

INSTRUCTIONS FOR PRESCRIPTION BENEFIT CLAIMS



Dear Injured Worker:

The below temporary COMP+ prescription benefit card will authorize you to obtain prescription medications for your work-related injury, with no out-of-pocket expense. The card will be activated when the pharmacy processes the prescription medication along with all necessary information. Once activated, it will authorize you to obtain prescription medications that are directly related to your work injury. *NOTE: there may be limitations to how much of your prescription may be dispensed, based on various elements such as jurisdictional and/or other restrictions in place for your employer's prescription benefit plan.*

Please note that this card is to be used only for prescriptions related to your work injury. Should you attempt to use it for other prescriptions not related to the work injury, it will become your responsibility to pay for those prescriptions. Please avoid having any prescription related to your work injury filled directly by the prescribing physician's office, as most physicians do not accept prescription benefit cards for billing purposes.

You may fill your prescriptions at the COMP+ network pharmacy of your choice, which includes all of the major retail pharmacies. Need help finding your nearest network pharmacy? Call COMP+ at 1-866-337-6426 for assistance. For other questions regarding your work-related injury, please call 1.888.55TRISTAR (1.888.558.7478) to contact your TRISTAR claim examiner.

Your temporary COMP+ prescription benefit card contains important claims and customer service information for you and your pharmacist. Please present the lower portion of this letter to your pharmacist when filling any prescription related to your work injury. A permanent card may be mailed to replace this temporary card.

 	
Workers Compensation Rx Benefit Card	
Rx BIN: 610243 Rx PCN: WC Rx Group: TCMOFCAT2 Rx ID: TMC01	<small>This card is for Pharmacy Benefits Managed by OnePoint Patient Care</small>
Employee Name: _____ Employer Name: _____ Injury Date: _____	<div style="border: 1px solid red; padding: 2px; text-align: center;">First Fill Only</div>
<p>Present this card along with your prescription when ordering your medication. If you have any questions regarding your pharmacy benefit program, please call Customer Service 7 days a week/24 hours a day.</p> <p>For Employees/Pharmacists: 866-337-6426</p>	
<p>Card Instructions: Pharmacy should submit claims using the workers' compensation claim segment. This is an interim prescription benefit card and can only be used for an injured worker's first prescription fills.</p> <p>Card will activate upon prescription submission</p> <p>If you have any issues filling a prescription, please contact the Pharmacy Help Desk number listed above.</p>	
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