

# Your Prescription Drug Plan Renewal Materials

Here are your **Express Scripts Medicare**<sup>®</sup> (PDP) renewal materials for the 2021 plan year. Please remember that your renewal in this plan is automatic—no action is required to continue your membership for 2021. 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 and 2021 Prescription Drug Costs Summary**  
Use these documents to see a summary of any changes to your benefits and costs for the upcoming year.

<b>Express Scripts Medicare Customer Service</b> Call here to find out in advance if a drug is covered or to ask other general questions.	<b>Retiree Customer Service Center</b> Your retiree customer service center's contact information is listed on the back of your member ID card.
<b>Call:</b> 1.888.345.2560 <b>TTY:</b> 1.800.716.3231 <b>Hours:</b> 24 hours a day, 7 days a week	

## Quick Reference Guide

<b>Grievance Contact Information</b>	
Use this information to file a grievance.	
<b>Write:</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:</b> 1.800.716.3231 <b>Fax:</b> 1.614.907.8547 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Initial Coverage Reviews</b>	
Use this contact information if you need a coverage decision for a medication that requires authorization before filling a prescription at a 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 request a medication that is not on your plan's formulary.	
<b>Write:</b> Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	<b>Call:</b> 1.844.374.7377 (1.844.ESI.PDPS) <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.251.5896 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Appeals Contact Information</b>	
Use this contact information if you need to file an appeal because your coverage review was denied or because your request for a restricted medication or to lower the cost-sharing amount of a specific medication was denied.	
<b>Write:</b> Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	<b>Call:</b> 1.844.374.7377 (1.844.ESI.PDPS) <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.852.4070 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Paper Claim Submission</b>	
Mail request for payment with receipts to:	
Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718	
<b>To obtain a Direct Claim Form:</b>	
Download from our website, <b>express-scripts.com</b> , in the Medicare Resources Center found in the Benefits menu, or call Customer Service.	
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.	



## 2021 Prescription Drug Costs Summary

Express Scripts Medicare® (PDP) includes coverage across all stages of your benefit, as summarized on the following pages. If you were a member of Express Scripts Medicare in 2020, please note that next year there will be some changes to the plan's costs and benefits, which are outlined in this document and in your *Annual Notice of Changes for 2021* booklet.

**There are four drug payment stages in a standard Medicare Part D plan. Which “Drug Payment Stage” you are in may 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 for your plan on January 1, 2021, 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 be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

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 will send you a separate insert, called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (also called the “Extra Help Rider”), which tells you about your drug coverage and costs. If you don't receive this insert, please call Customer Service and ask for the “Extra Help Rider.”

For maintenance medications: You continue to have the choice of filling prescriptions for more than a one-month supply at pharmacies with preferred cost-sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

For help or more information, please contact Express Scripts Medicare Customer Service at **1.888.345.2560** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers. This information is also available in braille. Please call Customer Service at the numbers above if you need plan information in another format.

	2020 (this year)	2021 (next year)
<p><b>YEARLY DEDUCTIBLE STAGE</b></p>	<p>Because this plan does not have a deductible, this stage does not apply to you.</p>	<p>Because this plan does not have a deductible, this stage does not apply to you.</p>
<p><b>INITIAL COVERAGE STAGE</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p>	<p>The table below shows your costs for drugs in each of our 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 for 2021, look them up online at <a href="https://www.express-scripts.com/documents">express-scripts.com/documents</a> starting on October 15, 2020, or call Express Scripts Medicare Customer Service.</p> <p>For 2021, you will stay in this stage until the total cost of your Part D drugs reaches \$4,130 (in 2020, the limit is \$4,020). Once you reach this limit, you move on to the Coverage Gap stage. Most members will not reach the Coverage Gap stage.</p>	

