



November 14, 2014

IMPORTANT PROVIDER NOTICE Medicare Part D Information

| BIN | PCN | RxGrp |
|--------|----------|---------|
| 610011 | CTRXMEDD | MDCMEDD |

Dear Pharmacy Provider

Independence Blue Cross (IBC) a client of FutureScripts® a Catamaran Company™, is making some changes Effective 1/1/2015. Catamaran is currently the Third Party Administrator for all Medicare Part D business. There will be new ID cards along with new ID numbers issued to Medicare Part D members. **As always to ensure you receive the proper processing information always ask the member for their new Member ID cards. Member ID will now be 12 numeric digits.** The appearance of the ID cards may vary from client to client, please reference the appropriate section with BIN/PCN/RxGroup and ID numbers that are needed for processing. You will find an example ID card below. Do not hesitate to call us should you receive any eligibility rejection on these plans.

As always, should you have any additional questions, please feel free to reach out to the Catamaran Provider Relations team at Provider.Relations@CatamaranRx.com or call **1-866-391-1164** to speak to Provider Relations Personnel.

*******For Payer sheets related to this information please visit our Provider Portal at www.catamaranrx.com/pharmacy*******

Sincerely,

Catamaran
Provider Relations

<Plan LOGO>

Please verify this is 12 digits long. If this number is 8 digits member is using old card.

<Member Name>
<ID Number>
Plan 80840

RxBIN 610011
RxPCN CTRXMEDD
RxGrp MDCMEDD

<PCP Name>
<phone #>
<Provider Lab>

PCP Visit <\$>
Specialist Visit <\$>
Emergency Room <\$>
CMS: <Plan>

MEDICARE ADVANTAGE | HMO

VISION

MedicareRx
Prescription Drug Coverage X

Visit www.ibxmedicare.com for benefit information

Member: Present this card to providers when seeking care. Contact your Primary Care Physician first for routine medical care. See your Evidence of Coverage for additional benefit information.

Out-of-network providers submit paper claims to your local Blue Cross® Blue Shield® Plan.

Please send all written inquiries to:
Keystone 65 HMO, P.O. Box 7799,
Philadelphia, PA 19101-7799.

Submit prescription claims to Catamaran, P.O. Box 968021, Schaumburg, IL 60196-8021

Customer Service: <phone #>

TTY/TDD: <phone #>

Mental Health / Substance Abuse: <phone #>

Submit paper medical claims to: P.O. Box 69353,
Harrisburg, PA 17106-9353.

Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association. Vision services administered by Davis Vision.

Pharmacy Benefits Administrator