

CLIENT
LOGO
HERE

<CLIENT OR TPA>>
<ATTN: NAME OR DEPT.>
<ADDRESS>
<CITY, AA 12345>
<SMPL INT_CARDS_>



EXPRESS SCRIPTS®

CHAMPIONS
FOR
BETTER™



CLIENT
LOGO
HERE

Prescription ID Card

RxBIN <123456> Issued <XX/XX/XXXX>
RxPCN <A4>
RxGrp <Default>
Issuer <1234567890>
(12345)
ID <00000000000>
Name <JOHN Q SAMPLE>

<JOHN Q SAMPLE> <JOHN Q SAMPLE> <JOHN Q SAMPLE>
<JOHN Q SAMPLE> <JOHN Q SAMPLE> <JOHN Q SAMPLE>



CLIENT
LOGO
HERE

Prescription ID Card

RxBIN <123456> Issued <XX/XX/XXXX>
RxPCN <A4>
RxGrp <Default>
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(12345)
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Name <JOHN Q SAMPLE>

<JOHN Q SAMPLE> <JOHN Q SAMPLE> <JOHN Q SAMPLE>
<JOHN Q SAMPLE> <JOHN Q SAMPLE> <JOHN Q SAMPLE>

2017999999 - 000000001 CID PMM-CWK

<JOHN Q SAMPLE>
<123 ANYSTREET>
<APT. 456>
<SOMETOWN, US 99999-9999>

ALWAYS HERE TO HELP!

Welcome to Express Scripts! As your Champions for BetterSM, we're here to give you better, simpler ways to manage your prescriptions and your health. Here are a few highlights <Company> employees can expect starting <Jan 1, XXXX>:



Easy

Register online or download the Express Scripts® mobile app to have your info with you at all times and check coverage, medication price and generic availability.



Accessible

Connect with pharmacists in the app, or online and by phone 24/7.



Personalized

Communication options so you can control how you hear from us.



Convenient

Order refills, track shipments, compare prices and access your plan info – all online.¹

Helpful Tips:

- To price a medication, choose “Price a Medication” from the Prescriptions menu, enter your drug name and click Search. After you find your medication, you will be able to view cost and coverage information.
- Whether you are viewing the member website or using the Express Scripts® mobile app, you can easily manage your home delivery prescriptions¹:
 - Get started by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts Home Delivery.
 - Or print a form by selecting Forms from the menu under Benefits. Print a home delivery order form and follow the mailing instructions.
 - Or call us and we'll contact your doctor for you.

1. First-time visitors must register using their member ID number or Social Security Number. You can manage your medicine online when your coverage takes effect. Before then, you can set up your online account, including your preferred shipping address, preferences, and payment method(s) for home delivery orders.
 2. Automated text message will be sent to you. Message and data rates apply. Not a condition of purchase.
 3. Please note prescriptions for controlled substances cannot transfer to our pharmacy. If you take a controlled substance, you must obtain a new prescription from your doctor.

Please allow 10 to 14 days for your first prescription order to be shipped.

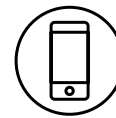
3 easy ways to set up your account and get started:



Visit express-scripts.com



Visit your favorite app store to download the Express Scripts® mobile app



Text JOIN to 69717 for a link to our registration page²

Express Scripts Customer Service: 800.711.0917
Accredo Specialty: 800.803.2523
TDD: 800.759.1089
Pharmacist Use Only: 800.922.1557

Express Scripts Customer Service: 800.711.0917
Accredo Specialty: 800.803.2523
TDD: 800.759.1089
Pharmacist Use Only: 800.922.1557

Use your new member ID card at participating retail pharmacies near you.

WE'RE YOUR CHAMPIONS FOR BETTERSM

Pay less, relax more and skip the trip with home delivery.

Get long-term medication (and savings) delivered right to your door from Express Scripts.

- <Up to a <90>-day supply for just one copay!>
- <A three-month supply of your long-term medication delivered to your home >
- Free standard shipping¹
- Refill online, by phone and with our app
- Sign up for automatic refills and we'll send your medication to you when it's time to refill

Get personalized care from our specialty pharmacy.

