



Medicare Part D Enhanced Prescription Drug Plan (PDP) Sponsors

Announcement:	<p>Medco is supporting the Medicare Part D prescription drug benefit for our clients offering an enhanced PDP for their Medicare eligible members.</p> <p>The enhanced PDP benefit is offered to the client's Medicare eligible, retiree membership only. An enhanced PDP benefit provides richer coverage to members than a standard PDP offering. The benefits are provided on behalf of the employer or union sponsoring the coverage.</p> <p>Effective January 1, 2006, process claims for the Medicare eligibles of the clients listed below using the new billing information as provided below for successful claims processing.</p> <p>Pharmacy must submit claims to Medco through the <i>TelePAID</i>® System using:</p> <ul style="list-style-type: none">• The Rx BIN # 610014• The PCN is MEDDPRIME• The Rx Group number as listed below• The members ID number (format listed below)			
Note:	<p>Medco anticipates members will have their newly issued ID cards, but to assist members and pharmacy in the event that not every member has the new ID card, Medco is supplying members of the enhanced PDP Sponsors listed below with an "Exhibit 02, Acknowledge Receipt of Completed Enrollment Election" letter until their permanent ID card is sent.</p> <p>The "Exhibit 02, Acknowledge Receipt of Completed Enrollment Election" letter will contain the necessary billing information (member ID number, RxGroup number, RxBin and PCN) for pharmacy to successfully process a claim to Medco through the <i>TelePAID</i> System. The <i>TelePAID</i> System response message will contain the appropriate member's co-payment responsibility. Please accept the letter until member presents with their permanent ID card.</p> <p>A sample copy of the letter is attached for your reference. The letter will be co-branded with Medco's logo and the client's logo and contain the Medco customer service number specific for each client listed below.</p>			
For claim adjudication or general questions:	Contact the Pharmacy Services Help Desk toll-free at 1 800 922-1557, or visit the Pharmacist Resource Center at www.medco.com/rph .			
Enhanced PDP Sponsor List:	Rx Group #	ID number format	Estimated # of lives	Region
Carpenters Trust of Western Washington (CTWW)	CTWW1901	12 digit alpha numeric	2,150	National- mostly west coast
Commonwealth of Virginia (COVA)	CWLTHVA	12 digit alpha numeric	25,000	National- mostly VA
Dupont	RXDUPNT	12 digit alpha numeric	70,000	National
Public Employees Health Plan (PEHP)	PEHP000	12 digit alpha numeric	5,000	National- mostly Utah
Railroad Retirees	RRPDPRX	12 digit alpha numeric	40,000	National
Tennessee Valley Authority (TVA)	TVADRUG	12 digit alpha numeric	12,000	National- mostly TN
The Stanley Works	TSWPLAN	12 digit alpha numeric	500	National- mostly CT
Western Teamsters Welfare Trust (WTWT)	WWT1000	12 digit alpha numeric	4,000	National- mostly west coast

Medco manages the prescription drug benefit for many of your customers at the request of their health plans.

Sample of "Exhibit 02, Acknowledge Receipt of Completed Enrollment Election"

Medco Health Solutions, Inc.
P.O. Box 2016
Pinebrook, NJ 07058



ID No: xxxxxxxx
Issuer: 80840
RxGrp: xxxxxx
RxBin: 610014
RxPcn: MEDDPRIME

Dear Member

Thank you for enrolling in YOURx PLAN™ brought to you by Medco and Client. YOURx PLAN is a Prescription Drug Plan that is approved by Medicare. Your enrollment will be effective on January 1, 2006.

As of January 1, 2006, you should begin using YOURx PLAN network pharmacies to fill your prescriptions. This letter is proof of your YOURx PLAN coverage. You should show this letter at the pharmacy until you get your Member ID card from us.

The Centers for Medicare & Medicaid Services (CMS), the federal agency that runs the Medicare program, must approve all enrollments. On your behalf, <<client>> has provided your information to Medco. When CMS approves your enrollment into YOURx PLAN, we will send you a letter to confirm your enrollment in YOURx PLAN. You should not wait to get this confirmation letter before you begin using YOURx PLAN network pharmacies on January 1, 2006. If CMS rejects your enrollment, YOURx PLAN will bill you for any prescriptions you received through us.

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare prescription drug plan. If you decide to keep your current Medigap supplement policy, your Medigap Issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Under certain circumstances, you can also buy a different Medigap policy without prescription drug coverage sold by your Medigap Issuer. Your Medigap Issuer cannot charge you more, based on any past or present health problems. Call your Medigap Issuer for details.

Once you are enrolled in our plan, you can only disenroll (or enroll in a new plan) during certain times of the year. Unless you meet certain special exceptions, you can only disenroll from YOURx PLAN from November 15 through December 31 each year. If you have questions about how or when to disenroll from YOURx PLAN, please call our customer service department.

People with limited incomes may qualify for extra help to pay for their drug's costs (including help paying the YOURx PLAN premium and yearly deductible). For more information about this extra help, contact your local Social Security office or call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. If you have any questions, please contact customer service at <<number listed in letter>>, 24 hours a day, 7 days a week, except Thanksgiving and Christmas. TTY/TDD users should call <<number listed in letter>>.

Thank you.