

# Your Prescription Drug Plan Materials

We are pleased to provide you with your **Express Scripts Medicare**<sup>®</sup> (PDP) plan materials for the 2016 plan year. Please promptly review the enclosed materials to become familiar with your benefit. The following plan materials are enclosed in this package:

- **Quick Reference Guide**

Refer to this guide, located on the other side of this document, when you need help with important address and phone number information for your plan. Be sure to also review the useful plan information included in this guide.

- **Prescription ID Card (Member ID Card)**

Your member ID card is included in this packet. Detach it and begin using it to fill prescriptions beginning with the effective date of your coverage listed on the enclosed Welcome Letter.

- **Evidence of Coverage**

Use this document to find an overview of your rights and the rules you must follow when using your Medicare prescription drug coverage. Make sure to keep it in a safe place.

- **Formulary**

The formulary lists many of the drugs covered by your plan. If you do not see your drug on the list, please call the Express Scripts Medicare Customer Service number on the enclosed *Quick Reference Guide* to confirm coverage of your medication.

- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**

If you qualify for a low-income subsidy through the Extra Help program, this document is included in this package. Use this document to understand the assistance you will be receiving for the 2016 plan year with premiums (if applicable) and copayments.

- **Express Scripts Pharmacy<sup>SM</sup> Prescription Order Form**

Use the home delivery service order form to order maintenance supplies of medications through our convenient home delivery service. This form also has space for you to provide information to us regarding any medication allergies or health conditions you may have, as well as other pertinent information to ensure that all of your medications will work together safely.

- **Notice of Privacy Practices**

We care about your privacy. We follow applicable state and federal rules relating to the protection of health information. This notice explains how we use information about your health.

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## Quick Reference Guide

<b>Express Scripts Medicare Customer Service</b>
<b>Call:</b> 1.888.345.2560 <b>TTY Users Call:</b> 1.800.716.3231 <b>Hours of Operation:</b> 24 hours a day, 7 days a week
<b>Retiree Customer Service Center</b>
<b>Write to:</b> 10 Tower Lane, Suite 100 Avon, CT 06001 <b>Call:</b> 1.800.236.4782 <b>Hours of Operation:</b> Monday through Friday, 8:30 a.m. to 5:30 p.m., Eastern Time
<b>Grievance Contact Information</b>
To file a grievance: <b>Write to:</b> Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307 <b>Call:</b> 1.888.345.2560 <b>TTY Users Call:</b> 1.800.716.3231 <b>Fax:</b> 1.614.822.2099 <b>Hours of Operation:</b> 24 hours a day, 7 days a week
<b>Administrative Coverage Reviews and Appeals Contact Information</b>
If you need a decision about whether a medication is covered: <b>Write to:</b> Express Scripts Attn: Medicare Administrative Appeals P.O. Box 66587 St. Louis, MO 63166-6587  If you need help right away: <b>Call:</b> 1.800.413.1328 <b>TTY Users Call:</b> 1.800.716.3231 <b>Fax:</b> 1.877.328.9660 <b>Hours of Operation:</b> Monday through Friday, 8:00 a.m. to 6:00 p.m., Central Time

<b>Initial Clinical Coverage Reviews (Including Prior Authorization Requests) Contact Information</b>
To request a Prior Authorization: <b>Write to:</b> Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571  If you need help right away: <b>Call:</b> 1.844.374.7377 (1.844.ESI.PDPS) <b>TTY Users Call:</b> 1.800.716.3231 <b>Fax:</b> 1.877.328.9799 <b>Hours of Operation:</b> 24 hours a day, 7 days a week
<b>Clinical Appeals Contact Information</b>
If you need to appeal an adverse determination: <b>Write to:</b> Express Scripts Attn: Medicare Clinical Appeals P.O. Box 66588 St. Louis, MO 63166-6588  If you need help right away: <b>Call:</b> 1.844.374.7377 (1.844.ESI.PDPS) <b>TTY Users Call:</b> 1.800.716.3231 <b>Fax:</b> 1.877.852.4070 <b>Hours of Operation:</b> Monday through Friday, 8:00 a.m. to 8:00 p.m., Central Time
<b>Paper Claim Submission</b>
<b>Mail request for payment with receipts to:</b> Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718  To obtain a Direct Claim Form: <ul style="list-style-type: none"><li>• Download from our website, <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a></li><li>• Call Customer Service</li></ul> (The 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.

## Useful Information

### Visit Express Scripts on the Web at [www.Express-Scripts.com](http://www.Express-Scripts.com)

If you have not already registered on our website, we encourage you to do so. The information you will need to complete registration can be found on your member ID card. It will also be helpful to have a recent prescription handy.

Our website provides an array of resources and tools, including the ability to:

- View a list of the medications you take
- Refill your prescriptions with just a click
- Find network pharmacies near you
- Request prescription renewals
- View a financial summary of your prescription expenses
- Print your prescription history to share with your doctor
- View up-to-date coverage information
- View/print plan forms

### How to fill a prescription at a network pharmacy

To fill your prescription at a retail network pharmacy, you must show your member ID card. If you do not have your member ID card with you when you fill your prescription, you should ask the pharmacy to use Medicare's inquiry system to check your eligibility and membership status with the plan in which you are enrolled. If the pharmacy is unable to confirm your eligibility, you will have to pay the full cost of the prescription (rather than paying just your copayment or coinsurance). If this happens, you can request reimbursement of the plan's share of the cost by submitting a paper claim to Express Scripts Medicare.

### How to fill a prescription through our home delivery pharmacy service

You can use a home delivery pharmacy to fill prescriptions for most drugs on the formulary list. Home delivery is most appropriate for drugs that you take on a regular basis for a chronic or long-term medical condition. Drugs that cannot be purchased through home delivery include medications with limited distribution and compound medications. It's also more appropriate to use a retail network pharmacy for drugs used for a short period of time (1 month or less) and drugs needed immediately for the treatment of a severe medical condition.

See the following page for instructions for filling a prescription using our home delivery service by mail and fax. To get additional order forms and information, please visit our website or call our Customer Service department. Please note that you must use an in-network home delivery pharmacy. Prescription drugs that you get through any out-of-network home delivery pharmacies are not covered.

**To fill a prescription through our home delivery pharmacy service by mail:**

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate).
2. Complete a home delivery order form. Choose a convenient payment method. You may pay by check, money order or major credit card. If you prefer to pay by credit card, you may also want to join our automatic payment program by simply keeping your credit card information on file with us.
3. Mail the new prescription(s) in the return envelope provided with your Welcome Kit, along with a completed home delivery order form and the appropriate payment.
4. To obtain additional home delivery forms, or if you have questions, please call our Customer Service department.

**To fill a prescription through our home delivery pharmacy service by fax:**

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate). Give your doctor your member ID number, which is located on the front of your member ID card.
2. If your doctor needs instructions on faxing your prescription to our home delivery pharmacy, ask him/her to call **1.888.327.9791**.
3. Have your doctor fax your prescription to our home delivery pharmacy at **1.800.837.0959**.

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