You'll use Accredo to fill specialty medications that treat complex conditions like multiple sclerosis, hepatitis C and cancer. Through Accredo, you'll have 24/7 access to specialty-trained pharmacists and nurses who understand your condition. Call us at <XXX.XXX.XXXX> to get started.

Choose from a variety of retail pharmacies.

- Place orders in person, at the pharmacy or over the phone
- Pick up your prescription at a participating network retail pharmacy
- You may need to fill long-term medications with home delivery, but you can always fill your acute prescriptions at retail

Preferred Medications

Your plan has a list of generic and brand-name drugs that are preferred. The list may change and some preferred medications may become nonpreferred, some may become preferred and some may no longer be covered. Here's the difference:

- Preferred (or formulary) drugs cost less than nonpreferred. This list of medications is determined based on the advice of pharmacists and a group of independent doctors. (It's applicable to many clients serviced by Express Scripts.)
- Nonpreferred (or nonformulary) drugs may cost you more.
- Noncovered (or excluded) drugs aren't covered under the plan. You can log in at express-scripts.com to see the National Preferred Formulary Exclusions list that applies to your plan.

Transitioning to Express Scripts

Frequently Asked Questions

We're pleased to announce that starting <<Date>>, Express Scripts will manage the prescription plan for <<Client Name>>. Please take a moment to read this information and become familiar with the features and advantages of your plan. You can also save it for future reference.

GENERAL INFORMATION

Q: How can I contact Express Scripts?

A: For questions or information about your prescription plan, **please register and log in anytime at express-scripts.com**. You can also call Express Scripts at the toll-free number on your member ID card.

WELCOME MATERIALS

Q: When will I receive a new member ID card?

A: Your new member ID card will be sent in <<Month>>. (Please note that the member ID card will cover all your dependents. Separate ID cards for dependents won't be issued.) Please show your new member ID card to your pharmacist when filling a prescription for yourself or a covered family member.

As of <<Date>>, you'll also be able to access your member ID card anytime from your mobile device if you download the Express Scripts® mobile app. In addition, you can print a member ID card at express-scripts.com.

PRESCRIPTION COVERAGE

Q: How do I maximize my prescription drug coverage?

A: Here are ways to take advantage of your plan:

- Use FDA-approved generic drugs whenever possible.
- For short-term medications, use local participating pharmacies. For example, your doctor might prescribe a 15-day antibiotic for an infection.
- For long-term medications, use <<insert Smart90 pharmacy>> or home delivery from Express Scripts Pharmacy® to receive up to a 3-month supply.

Q. What does the term “cost share” mean?

A: Your cost share is the portion of the cost you pay for covered prescriptions. Under most plans, the member's cost share is a copayment, which is a flat dollar amount, or coinsurance, which is a percentage of a medication's cost.

Q: How can I calculate my out-of-pocket cost for a preferred or a nonpreferred drug?

A: There's a tool on express-scripts.com called Price a Medication that will help you calculate the estimated cost of a prescription drug. As of <<Date>>, register or log in at express-scripts.com and click on **Price a Medication** in the menu under **Prescriptions**. Enter your medication name and view cost and coverage information on the results page. The Price a Medication tool is also available on the Express Scripts mobile app.

Note: The Price a Medication calculator doesn't imply a guarantee of coverage, as covered products or categories are subject to individual plan restrictions and/or limitations. The Price a Medication tool displays cost and coverage information for the current calendar year.

Q: Are generics safe?

A: Yes. FDA-approved generic drugs—like brand-name drugs—must meet the same standards of quality and purity established by the U.S. Food and Drug Administration (FDA) to help ensure their safety and effectiveness, and generics usually cost less. Generic versions approved by the FDA have the same active ingredients as their brand-name counterparts, and they're equal in strength and dosage. Sometimes, drug manufacturers use different inactive ingredients, such as fillers and dyes, which may affect a generic drug's shape, color, size or taste.

Q: Why should I consider generics or preferred brand-name drugs?

