



**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, 2019

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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