

This is your Medicare prescription drug card.



RxBIN 003858
RxPCN MD
RxGrp KC4A
Issuer 9151014609
(80840)
ID D0033047901
Name STEVEN P JOHNSON

MedicareRx
Prescription Drug Coverage X

S7950- 801



HARRIS BENEFITS SERVICE CENTER
1025 W NASA BLVD
MAILSTOP C-411
MELBOURNE, FL 32919

Thursday, September 22, 2011
STEVEN P JOHNSON

IMPORTANT! Keep this card with you so you can save when you visit your network pharmacist.

Thank you for your continued participation in Express Scripts' prescription drug plan managed by Express Scripts Insurance Company (Employer PDP). Attached you will find your new prescription drug card. **Please begin using this card immediately.**

Express Scripts Insurance Company (Employer PDP) is a Medicare-approved prescription-drug plan. You should continue 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.

STEVEN P JOHNSON
PO BOX 3425
QUINCY, IL 62305

Submit pharmacy claims to:

Express Scripts, Inc
P.O. Box 66752
St. Louis, MO 63166-6752
ATTN: MED-D Accounts

Patient Customer Service
1.888.251.2073

TDD
1.800.899.2114

Pharmacist Use Only
1.800.824.0898

Please use your network pharmacies. For questions on pharmacies, contact us.
Here's how:

- Call 1. 888.251.2073
 - If you have trouble hearing, use our TTY line: 1.800.899.2114
- We are open 24 hours a day, 7 days a week.

If you sign up for Home Delivery, Express Scripts will send your drugs right to your door. You can get up to a 90-day supply and it generally takes 14 days or less to fill your order. To learn more please contact us:

- Call 1. 888.251.2073
 - If you have trouble hearing, use our TTY line: 1.800.899.2114
- We are open 24 hours a day, 7 days a week.