



EXPRESS SCRIPTS®

<Date>

<First Name> <Last Name>

<Address 1>

<Address 2>

<City>, <State> <Zip>

This is your temporary ID card

Dear <First Name><Last Name>:

The State of Maryland and Express Scripts – the company chosen to manage your prescription-drug benefit – are working hard to make sure you get the medications you need at the lowest cost.

If you have not yet received your Welcome Packet with your new ID card, please present this letter to your pharmacist the next time you fill a prescription.

If you have any questions about your prescription-drug plan, visit www.express-scripts.com or call the Express Scripts contact center at (877) 213-3867.

We look forward to serving you.

Sincerely,
Express Scripts

Important information for your pharmacist

As of May 16, 2012, The State of Maryland’s pharmacy benefit will be administered by **Express Scripts**. To simplify your prescription processing, please link the cardholder and all members of their family to **Express Scripts**. If you have any questions while processing the claim, please call the Express Scripts’ Pharmacy Help Desk at 800-824-0898.

Please follow the action steps listed below to enter the claim.	
Step 1	Enter Bin # 003858
Step 2	Enter Processor Control A4
Step 3	Enter Rx Group #: KF2A
Step 4	Enter 9 digit member ID # (Employee SSN)
Step 5	Enter the member’s date of birth