

## **CONTACT INFORMATION**

**The following information regarding the Hartford medical coverage may be supplied to medical providers:**

Name:	Insured's Name
Member ID:	Insured Person's SSN
Group Policy Number:	AGP 3888
Effective Date:	01/01/2015

**Please send written correspondence to:**

Mercer Health & Benefits Administration LLC  
Attn: Claims  
PO Box 10432  
Des Moines, IA 50306-0432  
For eligibility and claim inquiries, contact 1-866-810-9452

**Express Scripts Medicare Prescription Drug Plan - claim adjudication information:**

Express Scripts PDP  
RxBin: 003858  
RxPCN: MD  
RxGrp: BXMA  
Member ID:  
Name:  
Member Date of Birth:

Express Scripts Member Services: 1-888-345-2560  
Pharmacy Help Desk: 1-800-922-1557

**Benistar**

Amber Wills – Asst. Mgr., Customer Service Dept.  
(800) 236-4782

Jane Moticka – Eligibility Dept. (800) 236-4782 ext. 217  
jmoticka@benistar.com