A: You may save money by taking generics or preferred brand-name drugs, because they usually cost less under your plan than nonpreferred brand-name drugs. Many new generics have become available over the past year. If you're taking a nonpreferred drug, ask your doctor if a lower-cost generic or preferred brand drug would be the right option for you.

Q: How do I know whether my medication is covered or whether there's a generic equivalent?

A: To find coverage and pricing details or if your medication has a generic equivalent, register or log in at [express-scripts.com](https://www.express-scripts.com). Then, choose **Price a Medication** from the menu under **Prescriptions**. After you look up a medication's name, you'll see cost and coverage information on the results page.

Q: How do I know which drugs are preferred?

A: Your preferred drug list contains thousands of commonly prescribed drugs. To see if a medication is covered on your drug list, log on at [express-scripts.com](https://www.express-scripts.com) and select **Price a Medication** from the menu under **Prescriptions**. Enter your medication name and click **Search**. If your drug isn't preferred, talk with your doctor to identify an appropriate alternative that will effectively treat your condition.

LONG-TERM MEDICATIONS

Q: How can I avoid paying more for prescriptions I take on an ongoing basis?

A: You'll save when you order at [Smart90 pharmacy](#) or through home delivery from Express Scripts Pharmacy®. To use [Smart90 pharmacy](#), ask your doctor for a prescription written for up to a 3-month supply, plus refills for 1 year as appropriate, and take it to the pharmacy. To start home delivery, please see below.

HOME DELIVERY

Q: What's Express Scripts Pharmacy®?

A: This home delivery service is available as part of your prescription plan. With Express Scripts home delivery, you could save when you fill up to a 90-day supply of your long-term prescriptions.

<<Q: Will I need to get new prescriptions for existing home delivery refills?

A: If you have refills remaining with your current home delivery pharmacy, in most cases, you won't need a new prescription. Your remaining refills should transfer automatically to Express Scripts Pharmacy. Once this happens, you'll be able to refill them online, by mail or by phone. If you need a refill before [Date](#), please order it through your current home delivery pharmacy.>>

Prescriptions for controlled substances, compound drugs and expired prescriptions won't transfer to Express Scripts. You must get a new prescription from your doctor. For most covered medications, including controlled substances, you can do this in one of two ways:

- Have the doctor send the prescription electronically to Express Scripts Home Delivery using e-prescribing (the fastest method).
- Submit the prescription using a home delivery order form found at [express-scripts.com](https://www.express-scripts.com). Log in and select

Forms & Cards from the menu under **Benefits**.

For compound drugs, you must use a participating retail pharmacy, Express Scripts Pharmacy doesn't dispense compounded medications.

Q: How can I start using Express Scripts Pharmacy for new prescriptions?

A: To start ordering a medication you take on an ongoing basis, ask your doctor to write a prescription for up to a 90-day supply, plus refills for up to 1 year (as appropriate). To fill the prescription, choose one of these options:

- Have the doctor send the prescription electronically to Express Scripts Home Delivery using e-prescribing (the fastest method) or fax. Your doctor can call 888.327.9791 for faxing instructions.
- Mail your prescription(s) along with the required cost share and a completed order form. Order forms can be found at [express-scripts.com](https://www.express-scripts.com) or by calling Member Services.

Once you've placed your first order, you can register or log in at [express-scripts.com](https://www.express-scripts.com) or on the **Express Scripts® mobile app** to request your prescription refills and renewals.

Q: Is there an additional charge for shipping and handling with home delivery?

A: Medications are shipped via standard service at no cost to you. Expedited shipping is also available for an additional fee.

Q: How soon will I receive my home delivery order? And how can I check the status of my order?

A: Orders for a first-time prescription will usually arrive within 8 to 11 business days after Express Scripts receives your prescription. Refills will usually arrive faster. You can check the status of your order by logging in at [express-scripts.com](https://www.express-scripts.com) or on the Express Scripts mobile app. Or, you can call Member Services and use the automated system. If you're a first-time visitor to the website, take a moment to register with your member ID number.

Q: How do I pay for my home delivery prescriptions?

