



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