

Express Scripts Medicare (PDP) for Commonwealth of Virginia Retiree Benefits Program

Annual Notice of Changes Plan Materials for 2025

Enclosed are your **Express Scripts Medicare**[®] (PDP) renewal materials for the 2025 plan year. Please remember that your renewal in this plan is automatic if you continue to be eligible for coverage in the Commonwealth of Virginia Retiree Health Benefits Program and you are not disenrolled by Medicare for any reason—otherwise, no action is required to continue your membership for 2025. Please promptly review the enclosed materials to become familiar with the changes to your benefit.

The following renewal materials are enclosed:

- **Quick Reference Guide**
Use this document to find important contact information for your plan.
- **Annual Notice of Changes**
Use this document to see a summary of any changes to your benefits and costs for the upcoming year.
- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**
If you qualify for a low-income subsidy and have been receiving Extra Help, this document will help you understand the amount of assistance you will be receiving for the 2025 plan year.

Express Scripts Medicare Customer Service	
Call here to find out in advance if a drug is covered or to ask other general questions.	
Call:	1.800.572.4098
TTY:	1.800.716.3231
Hours:	24 hours a day, 7 days a week

Quick Reference Guide

Grievance Contact Information

Use this contact information to file a grievance.

Write:	Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	Call:	1.800.572.4098
		TTY:	1.800.716.3231
		Fax:	1.800.293.2192
		Hours:	24 hours a day, 7 days a week

Initial Coverage Reviews

Use this contact information if you need an initial coverage decision for a medication that must be approved before the prescription can be filled at a participating retail or home delivery pharmacy, or you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's formulary.

Write:	Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	Call:	1.844.374.7377
		TTY:	1.800.716.3231
		Fax:	1.877.251.5896
		Hours:	24 hours a day, 7 days a week

Appeals Contact Information

Use this contact information if you need to file an appeal because your coverage review was denied or because your request to remove or change a restriction on a specific medication, to lower the cost-sharing amount or to cover a medication that is not on your plan's formulary was denied.

Write:	Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	Call:	1.844.374.7377
		TTY:	1.800.716.3231
		Fax:	1.877.852.4070
		Hours:	24 hours a day, 7 days a week

Paper Claim Submission

You can receive reimbursement for medications purchased without your member ID card by submitting your receipts and a request through mail, fax or online.

A Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.

To obtain a Direct Claim Form:

Download from our website, express-scripts.com, in the Medicare Resources Center found in the Benefits menu, or call Customer Service.

Submit by Mail: Express Scripts
Attn: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

Submit by Fax: You can fax us your request for payment 24 hours a day, 7 days a week to **1.608.741.5483**.

Submit Online: Log in to express-scripts.com and select **Benefits > Forms & Cards**



**Express Scripts Medicare (PDP) for
the Commonwealth of Virginia
Retiree Health Benefits Program**

**Commonwealth of Virginia
Retiree Health Benefits Program**

Annual Notice of Changes for 2025

You are currently enrolled as a member of **Express Scripts Medicare®** (PDP). The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with enhanced coverage under the plan offered by the Commonwealth of Virginia Retiree Health Benefits Program. Starting January 1, 2025, there will be some changes to the plan's coverage levels. *This document describes the changes.*

Changes to Medicare prescription drug coverage for the next year can generally be made from October 15 until December 7. This means that Medicare beneficiaries can select a new Medicare Part D prescription drug plan during this time that will start on the following January 1. The Commonwealth of Virginia Retiree Health Benefits Program does not have an annual enrollment period. Enrollment in this prescription drug plan is only available immediately upon eligibility for coverage. You may terminate this coverage prospectively at any time, but once terminated, you may not re-enroll. Section 2 of this booklet and your Commonwealth of Virginia Annual Rate Notification booklet, which will be mailed to you separately by the end of October, will provide additional information regarding your options.

