From: Karen Giles [karen.giles@meritain.com]
Sent: Tuesday, August 21, 2012 2:59 PM

Subject: Data Match Questionnaires from CMS 8-21-12



This email is being sent to all of the Superintendents, Board of Managers Members and Bookkeepers we have on file for the Egyptian Trust. If you received this email in error please forward to the appropriate party and contact Krista Gotto at the Metro East Service Office of Meritain Health to update the contact information.

I have received several inquiries relative to how to complete certain fields on the CMS Data Match Questionnaires that some of you have received and are attempting to complete. Following are the answers to the fields I have been asked about.

Name of Insurer/Plan: Egyptian Trust

(I understand you can't fit the full Egyptian Area Schools Employee Benefit Trust so this should suffice)

Insurer Identification Number: 16-1264154

GHP number or code: Enter your 5 digit group health plan number assigned.

Type of GHP:

Hospitalization Only Prescription Drugs Only (In Network) Hospital & Drug (In Network)

Comprehensive (Hospital, Medical & Drug (In Network))

Medical & Hospital
Medical Services Only
Medical & Drug (In Network)
Prescription Drug w/Major Medical (Non-Network)
Comprehensive (Hospital, Medical & Drug (Non0Network)
Medical & Drug (Non-Network)
Hospital & Drug (Non-Network)

Insurer/TPA Tax Identification Number: 16-1264154

*Name of Group Health Plan: Egyptian Trust

*Address 1: 300 Corporate Parkway

*City: Amherst

*State: NY

*Zip Code: 14226

For inquiries prior to 9/1/2012 use the Express Scripts information as follows:

Rx Bin: 003858

Rx PCN: A4

Rx Group: Q5iV

For inquiries on or after 9/1/2012 use the CVS Caremark information as follows:

Rx Bin: 004336
Rx PCN: ADV
Rx Group: RX2739

I hope this information is helpful and please let me know if there are any other fields you struggle with completing that have not been addressed in this email. We'll do our best to assist.

Karen L. Giles V.P. Client Relations Meritain Health

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