	2020 (this year)	2021 (next year)
<b>Drugs in Tier 1</b> <i>(Preferred Generic Drugs)</i>		
Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	You pay \$5 per prescription.	No change for 2021
Cost for a two-month (32–60-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	You pay \$10 per prescription.	No change for 2021
Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	<b>Preferred cost-sharing</b> You pay \$8 per prescription.	No change for 2021
	<b>Standard cost-sharing</b> You pay \$15 per prescription.	
Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled through our Express Scripts Pharmacy <sup>®</sup> home delivery service*	You pay \$5 per prescription.	No change for 2021
Cost for a two-month (32–60-day) supply of a drug in Tier 1 that is filled through our Express Scripts Pharmacy home delivery service*	You pay \$8 per prescription.	No change for 2021
Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled through our Express Scripts Pharmacy home delivery service*	You pay \$8 per prescription.	No change for 2021

\*Your cost share may differ at other home delivery pharmacies.

	2020 (this year)	2021 (next year)
<b>Drugs in Tier 2</b> ( <i>Generic Drugs</i> )		
31-day supply filled at a network retail pharmacy	You pay \$10 per prescription.	No change for 2021
32–60-day supply filled at a network retail pharmacy	You pay \$20 per prescription.	No change for 2021
	<b>Preferred cost-sharing</b> You pay \$15 per prescription.	No change for 2021
90-day supply filled at a network retail pharmacy	<b>Standard cost-sharing</b> You pay \$30 per prescription.	No change for 2021
31-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$10 per prescription.	No change for 2021
32–60-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$15 per prescription.	No change for 2021
90-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$15 per prescription.	No change for 2021

\*Your cost share may differ at other home delivery pharmacies.

	2020 (this year)	2021 (next year)
<b>Drugs in Tier 3</b> (Preferred Brand Drugs)		
31-day supply filled at a network retail pharmacy	You pay \$25 per prescription.	No change for 2021
32–60-day supply filled at a network retail pharmacy	You pay \$50 per prescription.	No change for 2021
	<b>Preferred cost-sharing</b> You pay \$56 per prescription.	
90-day supply filled at a network retail pharmacy	<b>Standard cost-sharing</b> You pay \$75 per prescription.	No change for 2021
31-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$25 per prescription.	No change for 2021
32–60-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$56 per prescription.	No change for 2021
90-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$56 per prescription.	No change for 2021

\*Your cost share may differ at other home delivery pharmacies.

	2020 (this year)	2021 (next year)
<b>Drugs in Tier 4</b> <i>(Non-Preferred Drugs)</i>		
31-day supply filled at a network retail pharmacy	You pay \$60 per prescription.	No change for 2021
32-60-day supply filled at a network retail pharmacy	You pay \$120 per prescription.	No change for 2021
	<b>Preferred cost-sharing</b>	
90-day supply filled at a network retail pharmacy	You pay \$165 per prescription.	No change for 2021
	<b>Standard cost-sharing</b>	
	You pay \$180 per prescription.	
31-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$60 per prescription.	No change for 2021
32-60-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$165 per prescription.	No change for 2021
90-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$165 per prescription.	No change for 2021

\*Your cost share may differ at other home delivery pharmacies.



	2020 (this year)	2021 (next year)
<b>Drugs in Tier 5</b> <i>(Specialty Tier Drugs)</i>		
31-day supply filled at a network retail pharmacy	You pay \$60 per prescription.	No change for 2021
32–60-day supply filled at a network retail pharmacy	You pay \$120 per prescription.	No change for 2021
	<b>Preferred cost-sharing</b> You pay \$165 per prescription.	No change for 2021
90-day supply filled at a network retail pharmacy	<b>Standard cost-sharing</b> You pay \$180 per prescription.	No change for 2021
31-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$60 per prescription.	No change for 2021
32–60-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$165 per prescription.	No change for 2021
90-day supply filled through our Express Scripts Pharmacy home delivery service*	You pay \$165 per prescription.	No change for 2021

\*Your cost share may differ at other home delivery pharmacies.

