# Express Scripts Medicare (PDP)® for EIA
# Medicare Prescription Plan
# Benefit Election Form

**Effective Date:** _____

| MEMBER ENROLLMENT OR CHANGE – COMPLETE IN FULL | | | | |
|---|---|---|---|---|
| Name (Last, First, MI): | Social Security #: | Birth Date (mm/dd/yy): | ☐ Male ☐ Female | |
| Home Street Address: (No P.O. Box) City, State, Zip | | Home Phone: | Work Phone: | |
| Mailing Address: (P.O. Box may be used) City, State, Zip<br>☐ Same as Home Address | | E-mail Address: | | |
| Occupation/Title: | Date of Hire: (mm/dd/yy): | Employee Status:<br>☐ Early Retiree<br>☐ Medicare Retiree | | |
| Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Legally Separated ☐ Divorced | | | | |

| MEDICARE SECTION | | |
|---|---|---|
| Are you retired? | ☐ Yes ☐ No | If yes for Medicare for you and/or your dependent(s), please provide your and/or their HICN number and indicate the entitlement reason and Medicare eligibility date for yourself and your dependents.<br><br>HICN Number: _____<br><br>Entitlement Reason ☐ Over 65 ☐ Disabled ☐ ESRD<br><br>Effective Date of Medicare: _____ |
| If yes, what Medicare are YOU enrolled in? | ☐ Part A<br>☐ Part B | |
| Is your dependent (s) enrolled in Medicare? | ☐ Yes ☐ No | Name: _____ |

| | | |
|---|---|---|
| If Yes for dependent, what Medicare are they enrolled in? | ☐ Part A<br>☐ Part B | HICN Number: _____<br>Date of Birth: _____<br>Gender: _____<br>Relationship: _____<br>Entitlement Reason: ☐ Over 65 ☐ Disabled ☐ ESRD<br>Effective Date of Medicare: _____ |

Enroll In Employer Group Waiver Program ( ESI Medicare PDP)

☐ Retiree ☐ Spouse

**PLEASE READ THE FOLLOWING- AUTHORIZATION REQUIRED**

**I declare that the information given on this form is true and complete to the best of my knowledge and belief. I understand that the information I have provided is the basis on which coverage may be issued under these plans. Any misstatements or omissions may result in future claims being denied and/or my coverage(s) being rescinded. I know that if I do not enroll within 30 days of becoming first eligible (or within 31 days of an IRS-qualified change in status) I will have to wait until the next annual enrollment, and may be required to submit evidence of insurability for certain coverage.**

| | |
|---|---|
| Signature: | Date: |

**DECLINATION OF COVERAGE – SIGNATURE REQUIRED- Complete only if declining EGWP Rx coverage**

**I understand that I am eligible for medical and Rx coverage through my employer. I waive the right to enroll in the medical plan and Rx plan as offered to me by my employer for the following reason (please check one):**

☐ I am covered under another Medicare Advanatage/Supplement Plan
☐ I am covered through my spouse's employer
☐ I have no other coverage but choose not to enroll

**I understand that by declining coverage, I will not be eligible for coverage until my employer's next Open Enrollment period unless I qualify for coverage due to a HIPAA qualifying event (including getting married, having a child, or involuntarily losing my other coverage).**

| | |
|---|---|
| Signature: | Date: |

EXPRESS SCRIPTS® Medicare (PDP)

