

RETURN ADDRESS CLIENT NAME  
ATTN TO LINE  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, ST 12345

Tuesday, August 10, 2010  
SUBSCRIBER S DOE



**IMPORTANT! Keep this card with you so you can save when you visit your network pharmacist. See Reverse for Your Pharmacy List**

Thank you for enrolling in <Employer Plan>'s prescription drug plan managed by Express Scripts Insurance Company (Employer PDP).

Express Scripts Insurance Company (Employer PDP) is a Medicare-approved prescription-drug plan. Medicare approved your enrollment in this plan. When your coverage begins, you should begin using Express Scripts Insurance Company network pharmacies to fill your prescriptions. You can also continue to use the Home Delivery Pharmacy. If you use an out-of-network pharmacy and there is not an emergency, your plan may not pay for your prescriptions.

For information on what you will pay each month for your plan premium, please refer to your other plan documents. If you are eligible to receive extra help paying for premiums or copayments, you will receive a document that lets you know how much extra help you will receive from Medicare. If you have questions about your plan costs, including how to pay your premiums, contact your plan for more information.

Generally, you may not enroll in a new plan during the year except from October 15 through December 7 each year or unless you meet certain special exceptions. From October 15 through December 7, you can enroll in a new Medicare Prescription Drug Plan or Medicare Health Plan for the following year.

If you qualify for extra help with your prescription drug costs you may enroll in, or disenroll from, a plan at any time. If Medicare decides that you no longer need extra help, you may change plans for two months after Medicare tells you about its ruling.

Express Scripts Prescription Drug Plan is a standalone prescription drug plan with a Medicare contract.

1  
SUBSCRIBER S DOE  
100 GRIST MILL ROAD  
SIMSBURY, CT 6070

DIV00XVF.LTR XX/XX/XXXX





Here are some of the pharmacies near your home that accept your plan from Express Scripts Insurance Company (Employer PDP). If you do not see your preferred pharmacy or would like a full list of pharmacies in our network, contact us. Here's how:

- Call < Customer Service Phone Number>
  - If you have trouble hearing, use our TTY line: <TTY Phone Number>.
- We are open 24 hours a day, 7 days a week

If you sign up for Home Delivery, we will send your drugs right to your door. You can get up to a 90-day supply. It takes 14 days or less to fill your order. We will tell you if the order will be late so you can ask your pharmacist for a small supply. To learn more please contact us:

- Call <Customer Service Phone Number>
  - If you have trouble hearing, use our TTY line: <TTY Phone Number>.
- We are open 24 hours a day, 7 days a week.

**CVS**  
714 HOPMEADOW ST SIMSBURY PLZ  
SIMSBURY, CT 06070-0000  
(860) 651-1440

**HOPMEADOW APOTH & MED EQUIP**  
1300 HOPMEADOW STREET  
SIMSBURY, CT 06070-0000  
(860) 651-3331

**SIMSBURY PHARMACY**  
1418 HOPMEADOW ST  
SIMSBURY, CT 06070-0000  
(860) 658-4489

**STOP & SHOP**  
498 BUSHY HILL RD  
SIMSBURY, CT 06070-0000  
(860) 651-9843

**BIG Y PHARMACY**  
255 W MAIN ST  
AVON, CT 06001  
(860) 677-5003

**WAL-MART**  
255 W MAIN ST  
AVON, CT 06001-0000  
(860) 409-0406

**STOP & SHOP**  
120 SALMON BROOK ST  
GRANBY, CT 06035-0000  
(860) 844-8346

**CVS**  
358 W MAIN ST  
AVON, CT 06001-0000  
(860) 678-8605

**WALGREENS**  
540 BUSHY HILL RD  
SIMSBURY, CT 06070-2922  
(860) 658-0479

**SHAWS PHARMACY**  
110A ALBANY TURNPIKE  
CANTON, CT 06019  
(860) 693-9774

**GRANBY PHARMACY**  
9 HARTFORD AVE  
GRANBY, CT 06035-0000  
(860) 653-2517

**CVS**  
799-824 PARK AVE  
BLOOMFIELD, CT 06002-0000  
(860) 243-1704

All beneficiaries must use their plan sponsor's network pharmacies to access their prescription drug benefit, except under non-routine circumstances. Quantity limitations and restrictions may apply.