A: You can pay by credit or debit card, electronic checking, money order, MasterPass or PayPal. If you prefer to use a credit card, you have the option of enrolling in the Express Scripts automatic payment program online at [express-scripts.com](https://www.express-scripts.com). You can also call Member Services.

When you pay for home delivery prescriptions by electronic checking, your cost share is conveniently deducted from your checking account. (The amount that is being deducted will be noted in the prescription information that accompanies your order.)

You can also provide your payment preference by logging in at [express-scripts.com](https://www.express-scripts.com) and selecting **Payment Methods** from the menu under **Account**. Then click Edit information to input your payment information.

SPECIALTY MEDICATIONS

Q: What's a specialty medication?

A: Some prescription drugs are called "specialty medications" and they're used to treat complex, chronic health conditions, such as multiple sclerosis or rheumatoid arthritis. These medications usually have to be stored or handled in special ways.

Q: Is there an extra cost to use Accredo's services?

A: No. As an Express Scripts specialty pharmacy, Accredo is part of your prescription plan.

Q: Can I order all my medications from Accredo?

A: No. Accredo dispenses only specialty medications.

PRIOR AUTHORIZATION

Q: What's prior authorization (also known as coverage approval)?

A: Your plan uses coverage management programs to help ensure you receive the prescription drugs you need at

a reasonable cost. These programs include prior authorization, step therapy and quantity management.¹ Each program is administered by Express Scripts to determine whether your use of certain medications meets your plan's coverage requirements. In some cases, a coverage review may be necessary to determine whether a prescription can be covered under your plan.

If your prescription requires prior authorization, your doctor can initiate a coverage review by visiting our online portal, esrx.com/PA. Express Scripts will inform you and your doctor in writing of the coverage decision.

EXPRESS SCRIPTS' WEBSITE AND MOBILE APP

Q: How do I register with the Express Scripts website?

A: You can log in and register at express-scripts.com. You'll be asked to provide your member ID number and email address.

Q: What can I do on the Express Scripts website?

A: On express-scripts.com you can...

- Get information about your plan.
- Find participating retail pharmacies near you. See how much certain medications will cost.
- Refill and renew home delivery prescriptions. Check order status. Receive timely medication alerts.
- Find available lower-cost medication options. Ask questions of a pharmacist online.

Q: How do I download the Express Scripts® mobile app?

A: Visit your mobile device app store, search for "**Express Scripts**" and download it for free. Register or log in using the same username and password you created if you already registered via express-scripts.com.

Q: What can I do on the Express Scripts mobile app?

A: Many of the tools you can use for managing your prescriptions on express-scripts.com are also available through the mobile app. You can use the app to view your medications and set reminders for when to take them or to notify you when you're running low. You can also get personalized alerts, check for lower-cost prescription options available under your plan and display a virtual member ID card that you can present at the pharmacy.

PRIVACY INFORMATION

Q: Who has access to my prescription information?

A: Express Scripts has a strong commitment to your privacy. Express Scripts has established effective administrative and technical safeguards to protect the confidentiality of your prescriptions and other information and to secure this information from unauthorized or improper access, disclosure or use. In addition, Express Scripts does not sell individually identifiable information nor lists of members and their covered dependents to outside companies for solicitation or marketing purposes.

¹ The medications affected by this plan limit may change. To find out whether your medication's price is affected by these plan limits, log in to express-scripts.com and select Price a Medication under the Prescriptions menu after you log in. After selecting your medication, you'll see cost and coverage information on the results page. If you're a first-time visitor to our website, please take a moment to register and have your member ID number handy. If the cost of a medication at a retail pharmacy is lower than your plan's retail cost share, you'll not pay more than the retail pharmacy's cash price, regardless of the number of times you purchase the prescription. In some cases, this price may be less than either your standard retail or mail cost share.



EXPRESS SCRIPTS®

<<Month DD, YYYY>>

<First Name> <Last Name>

<Address line 1>

<Address line 2>

<City>, <State> <Zip>

Dear <First Name>,

We want to let you know about an important update to your coverage. **Starting <<Effective Date>>, your plan will limit how much medication you can get at one time for certain prescriptions** (listed on the right).

