

Mail Order Member Education

Members may choose to receive prescription medications via mail order pharmacy. This alternative to retail pharmacy is completely optional. Should you wish to enroll in mail order, please follow the steps below, and note that there will be no changes in your plan setup:

1. Select the Mail Order Pharmacy on the provided flyer that you would like to use for your prescriptions. Once you have selected the pharmacy, you will need to contact that pharmacy to setup an account with them. You can complete this step in one of the following methods:
 - a. Set up a profile on their website.
 - b. Call their customer service number
2. Have a list of the medications and prescribing doctors ready to input when asked.
3. Provide the pharmacy with your TrueScripts Processing information:
 - a. RxBin: 017274
 - b. RxPCN: PDMI
 - c. RxGroup: 99993996
 - d. Your Member ID number printed on your card
4. If you have current refills at another pharmacy, you can request that the mail order pharmacy call and request that they be transferred over to your new pharmacy.
5. A new prescription may be needed from your healthcare provider for 90-day fills at the retail pharmacy or mail order. The pharmacy can reach out to your provider to request this script. Since your provider should be able to call this into your pharmacy of choice, an office visit typically will not be required.
6. If the pharmacy informs you that your insurance is not contracted with TrueScripts, please request for them to call us at the number below. You may also call for us assistance.

Mail Order Pharmacy Network

To enroll in mail order, please visit a website below:



343 Mercer Road
Greenville, PA 16125
PHONE: 844-522-CARE (2273) FAX: 844-308-1485
E-Scribe: NCPDP 6005943
carefilltc.com
**See note on eligible states below*



PHARMACY
7835 Freedom Ave NW
North Canton, OH 44720
PHONE: 1-866-909-5170 FAX: 1-866-909-5171
E-Scribe: NCPDP 3677361
envisionpharmacies.com/Mail/Patients



by pharmacy
250 Commercial Street, Suite 2012
Manchester, NH 03101
PHONE: 1-866-332-1668 FAX: 603-935-9108
E-Scribe: NCPDP 3061582
pillpack.com
**Dispenses 30-day supply only*



P.O. Box 2718
Portland, OR 97208
PHONE: 1-800-552-6694 FAX: 1-800-723-9023
NABP 3812674 – NPI 1528003910
ppsr.com

**Care-Fill mail order services are not yet available in the following states: AL, CA, LA, MD, NH, OK, TN, WV*