SilverScript®

P.O. Box 52425, Phoenix, AZ 85072-2425

This letter is an inquiry and doesn't affect your Pfizer SilverScript coverage.

June x, 2016

JOHN Q SAMPLE 11
9501 E SHEA BLVD
SCOTTSDALE AZ 85260-6719

Member ID: T0000000011

Re: Coordination of Benefits for Prescription Drug Coverage

Dear JOHN SAMPLE 11:

Thank you for being a member of SilverScript Employer PDP sponsored by (SilverScript) for your Medicare Part D coverage.

The purpose of this letter is to request your review of other prescription drug coverage and/or other health insurance coverage that we have on file from the Centers for Medicare and Medicaid Services (CMS) and for you to notify us of other coverage you may have that is not shown in the table(s) below. Other coverage may affect how much you pay for prescriptions at both retail and mail-order pharmacies.

Please review your other coverage information below to ensure that it is correct and current. If our records indicate that you have other prescription drug coverage, that coverage information will be reflected in the table(s) below.

If the information matches exactly, there is nothing more you need to do. If the information in the table below is incomplete, incorrect, or you have other prescription drug coverage that is not listed, it is important that you call SilverScript Customer Care at [redacted]ays a week. TTY users should call 711.

Here's how to compare your current coverage(s) with the information in the table(s) below:

1. Find all ID cards for your insurance carriers.
2. Check the ID card information against the Insurer name, Effective & Term dates, and the RxID, RxGroup, RxBin, & RxPCN codes shown below. (Additional coverage may be listed on the reverse side of this page.)

Insurer		**Effective Date**	**Term Date**
INSURANCE COMPANY 1		01/11/2011	01/11/2039
RxID	**RxGroup**	**RxBin**	**RxPCN**
T100000011	1RX11	100011	1MEDD11

Insurer		Effective Date	Term Date
INSURANCE COMPANY 2		01/12/2012	01/12/2039
RxID	**RxGroup**	**RxBin**	**RxPCN**
	2RX11	200011	2MEDD11

Insurer		Effective Date	Term Date
		01/13/2013	
RxID	**RxGroup**	**RxBin**	**RxPCN**
		300011	

Sincerely,

Your SilverScript Benefits Team

This information is available for free in other languages. Please call our SilverScript Customer Care number at [redacted] (TTY: 711), 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente SilverScript, al [redacted] (teléfono de texto (TTY): 711), las 24 horas del día, los 7 días de la semana.

SilverScript Employer PDP is a Prescription Drug Plan. This plan is offered by SilverScript Insurance Company, which has a Medicare contract. Enrollment depends on contract renewal.