This change is based on the product information approved by the Food and Drug Administration (FDA) as well as published clinical trials and guidelines. We want to make sure you get the safest, most effective medication available. It also helps lower overall drug costs by reducing waste.

All you need to do is **one** of the following:

- **Have your pharmacist talk with your doctor** to prescribe a higher strength when one is available. **OR**
- **Ask your pharmacist to give you the amount your plan will cover** and you'll pay your copayment each time. **OR**
- **Talk with your doctor.** If your doctor doesn't agree with this change, he or she may visit the Express Scripts online portal at esrx.com/PA or call Express Scripts at 800.417.1764 to request a review on or after <<Effective Date>>, which may let you get more. **If your doctor doesn't visit esrx.com/PA or call and get approval, you'll be responsible for any additional costs not covered under the plan.** We don't want you to pay more, so please ask for a different prescription or have your doctor call us.

If you have any questions, we'd be glad to help. Please visit express-scripts.com or call us at the number on your member ID card.

Sincerely,

Andrew R. Behm

Andrew R. Behm, Doctor of Pharmacy
Express Scripts

Questions?

We'd be glad to help.



Call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

Additional covered alternatives may be available. Other prescription plan considerations may apply. Costs for covered alternatives may vary. To compare drug prices, please log in at express-scripts.com. Select "Price a Medication" from the menu under "Prescriptions," enter your current medication name and follow the instructions. When applicable to some plans, the cost of the current medication may not be applied to your deductible or out-of-pocket maximum.

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A benefit coverage update:
Please talk with your doctor about your prescription.

As of <<Effective Date>>, your plan's coverage will change for the medication(s) below.¹ This means your plan will cover only fills for the amount listed below.

<u>NAME</u>	<u>LIMIT^{2, 3}</u>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>
<DRUG NAME>	<LIMIT>

¹ May not be all medications you currently take.

² The per-month quantity allowed (unless otherwise noted). 90-day retail and home delivery are typically 3 times the per-month quantity.

³ For example, if your medication comes in different strengths, you could take *one* dose of the higher strength instead of *two* at the lower strength. The *amount* of medication you're taking is the same, but you won't pay for more doses - which can save you money.

**HOME DELIVERY
ORDER FORM**



Home Delivery Order Options

Ask your doctor to write your prescription for up to a 90-day supply or the maximum days allowed by your plan with refills up to one year, if appropriate.

ePrescribe: For fastest service ask your doctor to submit prescriptions electronically to the Express Scripts PharmacySM.

Online/Mobile App: Log in to express-scripts.com or the Express Scripts Mobile App, choose the medicine you want delivered, add it to your cart, then check out.

Fax: Have your doctor call 888.327.9791 for faxing instructions. (Faxes can only be accepted from a doctor's office.)

Phone: Call Express Scripts at the toll-free number on the back of your ID card for assistance in switching to home delivery.

Mail: Complete the order form and send to Express Scripts along with prescriptions and payment.

Please use ALL CAPITAL LETTERS with black or blue ink. Fill in the ovals as shown. (●)

1 Member Information	
Member ID Number	Group #
Member Last Name	Member First Name
<input type="checkbox"/> Please send email notices regarding this order's status	Email address
To GO GREEN go to express-scripts.com to update your Communication Preferences under Account	

2 Shipping Address		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	If temporary address, please provide effective dates From ___/___/___ To ___/___/___
Shipping Address Line 1 (Street address is preferred over PO Box)		Apt#
Shipping Address Line 2		
City		State Zip
Primary Phone Number ()	Circle One M H W	Secondary Phone Number () Circle One M H W
Shipping Method (Expedited shipping will not rush prescription processing)		
<input type="checkbox"/> Standard	Free	Arrives within 5-10 days after order is shipped
<input type="checkbox"/> Two Day	\$12.00	Arrives 2 business days after order is shipped
<input type="checkbox"/> One Day	\$21.00	Arrives 1 business day after order is shipped

3 Patient Information	
Please only include prescriptions for patients covered under the above Member ID	
Patient #1	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Physician Name	Physician Phone ()
Patient #2	
Patient Last Name	Patient First Name
Patient DOB	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Physician Name	Physician Phone ()

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Detach Here



Fold and tear off this piece before putting in the return envelope.



