IMPORTANT INFORMATION REGARDING
Independent Blue Cross Medicare Part D (IBCMEDD) eScripts Address

Effective 03/08/2016

Please use the following address when submitting Mail Order prescriptions on behalf of IBCMEDD members:

Futurescripts Secure
PO BOX 409013
Ft. Lauderdale, FL 33340-9013

<table>
<thead>
<tr>
<th>Processing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank identification number (BIN):</td>
</tr>
<tr>
<td>Processor control number (PCN):</td>
</tr>
<tr>
<td>Submitted group (Group):</td>
</tr>
</tbody>
</table>

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the Catamaran/OptumRx Help Desk, 24 hours a day, 7 days a week:

Help Desk phone numbers:

- Pharmacy Help Desk: (800) 880-1188
- Provider Relations (877) 633-4701 or e-mail provider.relations@optum.com

Thank you for your continued support. Please distribute immediately.