SilverScript®

Welcome to SilverScript Employer 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.

Locate a Pharmacy that Welcomes Your SilverScript Coverage
There are two easy ways to find any pharmacy in your plan's nationwide pharmacy network:
1. Visit our website at empireplanrxprogram.silverscript.com and click on Pharmacy Locator.
2. Call SilverScript Customer Care toll free at 1-877-7-NYSHIP (1-877-769-7447), 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.

(Cut Along Dotted Line) (Fold Here)

SilverScript® NEW YORK STATE | Department of Civil Service The Empire Plan

Prescription Drug Plan Administered by
CVS Caremark Part D Services, LLC

RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RXCVSD
ISSUER (80840): 9151014609

MedicareRx Prescription Drug Coverage

ID:_____

NAME:_____

S5601 811

Submit Medicare Part D Paper Claims to:
CVS Caremark
P.O. Box 52066
Phoenix, AZ 85072-2066

empireplanrxprogram.com

NEW YORK STATE | Department of Civil Service The Empire Plan

Customer Care:
1-877-769-7447 and
select option 4
24 hours a day, 7 days a week
TTY: 711

Pharmacy Help Desk
For Providers:
1-866-693-4620

Claims administered by CVS Caremark Part D Services, LLC.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-877-769-7447, 24 hours a day, 7 days a week. TTY users call 711.