

Retiree **R_x** Care

RxBIN: **015185**

RxPCN: **CMSPARTD**

RxGrp: **AWX123456**

Issuer: **80840**

Member ID: **AW000123456**

Max OOP:

Plan: **Retiree RxCare**

Deductible:

Name: **John Doe**

Underwritten by Elixir Insurance

MedicareR_x
Prescription Drug Coverage

CMS – S7694 PBP 123

Important Numbers:

Provider Line/Customer Service: 855.693.3921

TTY/TTD: 711

Website: retireerxcare.amwins.com

Submit Paper Claims to:

Elixir – DMR

7835 Freedom Avenue

North Canton, OH 44720