	2020 (this year)	2021 (next year)
<b>COVERAGE GAP STAGE</b>	<p>During this stage, the plan will continue to cover your drugs at generally the same cost-sharing amount as in the Initial Coverage stage until you qualify for the Catastrophic Coverage stage.</p> <p>For 2021, you will stay in the Coverage Gap stage until you pay \$6,550 <b>out of pocket</b> for Part D drugs (in 2020, you pay \$6,350). Once you reach this yearly out-of-pocket amount, you move on to the Catastrophic Coverage stage.</p>	
<p><b>CATASTROPHIC COVERAGE STAGE</b></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>You pay the greater of:</p> <p>\$3.60 for a generic drug (including drugs treated as generics) and \$8.95 for all other drugs</p> <p>OR</p> <p>5% of the total cost, with a maximum not to exceed the standard cost-sharing amount in the Initial Coverage stage.</p>	<p>You pay the greater of:</p> <p>\$3.70 for a generic drug (including drugs treated as generics) and \$9.20 for all other drugs</p> <p>OR</p> <p>5% of the total cost, with a maximum not to exceed the standard cost-sharing amount in the Initial Coverage stage.</p>

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers located on the back of your member ID card 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 (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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**EXPRESS SCRIPTS®**  
Medicare (PDP)

## Express Scripts Medicare (PDP)

# Annual Notice of Changes for 2021

You are currently enrolled as a member of **Express Scripts Medicare®** (PDP). Next year, there will be some changes to the plan's costs and benefits. This booklet, along with your enclosed *2021 Prescription Drug Costs Summary*, describes the changes.

**Changes to your Medicare coverage for next year can generally be made from October 15 through December 7. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information.**

### Additional Resources

- This document is available for free in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service at **1.888.345.2560** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers.
- 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 booklet says “we,” “us” or “our,” it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York*. 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.

## Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year. **Please see Section 3 for more information about deadlines for changing plans.**

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. Look in **Section 1** and in the enclosed *Prescription Drug Costs Summary* for information about benefit and cost changes for our plan. Please note these documents provide only a summary of changes.
- 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? 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. Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription? Look in **Section 1** and in the enclosed *Prescription Drug Costs Summary* 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?

### If you decide to stay with Express Scripts Medicare:

If you want to stay with us next year, it's easy – you don't need to do anything. You will automatically stay enrolled in our plan.

### If you decide to change plans:

If you decide other coverage will better meet your needs, look in **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 begin on January 1, 2021.

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# Annual Notice of Changes for 2021

## Table of Contents

**SECTION 1. Changes to Benefits for Next Year ..... 4**

**SECTION 2. Deciding Which Plan to Choose ..... 5**

**SECTION 3. Deadline for Changing Plans ..... 6**

**SECTION 4. Programs That Offer Free Counseling About Medicare..... 6**

**SECTION 5. Programs That Help Pay for Prescription Drugs ..... 6**

**SECTION 6. Questions? ..... 7**

***2021 Prescription Drug Costs Summary..... Enclosed***

## SECTION 1 Changes to Benefits for Next Year

### Section 1.1 – Changes to the Monthly Premium

For questions regarding your 2021 monthly premium, please use the contact numbers on the *Quick Reference Guide* included in this package, or call the retiree service number listed on your prescription drug ID card.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment 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 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.

There are changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2020 will continue to participate in 2021. 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*.

### Section 1.3 – Changes to Part D Prescription Drug Coverage

#### Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” Our drug list is available by logging into **express-scripts.com/documents**. This brings you to a PDF of our printed drug list for 2021, which will be available online beginning October 15, 2020.

We made some changes to our drug list, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the drug list to determine whether your drugs will be covered next year and to see if there will be any restrictions.** The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on this list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

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If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. To learn what you must do to ask for an exception, call Customer Service at the numbers on the front cover of this document.
- **Find a different drug** that we cover. You can call Customer Service at the numbers on the front cover of this document to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of certain drugs in the first 90 days of coverage of each plan year to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, contact Customer Service.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you currently have a formulary exception on file, you may need to submit a new request for an exception. The approval letter you received contains a start and end date for the approval. Please refer to this letter to determine if a request for a new exception is needed.

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.

