharing Reminders

Always use a network pharmacy to get the most value from your SilverScript plan benefits. If you use an out-of-network pharmacy due to an emergency, you may request reimbursement for your cost sharing amount, however, depending on our review, we may not pay for your prescriptions.

Caution: If you use your card before your effective date or if Medicare does not approve your enrollment application, we may send you a bill for the amount we paid for any prescriptions you received. For more information, contact Customer Care.

<p>(Cut Along Dotted Line)</p> <p>SILVERSCRIPT</p> <p>Prescription Drug Plan Administered by CVS Caremark Part D Services, LLC</p> <p>RXBIN: 004336 RXPCN: MEDDADV RXGRP: _____ ISSUER (80840): 9151014609 ID: _____ Name: _____</p> <p style="text-align: right;">Medicare^R <small>Prescription Drug Coverage</small></p> <p style="text-align: right;">S5601</p>	<p style="text-align: center;">(Fold Here)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Submit Medicare Part D Paper Claims to: Claims Form Processing P.O. Box 52066 Phoenix, AZ 85072-2066</p> <p style="text-align: center;">shell.silverscript.com</p> </td> <td style="vertical-align: top;"> <p>SilverScript Customer Care: 1-866-363-7761 TTY: 1-866-552-6288</p> <p>Pharmacy Help Desk For Providers: 1-866-693-4620</p> <p>Claims administered by CVS Caremark Part D Services, LLC.</p> </td> </tr> </table> <p style="text-align: center;">(Fold Here)</p> <p style="text-align: right;">(Cut Along Dotted Line)</p>	<p>Submit Medicare Part D Paper Claims to: Claims Form Processing P.O. Box 52066 Phoenix, AZ 85072-2066</p> <p style="text-align: center;">shell.silverscript.com</p>	<p>SilverScript Customer Care: 1-866-363-7761 TTY: 1-866-552-6288</p> <p>Pharmacy Help Desk For Providers: 1-866-693-4620</p> <p>Claims administered by CVS Caremark Part D Services, LLC.</p>
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¹Internal SilverScript Insurance Company report dated June 2013.

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