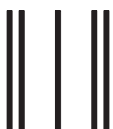
Detach Here



ST LOUIS MO 63166-6567
PO BOX 66567
HOME DELIVERY SERVICE
EXPRESS SCRIPTS®



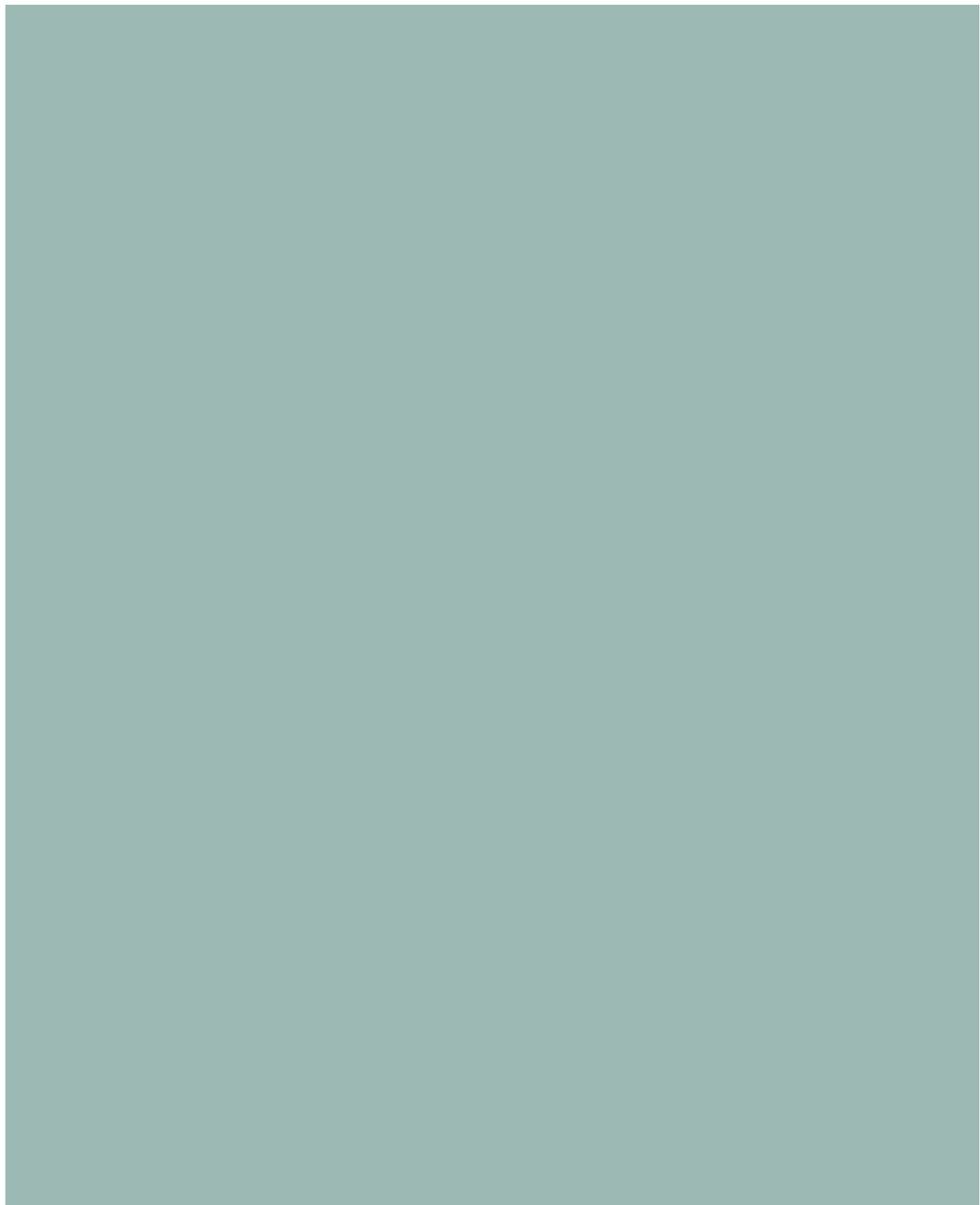
Postage Required
Post Office will
not deliver
without proper
postage



MLRSTLT2N 1158738 REV 06/06/2019

REMINDER: This section must be removed before mailing.