CSAC Excess Insurance Authority
Leader in Member-Directed Risk Management

# Benefit Overview

**Express Scripts Medicare®** (PDP) for EIA

## YOUR 2017 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<table>
<tr><td>Plan Premium</td><td>Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your group benefits administrator.</td></tr>
<tr><td>Initial Coverage stage</td><td>You will pay the following until your total yearly drug costs (what you and the plan pay) reach $3,700:
<table>
<tr><th>Tier</th><th>Retail One-Month (31-day) Supply</th><th>Retail Two-Month (60-day) Supply</th><th>Retail Three-Month (90-day) Supply</th><th>Home Delivery Three-Month (90-day) Supply</th></tr>
<tr><td>Tier 1: Generic Drugs</td><td>$5 copayment</td><td>$10 copayment</td><td>$15 copayment</td><td>$10 copayment</td></tr>
<tr><td>Tier 2: Preferred Brand Drugs</td><td>$20 copayment</td><td>$40 copayment</td><td>$60 copayment</td><td>$40 copayment</td></tr>
<tr><td>Tier 3: Non-Preferred Drugs</td><td>$50 copayment</td><td>$100 copayment</td><td>$150 copayment</td><td>$100 copayment</td></tr>
</table>
If your doctor prescribes less than a full month’s supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.<br><br>
You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy℠. There is no charge for standard shipping.<br><br>
Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</td></tr>
</table>

| | |
|---|---|
| **Coverage Gap stage** | After your total yearly drug costs reach $3,700, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach $4,950. |
| **Catastrophic Coverage stage** | After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach $4,950, you will pay **the greater of 5% coinsurance or:**<br>• a $3.30 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage<br>• an $8.25 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage. |

**Long-Term Care (LTC) Pharmacy**
If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

**Out-of-Network Coverage**
For prescriptions filled at out-of-network pharmacies, you will pay the same copayments as for prescriptions filled at in-network retail pharmacies. If you go to an out-of-network pharmacy and try to use your member ID card to fill a prescription, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription and the plan will reimburse you for our share of the cost. You will need to send us your request for payment, along with your receipt documenting the payment you have made. It's a good idea to make a copy of all of your receipts for your records. For information on how to submit a claim, please review the information provided in the *Quick Reference Guide* included with your Welcome Kit, contact Customer Service at the numbers at the end of this document or visit our website to download a copy of the "Direct Claim Form."

**IMPORTANT PLAN INFORMATION**

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from EIA.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at www.Express-Scripts.com.

- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.Express-Scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Drug cost-share for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

For a complete explanation of your plan benefits, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or check your *Evidence of Coverage,* when you receive it. If you have not yet received an *Evidence of Coverage,* please contact Express Scripts Medicare Customer Service at the numbers on the back of this document to request one.

**Does my plan cover Medicare Part B or non–Part D drugs?**
In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some other non–Part D medications that are not normally covered by a Medicare prescription drug plan. The amount paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

**Read the *Medicare & You* 2017 handbook.**
The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (http://www.medicare.gov) 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.

**Express Scripts Medicare Customer Service**

**1.844.468.0428**

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: **1.800.716.3231**

You can also visit us on the Web at **www.Express-Scripts.com**.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

For questions about premiums, enrollment and eligibility, please contact the Benefits Office at the Organization from which you retired.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

# Facts about your Medicare Part D Prescription Drug Coverage

**Express Scripts Medicare**® (PDP) for EIA is offered by Medco Containment Life Insurance Company,
which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform your former employer of any other prescription drug coverage you may have.

## Enrollment Requirements

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare will end that coverage.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

Generally, Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan only during the Annual Enrollment Period (October 15 to December 7), unless you qualify for certain special circumstances. Your former employer may have an annual enrollment period that differs from the Medicare time frame.

If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide not to participate in this coverage, you can contact Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1.877.486.2048.

## Plan Rules and Limitations

Express Scripts Medicare has formed a network of pharmacies. You may get your drugs at network retail pharmacies and our home delivery pharmacy. Network pharmacies must generally be used except in cases of an emergency.

As a Medicare beneficiary, you have the right to file a grievance or appeal plan decisions about payment
or services if you disagree. For more information about these processes, call Express Scripts Medicare
Customer Service at the number on the back of your member ID card or review your *Evidence of Coverage*.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and your former employer choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

**Extra Help Program**
Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs, as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

**Annual Income and Extra Part D amount**
Some people may have to pay an extra amount for this coverage because of their yearly income. If you have
to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

**Release of Information**
By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

This information is not a complete description of benefits. For more information about this plan, contact Express Scripts Medicare Customer Service at 1.844.468.0428, 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The pharmacy network may change at any time. You will receive notice when necessary.

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