Additional Resources

- This document is available at no cost in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service toll-free at **1.800.572.4098** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have cost free language interpreter services available for non-English speakers. Please note: You may opt out of receiving phone calls from this plan.
- This information is also available in braille. Please call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
- When this document says “we,” “us” or “our,” it means *Medco Containment Life Insurance Company*. When it says “plan” or “our plan,” it means Express Scripts Medicare.
- This information is not a complete description of benefits. Call Express Scripts Medicare at the phone numbers above for more information.
- **ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).
- Other pharmacies are available in our network. Express Scripts Medicare has a broad network nationwide. To see if your pharmacy is in our network, visit **express-scripts.com** or call Express Scripts Medicare Customer Service.

Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows all beneficiaries to change Medicare health and drug coverage during the Annual Enrollment Period. **However, under your current plan, you can end coverage prospectively at any time, and this will allow you a special enrollment opportunity so you can elect coverage in another Part D plan.** In any case, it's important to review your coverage now to make sure it will meet your needs next year. Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Please note this is only a summary of changes. Look in **Section 1** for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section 1** for information about changes to our drug coverage.
- Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- Compare your plans.** Compare the 2024 and 2025 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2025.
- Check if you qualify for help paying for prescription drugs.** People with limited incomes may qualify for "Extra Help" from Medicare.

If you decide to stay with Express Scripts Medicare:

If you want to stay with us in 2025, it's easy – you don't need to do anything. You will automatically stay enrolled in our plan if you continue to be eligible and don't enroll in another Part D plan.

If you decide to change plans for next year:

If you decide that coverage in another Part D plan will better meet your needs, please see **Section 2.2** to learn more about your choices. Please see **Section 3** for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will usually begin on January 1, 2025.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Your prescription drug plan premium will continue to be billed or deducted by the Commonwealth of Virginia Retiree Health Benefits Program as part of your total health benefits premium. The Commonwealth of Virginia will be sending you a booklet by the end of October that includes your 2025 premium.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty. The Commonwealth of Virginia does not currently collect this penalty.
- If you have a higher income, you may have to pay an additional amount each month *directly to the government* for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see **Section 5** regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Part D Prescription Drug Coverage

Changes to Your Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (also called the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage and costs. If you get Extra Help and didn’t receive this insert with this packet, please call Customer Service and ask for the LIS Rider. Phone numbers for Customer Service are on the front cover of this document.

Beginning in 2025, there are three drug payment stages: the Yearly Deductible stage, the Initial Coverage stage, and the Catastrophic Coverage stage. The Coverage Gap stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit. The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage stage and the Catastrophic Coverage stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

This plan has three drug payment stages. The drug payment stage will affect how much you pay for a Part D drug.

The following chart summarizes changes to the plan’s drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect on January 1, 2025, and will stay the same for the entire calendar year. How much you pay for a drug depends on which “tier” the drug is in. The costs in this chart are for prescriptions filled at network pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may also be restrictions for approved prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

	2024 (this year)	2025 (next year)
<p>Administrative Changes</p> <p>Medicare Prescription Payment Plan</p>	Not Applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December). To learn more about this payment option, please contact us at 1.866.845.1803 or visit https://www.medicare.gov.</p>
<p>YEARLY DEDUCTIBLE STAGE</p> <p>During this stage, you pay the full cost of your Part D drugs, except for covered insulin products and most adult vaccines. You stay in this stage until you have paid your yearly deductible amount.</p> <p>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> <p>Once you meet your deductible, you move on to the Initial Coverage stage.</p>	<p>\$545</p> <p>This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.</p>	<p>\$590</p> <p>This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.</p>

	2024 (this year)	2025 (next year)
<p>INITIAL COVERAGE STAGE</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. Most adult Part D vaccines are covered at no cost to you.</p>	<p>The table below shows your costs for drugs in each of our four drug tiers. We moved some of the drugs on the drug list to different drug tiers. To see if any of your drugs have been moved to different tiers, look them up online at express-scripts.com/documents starting on October 15, 2024, or call Express Scripts Medicare Customer Service.</p> <p>For 2025, you will stay in this stage until the total cost of your Part D drugs reaches \$2,000 (in 2024, the limit is \$5,030). Once you reach this limit, you move on to the Catastrophic Coverage stage. Most members will not reach the Catastrophic Coverage stage.</p>	
<p>Drugs in Tier 1 <i>(Generic Drugs)</i></p> <p>Cost for each one-month (up to a 34-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply of a drug in Tier 1 that is filled through our home delivery service</p>	<p>You pay \$7 per prescription.</p> <p>You pay \$7 per prescription.</p>	<p>You pay \$7 per prescription.</p> <p>You pay \$7 per prescription.</p>
<p>Drugs in Tier 2 <i>(Preferred Brand Drugs)</i></p> <p>Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>
<p>Drugs in Tier 3 <i>(Non-Preferred Drugs)</i></p> <p>Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay 75% of the total cost.</p> <p>You pay 75% of the total cost.</p>	<p>You pay 75% of the total cost.</p> <p>You pay 75% of the total cost.</p>

