



Print Date: [REDACTED]

LONGEVITY HEALTH PLAN

Member ID: [REDACTED]

Member Name: [REDACTED]

Medicare_{Rx}
Prescription Drug Coverage

RxBin: 610014

RxPCN: MEDDPRIME

RxGRP: LHPRX

Y0167

For Members

Member Services: 888-332-5938 (TTY/TDD:711)

For Providers

Provider Services: 888-332-5941 **Pharmacists:** 800-922-1557

Medical Claims:

LONGEVITY HEALTH PLAN
PO Box 20688
Tampa, FL 33622

Pharmacy Claims:

Express Scripts
ATTN: Medicare Part D
PO Box 14718
Lexington, KY 40512-4718

www.longevityhealthplan.com