4	Payment Method	Do not send cash				
<p>You authorize us to retain on file your payment card details that you used to make this purchase and to charge your payment card account to pay for any prescription orders requested by you. Should you also choose to enroll in the auto-pay program, you further consent that we may charge your enrolled payment method for prescription orders made by covered household members, including previously ordered prescriptions which are unpaid.</p> <ul style="list-style-type: none"> We will notify you of any changes to this authorization by email or mail as applicable. This Card on File Authorization, and if applicable auto-pay enrollment, will remain in effect until you cancel the authorization by logging into your account or calling the 1-800 number on the back of your prescription card. The transaction amount is determined by your plan's benefit structure at the time the prescription is shipped. State law prohibits the return of prescription medications for resale or reuse. We cannot accept the return of properly dispensed prescription medications for credit or refund. See our privacy policy for information regarding our use and disclosure of personally identifiable information. <p>Signature X _____</p>						
<table border="1"> <tr> <td style="background-color: #e0f2f1;">Credit Card: We accept VISA, MC, Discover, AMEX, Diners</td> <td style="background-color: #e0f2f1;">Check or Checking Account</td> </tr> <tr> <td> <input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____ </td> <td> <input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____ </td> </tr> </table>			Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account	<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____
Credit Card: We accept VISA, MC, Discover, AMEX, Diners	Check or Checking Account					
<input type="radio"/> Automatic, ongoing payment through credit card Authorize to pay for this order and all future orders with the credit card below. <input type="radio"/> For this order only. Simply fill in your credit card information below. Credit Card Number _____ Exp Date _____	<input type="radio"/> Automatic, ongoing payment through checking account I authorize to pay for this order and all future orders with the checking account information below or include a voided check. <input type="radio"/> For this order only. Enclose a check payable to Express Scripts. Write invoice number on the check. Name of checking account holder _____ Checking Account Number _____ Routing Number (first 9 digits lower-left corner of personal check) _____					
<p>Review your account balance and pay outstanding balances anytime at express-scripts.com. To change the limit of the amount we can charge your card without a call to you:</p> <ul style="list-style-type: none"> Go to express-scripts.com Select Payment Methods under Account then Edit Information. Change the payment authorization limit <p>You can manage all account preferences at express-scripts.com or call Member Services at the toll-free number on your ID card.</p>						
5	Health History					
<p>To update your allergies or health conditions: Visit us at express-scripts.com/healthform or call 877.438.4417. This information helps us protect you against potentially harmful drug interactions and allergies.</p>						
6	Important reminders and other information					
<p>If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the toll-free number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.</p> <p>For additional information or help, visit us at express-scripts.com or call Member Services at the toll-free number found on your ID card. TTY/TDD users should call 1.800.759.1089.</p> <p>Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.</p>						
7	Generic Substitution					
<p>State law permits a pharmacist to substitute a less expensive generic equivalent drug for a brand-name drug unless you or your physician directs otherwise. Please note that this applies to new prescriptions and to any future refills of that prescription. Also be aware that you may pay more for a brand-name drug.</p> <p><input type="radio"/> I do not wish to receive a less expensive brand or generic medication.</p> <p>If the prescription is being submitted electronically, discuss with your doctor.</p>						
<p>EME47693 CRP1808_0413 MLRSTLT2N</p>						



Moisten and fold this flap to seal return envelope.

5 7/8 x 9 1/2"
Die number: A-23

EXPRESS SCRIPTS® 

Welcome to Express Scripts

*Do not discard. Important information
about your prescription benefit enclosed.*

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ENV69WTE

Activate your online benefits today!

