



## Important Benefit Update from Express Scripts Medicare® (PDP)

### Attention Member

**IMPORTANT:**  
**If you have not received your Welcome Kit and ID card, please present this letter to your pharmacist when filling your prescriptions.**

As of your effective date, you should begin using Express Scripts Medicare network pharmacies to fill your prescriptions.

If you have questions about your new prescription drug plan, or to find retail network pharmacies in your area, visit our website at [express-scripts.com/trscaremedicarerx](http://express-scripts.com/trscaremedicarerx) or call our Customer Service department at **1.844.863.5324**, 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231** or **711**.

Thank you.

### Notice to Retail Pharmacies

As of January 1, 2024, TRS-Care Medicare Rx pharmacy benefit program will be administered by **Express Scripts Medicare**. Please use the information below to process prescriptions.

Please follow the action steps listed below to enter the claim.	
<b>Step 1</b>	Request patient to provide their: <ul style="list-style-type: none"> <li>• Full Last Name</li> <li>• Full First Name or First Initial of First Name</li> <li>• Date of Birth</li> <li>• ZIP/Postal Code</li> </ul>
<b>Step 2</b>	Submit a Medicare Eligibility Verification transaction (E1) to the Part D transaction facilitator to obtain the information needed to submit the prescription drug event
<b>Step 3</b>	Enter Bin # 610014
<b>Step 4</b>	Enter Processor Control MEDDPRIME
<b>Step 5</b>	Enter Rx Group # <b>TRSEGRX</b>
<b>Step 6</b>	Enter the Member ID obtained from the E1 transaction submission
<b>Step 7</b>	Enter the member's date of birth

**NEED  
ASSISTANCE?**

Pharmacist, if you have any questions while processing the claim, please call the Express Scripts® Pharmacy Help Desk  
**1.800.922.1557**

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