	2024 (this year)	2025 (next year)
<p>Drugs in Tier 4 <i>(Specialty Tier Drugs)</i></p> <p>Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay 25% of the total cost.</p> <p>You pay 25% of the total cost.</p>	<p>You pay 25% of the total cost.</p> <p>You pay 25% of the total cost.</p>
<p>COVERAGE GAP STAGE (RETAIL OR HOME DELIVERY SERVICE)</p>	<p>During this stage, this plan will generally cover generic drugs for the same copayment amount as you paid in the Initial Coverage stage. Your cost for generic drugs does count toward your total drug cost, as well as counting toward your yearly out-of-pocket drug cost. (Your yearly out-of-pocket drug cost is the amount that moves you on to the Catastrophic Coverage stage.)</p> <p>Your cost for formulary brand-name drugs during this stage will also generally be the same as in the Initial Coverage stage and, due to the Medicare Coverage Gap Discount Program, the amount you pay for non-preferred drugs may be lower.</p> <p>For 2024, you will stay in this stage until your yearly out-of-pocket drug costs reach \$8,000 and you move to the Catastrophic Coverage stage (in 2023, the limit is \$7,400).</p>	<p>For 2025, the Coverage Gap stage will be eliminated.</p>

	2024 (this year)	2025 (next year)
<p>Changes to the Catastrophic Coverage Stage</p> <p>The Catastrophic Coverage stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs. Most members do not reach the Catastrophic Coverage stage.</p> <p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if your plan covers additional drugs not normally covered by Medicare Part D. For specific information about your costs in these stages, please see the information that follows in this chart.</p>		
<p>CATASTROPHIC COVERAGE STAGE (RETAIL OR HOME DELIVERY SERVICE)</p> <p>This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.</p>	<p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <p>If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.</p>	<p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <p>If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.</p>

Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” A PDF of our printed drug list for 2025 will be available by logging into express-scripts.com/documents beginning on October 15, 2024. We made some changes to our drug list, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. Review the drug list to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier. The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on our list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

Most of the changes in the drug list are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules that affect you during the plan year. For instance, we can immediately remove drugs considered unsafe by the Food and Drug Administration (FDA) or withdrawn from the market by a product manufacturer. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Please visit our website at **express-scripts.com** or call Express Scripts Medicare Customer Service for more information.

There are changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2024 will continue to participate in 2025. You can access information about what pharmacies are in our network by logging into **express-scripts.com/pharmacies** or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Express Scripts Medicare for the Commonwealth of Virginia Retiree Health Benefits Program

To stay in this plan, you don't need to do anything. You will automatically remain enrolled in this plan for 2025 if you continue to be eligible for the Commonwealth of Virginia Retiree Health Benefits Program and Medicare does not disenroll you for any reason.

Section 2.2 – If You Want to Change Plans

You may leave this plan prospectively at any time. Doing so will allow a special enrollment opportunity in another Part D plan. If you enroll in another Part D plan or a Medicare Advantage Plan that includes prescription drug coverage, it will result in your disenrollment from this plan. If you leave this plan but continue to be otherwise eligible for the program, you may maintain your Medicare supplemental coverage and, if applicable, optional dental/vision coverage by enrolling in a Medical-Only plan. However, once you have declined or terminated this prescription drug coverage, you may not re-enroll later even if you are enrolled in a

Medical-Only plan. Your Annual Rate Notification booklet will include additional information about your options.

