



BIN: 610020

GROUP: 99994069

MEMBER#: XXXXXXXXXXXX

To Patient: Take your prescription for covered medications to your pharmacist and receive your prescription with no out-of-pocket expense. Please see accompanying materials for restrictions and eligibility requirements. Keep your card for use on future covered medication purchases.

Member Services: 1-855-447-8410

To Pharmacist: Submit claim for covered medications using BIN 610020 and Group 99994069.

Return this card to the patient.

For processing questions, please call 1-855-430-8868.

Void where prohibited by law. One card per person. Card can be used once per month. You may not combine this offer with any other offer. HHS Ending the HIV Epidemic Program has the right to rescind, revoke or amend this offer without notice.