When we make these changes to the drug list during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online drug list as scheduled and provide other required information to reflect drug changes.

### **Changes to Your Prescription Drug Costs**

Look for the enclosed 2021 *Prescription Drug Costs Summary* for information about changes to your drug coverage and costs.

## **SECTION 2 Deciding Which Plan to Choose**

### **Section 2.1 – If You Want to Stay in Express Scripts Medicare**

**To stay in this plan, you don't need to do anything.** You will automatically stay enrolled as a member of our plan for 2021.

### **Section 2.2 – If You Want to Change Plans**

We hope to keep you as a member for next year, but if you are considering changing prescription drug plans, please contact your group benefits administrator for specific information about your group benefit. There may be additional implications to other benefits, such as loss of medical and/or dental coverage if you choose a plan outside your former employer's or your retiree

group's offering. Your group benefits administrator will also be able to instruct you on how to terminate your current coverage.

Once you have discussed your options regarding coverage with your group benefits administrator, you may find more information about plans available in your area by contacting Medicare. You may visit <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.

As a reminder, Express Scripts Medicare offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

### **SECTION 3      Deadline for Changing Plans**

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can generally make changes from **October 15 through December 7**. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information. Your change in coverage will take effect on January 1, 2021.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid or those who get Extra Help paying for their drugs are 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.

### **SECTION 4      Programs That Offer Free Counseling About Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). 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. Below we list different kinds of help:

- **“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 monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or a late enrollment penalty. Many people are eligible and don't even know it. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778 (applications); or
  - Your State Medicaid Office (applications).
- **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. 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, or how to enroll in the program, check with your state AIDS Drug Assistance Program.

## SECTION 6 Questions?

We’re here to help. Please call Customer Service at **1.888.345.2560**. 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 2020. The *2020 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.

#### Visit our website

You can visit our website at **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.

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## Section 6.2 – Getting Help From Medicare

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- **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:** You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov/plan-compare>.)

**Read *Medicare & You 2021*:** You can read the *Medicare & You 2021* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (<https://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.

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## Additional Plan Information

Beginning **October 15, 2020**, the following plan materials will be available.



### 2021 Formulary (List of Covered Drugs)

To confirm if your medication is covered and to see if there are any special coverage rules, visit [express-scripts.com/documents](https://express-scripts.com/documents) to search our online formulary.



### 2021 Pharmacy Directory

To see if your pharmacy is in our network, you may use our online searchable directory at [express-scripts.com/pharmacies](https://express-scripts.com/pharmacies).



### 2021 Evidence of Coverage

The *Evidence of Coverage* (EOC) is a legal, detailed description of your plan benefits that explains your rights and the rules you need to follow to get covered services and prescription drugs. To view or download the EOC, visit [express-scripts.com/documents](https://express-scripts.com/documents).

**If you want any of these documents mailed to you**, you may call Customer Service 24 hours a day, 7 days a week, at the numbers located on the back of your member ID card or email [documents@express-scripts.com](mailto:documents@express-scripts.com).

**Important:** Requests sent by email must include:

- Full name
- Member ID (as it appears on your member ID card)
- Telephone number
- Complete mailing address

### Customer Service

We're here to help! If you need assistance, please call the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

## Información adicional del plan

A partir del **15 de octubre de 2020** estarán disponibles los siguientes materiales del plan.



### Formulario 2021 (Lista de medicamentos cubiertos)

Para confirmar si el medicamento está cubierto y consultar si hay alguna norma de cobertura especial, visite [express-scripts.com/documents](https://express-scripts.com/documents) y busque nuestro formulario en línea.



### Directorio de Farmacias 2021

Para consultar si la farmacia está en nuestra red, puede usar nuestro directorio con opción de búsqueda en línea en [express-scripts.com/pharmacies](https://express-scripts.com/pharmacies).



### Evidencia de Cobertura 2021

La *Evidencia de Cobertura* (Evidence of Coverage, EOC) es una descripción legal y detallada de los beneficios del plan que explica los derechos y las normas que debe seguir para obtener servicios cubiertos y medicamentos recetados. Para ver o descargar la EOC, visite [express-scripts.com/documents](https://express-scripts.com/documents).

