



NEW PLAN ANNOUNCEMENT

Blue Cross and Blue Shield of Montana

Effective January 1, 2009

Effective January 1, 2009, Prime Therapeutics will begin processing claims for members of Blue Cross and Blue Shield of Montana (BCBSMT). Members of BCBSMT will utilize the Prime Therapeutics Select Network.

Processing Requirements

To ensure uninterrupted service to pharmacies and members, please use the following information to set up your system prior to January 1, 2009, to process claims for members of BCBSMT.

BIN 610455

PCN

Commercial HMBC

Supplemental to Medicare Part D ... HMBCS

Member ID Number

Date of birth

Gender

U&C

Pharmacy NPI

Prescriber ID (NPI or DEA)

BCBSMT members will receive new ID cards indicating that Prime is the new pharmacy benefit manager. Please ask if the member has received a new ID card. See next page for member ID card samples.

Outstanding Claims Reversal and Processing

Pharmacies can process run-out claims through Express Scripts until March 31, 2009. Please complete all claims processing and reversals to Express Scripts by close of business that day.

For More Information



For assistance with claims that have a fill date prior to January 1, 2009, please contact Express Scripts directly at **800.567.1970**.

Beginning January 1, 2009, if you need assistance with claims processing on Prime's system, call the Prime Contact Center at **866.590.3012**.

For software setup information, please visit Prime's Web site at www.MyPrime.com/pharmacistsindex.htm, Downloads, Payor Sheet – Commercial Client or Supplemental to Medicare Part D.

Blue Cross and Blue Shield of Montana Member ID Card Samples



FRONT OF COMMERCIAL ID CARD

| | |
|--|---|
|  BlueCross BlueShield of Montana <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small> | |
| Subscriber's Name 0 SAMPLE MEMBER | Dependent Name 0 DEPENDENT SAMPLE |
| Health Plan ID: YDP000000000000 | |
| Plan Code 751 | |
| Group No. X00000000 | |
| BIN: 610455 | |
| PCN: HMBC | |
| Group Name | |
| Live Smart. Live Healthy.™  | |

BACK OF COMMERCIAL ID CARD

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|  | www.bcbsmt.com Customer Service: 1-800-447-7828 Pharmacy Customer Service: 1-866-325-5230 Outside of Montana Provider Locator: 1-800-810-2583 |
| Claim Administrator: Blue Cross and Blue Shield of Montana provides administrative claim payment services only and does not assume any financial risk or obligation with respect to claims. | |
| Send Claims to: P.O. Box 5004 Great Falls, MT 59403 Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan. An independent licensee of the BlueCross and BlueShield Association. | |
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FRONT OF SUPPLEMENTAL TO MEDICARE PART D ID CARD

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|  BlueCross BlueShield of Montana <small>An Independent Licensee of the Blue Cross and Blue Shield Association</small> | |
| Subscriber's Name 0 SAMPLE MEMBER | |
| Health Plan ID: YDB000000000000 | |
| Plan Code 751 | |
| Group No. NC0000000 | |
| BIN: 610455 | |
| PCN: HMBCS | |
| Group Name | |
| Live Smart. Live Healthy.™  | |

BACK OF SUPPLEMENTAL TO MEDICARE PART D ID CARD

| | |
|--|--|
|  | www.bcbsmt.com Customer Service: 1-800-447-7828 Pharmacy Customer Service: 1-866-325-5230 Outside of Montana Provider Locator: 1-800-810-2583 |
| The pharmacy discount available through this card is not insurance. | |
| Send claims to: P.O. Box 5004 Great Falls, MT 59403 Providers outside of Montana: Submit claims to your local Blue Cross and/or Blue Shield Plan. | |
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