You will find more information about other Medicare Part D or Medicare Advantage plans available in your area by contacting Medicare. You can access Medicare via their website at <https://www.medicare.gov/plan-compare> or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

SECTION 3 Deadline for Changing Plans

All Medicare beneficiaries can change to a different prescription drug plan or to a Medicare health plan from **October 15 until December 7**. Generally, a change in coverage will take effect on January 1, 2025.

However, as a member of the Commonwealth of Virginia Retiree Health Benefits Program's Medicare Part D plan (this plan), which is an Employer Group Waiver Plan, you have more flexibility in making plan changes, including access to a Special Enrollment Period whenever you decide to drop our plan. To get more details on this, please call Customer Service for more information.

Are there other times of the year to make a change?

In certain situations, even outside of the state program, changes are also allowed at other times of the year. Examples include people with Medicaid, or those who get Extra Help paying for their drugs, those who have or are leaving employer coverage and those who move out of the service area may be allowed to make a change at other times of the year.

Note: If you're in a drug management program, you may not be able to change plans.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. Please speak with your former employer or your retiree group to understand your options and consequences of choosing another plan before you make a change.

SECTION 4 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program (not connected with any insurance company or health plan) with trained counselors in every state. It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can contact the SHIP in your state by contacting Medicare.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. We have listed the different types of help below:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including the national average monthly prescription drug premiums, yearly deductibles and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. Many people are eligible and don't even know it. **Your Annual Rate Notification booklet from the Commonwealth**

of Virginia Retiree Health Benefits Program also includes information about the impact of Extra Help on your state program coverage.

To see if you qualify, call:

- 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778; or
 - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** The State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Pharmaceutical Assistance Program.
 - **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you are currently enrolled how to continue receiving assistance, check with your state AIDS Drug Assistance Program. Be sure, when contacting your state's ADAP organization, to inform them of your Medicare Part D plan name or policy number.

SECTION 6 Questions?

We’re here to help. Please call Customer Service at **1.800.572.4098**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

Section 6.1 – Other Plan Information

Rights and rules about next year’s benefits

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. The *2025 Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. You may request a copy of the *Evidence of Coverage* by calling Customer Service at the numbers on the front of this document. A copy of the *Evidence of Coverage* is located on our website at **[express-scripts.com/documents](https://www.express-scripts.com/documents)**. You may also call Customer Service to ask us to mail you a copy.

Visit our website

You can visit our website at **[express-scripts.com](https://www.express-scripts.com)** for the most up-to-date information about our pharmacy network and drug coverage.

Notice of Privacy Practices

We have sent you a *Notice of Privacy Practices* upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.

Section 6.2 – Getting Help From Medicare

- **To get information directly from Medicare:** Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
- **Visit the Medicare website:** Visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to <https://www.medicare.gov/plan-compare>.
- **Read *Medicare & You 2025*:** Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

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It's important we treat you fairly

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the numbers on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at:

Civil Rights Coordinator
Express Scripts Medicare
P.O. Box 4083
Dublin, Ohio 43016

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.



Es importante brindarle un trato justo

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno de estos servicios, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

Civil Rights Coordinator
Express Scripts Medicare
P.O. Box 4083
Dublin, Ohio 43016

También puede comunicarse con el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles por estos medios:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Por correo postal: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

Puede encontrar los formularios de quejas en <https://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the number on the back of your Member ID card. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número que figura en el reverso de su tarjeta de identificación de miembro. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电您的会员 ID 卡背面的电话号码。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電您的會員 ID 卡背面的電話號碼。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero na nasa likod ng inyong ID card ng Miyembro. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au numéro figurant au dos de votre carte d'identité de membre. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số trên mặt sau thẻ ID Hội viên sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter carder Nummer auf der Rückseite Ihrer Mitgliedskarte. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 가입자 ID 카드 뒷면에 있는 전화번호로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону, указанному на оборотной стороне вашей идентификационной карты участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم الموجود خلف بطاقة هوية العضو الخاصة بك. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें अपने सदस्य आईडी कार्ड के पीछे दिए नंबर पर कॉल करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero sul retro della sua scheda identificativa di membro del piano. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número indicado no verso seu cartão de identificação de membro. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo ki nan do kat Idantifikasyon Manm ou an. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer podany na odwrocie karty identyfikacyjnej członka. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、会員証の裏面に記載されている番号にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。