**Si desea que le enviemos alguno de estos documentos**, puede llamar al Servicio al cliente las 24 horas del día, los 7 días de la semana, a los números ubicados en el reverso de su tarjeta de identificación de miembro o enviar un correo electrónico a [documents@express-scripts.com](mailto:documents@express-scripts.com).

**Importante:** Las solicitudes que se envíen por correo electrónico deben incluir:

- Nombre completo
- Identificación del miembro (como aparece en su tarjeta de identificación de miembro)
- Número de teléfono
- Dirección de correo completa

### Servicio al cliente

¡Estamos aquí para ayudarlo! Si necesita ayuda, llame a los números ubicados en el reverso de su tarjeta de identificación de miembro. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

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**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).



### **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>.

MI0SES0A



**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>.

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1.800.268.5707** (TTY: **1.800.716.3231**).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1.800.268.5707**، (رقم هاتف الصم والبكم: **1.800.716.3231**).

লক্ষ্য করুন: আপনি যদি বাংলা বলতে পারেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সংক্রান্ত সহায়তা পরিষেবাসমূহ উপলভ্য আছে। **1.800.268.5707** (TTY: **1.800.716.3231**)নম্বরে ফোন করুন।

উদ্ভাষিত: বিনামূল্যে ভাষা সংক্রান্ত সহায়তা পরিষেবাসমূহ উপলভ্য আছে। **1.800.268.5707** (TTY: **1.800.716.3231**)নম্বরে ফোন করুন।

注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 **1.800.268.5707** (TTY: **1.800.716.3231**)。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1.800.268.5707**. (ATS : **1.800.716.3231**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1.800.268.5707**. (TTY: **1.800.716.3231**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Κλήση: **1.800.268.5707**. (TTY: **1.800.716.3231**).

ધ્યાન આપો :જો તમે ગુજરાતી બોલતા હોવ, તો તમારા માટે નિ:શુલ્ક ભાષા સહાય સેવાઓ ઉપલબ્ધ છે .ફોન કરો **1.800.268.5707**; (TTY: **1.800.716.3231**).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang, gratis, ki disponib pou ou. Rele **1.800.268.5707**. (TTY: **1.800.716.3231**).

ATTENZIONE: in caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1.800.268.5707**. (TTY: **1.800.716.3231**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
**1.800.268.5707** (TTY: **1.800.716.3231**) 번으로 전화해 주십시오.

WICHTIG: Wann du Deitsch (Pennsylvania Dutch) schwetze duscht, kannscht du ebber griege fer dich helfe mit Englisch unni as es dich ennich ebbes koschte zellt. **1.800.268.5707**.  
(TTY: **1.800.716.3231**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer **1.800.268.5707** (TTY: **1.800.716.3231**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1.800.268.5707** (TTY: **1.800.716.3231**).

ВНИМАНИЕ: Если вы говорите по-русском, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел **1.800.268.5707** (TTY: **1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  
Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

PAUNAWA: Kung nagsasalita ka ng Tagalog, makakakuha ka ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.800.268.5707** (TTY: **1.800.716.3231**).

دھیان دیں: اگر آپ اردو بولتے / بولتی ہیں، تو آپ کو زبان سے متعلق امداد کی خدمات، مفت میں دستیاب ہیں۔ کال کریں **1.800.268.5707** (TTY: **1.800.716.3231**)

LUU Y: Nếu quy vị noi Tiếng Việt, chung toi co cac dịch vụ hỗ trợ ngon ngữ miễn phí cho quy vị. Vui long gọi số **1.800.268.5707** (TTY: **1.800.716.3231**).

אויפמערקזאמקייט: אויב איר רעדט אידיש, עס זענען פאראן פאר אייך שפראך־הילף דינסטן אומזיסט. רופט **1.800.268.5707** (TTY: **1.800.716.3231**)