EXPRESS SCRIPTS®
Medicare (PDP)

MedicareRx
Prescription Drug Coverage

RxBIN 610014 RxPCN MEDDPRIME
Issuer (80840) 9151014609

RxGrp

ID No.

Name _____
First MI Last

Membership card. Earliest effective date: January 1, 2016

Submit prescription claims to:	Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
Member Customer Service:	**1.866.477.5703**
TTY Users:	**1.800.716.3231**
Web:	**Express-Scripts.com**

This is a temporary card. Your permanent ID card will be provided upon receipt of an approved application by the plan and the Centers for Medicare & Medicaid Services. You will receive a letter of disapproval if your application is not approved.

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