

**SilverScript**<sup>®</sup>



**Teamsters Local 237 Retiree Fund  
A SilverScript Prescription Drug Plan  
Administered by CVS Caremark<sup>®</sup>**

**RXBIN: 004336  
RXPCN: MEDDADV  
RXGRP: RXCVSD  
ISSUER: (80840): 9151014609  
ID: GIDAMRXTEST  
NAME: JOHN\_2026 Q 1421**

**Medicare**<sub>Rx</sub>  
Prescription Drug Coverage

S5601 816

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

RETIREEFIRST  
1-844-988-4564  
**Caremark.com**



**Customer Care:**  
1-833-821-6304  
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.