

Express Scripts Medicare (PDP) for Insurance Trust for Delta Retirees, Inc. (ITDR) Annual Notice of Changes Plan Materials for 2021

Enclosed are your **Express Scripts Medicare®** (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**
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 2021 plan year.

The following renewal materials are available online at **express-scripts.com** or by calling Express Scripts Medicare Customer Service at the number noted below:

- **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.
- **Formulary (Drug List)**
Use this document to find out if a drug you take or want to take is on our Drug List. The formulary lists many of the drugs covered by your plan. If a drug isn’t on the list, please call the Express Scripts Medicare Customer Service number below to find out if it is covered.

Express Scripts Medicare Customer Service for the Insurance Trust for Delta Retirees, Inc. Call here to find out in advance if a drug is covered or to ask other general questions.	Insurance Trust Retiree Service Center <i>For eligibility, enrollment, billing (Mercer):</i> Call: 1.877.325.7265, Option 1 <i>For your Personal Health Advocate:</i> Call: 1.877.325.7265, Option 2 Hours: Monday through Friday, 8:00 a.m. to 12:00 a.m. (midnight), Eastern Time
Call: 1.844.470.1529 TTY: 1.800.716.3231 Hours: 24 hours a day, 7 days a week	

Quick Reference Guide

Grievance Contact Information	
Use this information to file a grievance.	
Write: Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	Call: 1.844.470.1529 TTY: 1.800.716.3231 Fax: 1.614.907.8547 Hours: 24 hours a day, 7 days a week
Initial Coverage Reviews	
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.	
Write: Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	Call: 1.844.374.7377 (1.844.ESI.PDPS) 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 for a restricted medication or to lower the cost-sharing amount of a specific medication was denied.	
Write: Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY: 1.800.716.3231 Fax: 1.877.852.4070 Hours: 24 hours a day, 7 days a week
Paper Claim Submission	
Mail request for payment with receipts to: Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718	
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.	
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.	



Express Scripts Medicare (PDP) for the Insurance Trust for Delta Retirees, Inc. (ITDR)

Annual Notice of Changes for 2021

In 2021, you will continue to have the choice of filling your retail prescriptions at pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network. In 2021, you'll pay the same copays as you did in 2020 when you fill prescriptions at one of the more than 32,000 retail pharmacies in the Medicare Preferred Value Network. The Medicare Preferred Value Network includes large retail chains, such as Albertson's, Costco, Health Mart Atlas, Kroger, Rite Aid, Safeway, Sam's Club, Walgreens, Walmart and others.* You can still fill your prescriptions at a pharmacy that does not participate in the Medicare Preferred Value Network, but you will pay more.

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 additional coverage being provided by the Insurance Trust for Delta Retirees, Inc. **Next year, there will be some changes to the plan's costs and benefits. *This booklet describes the changes.***

Generally, you have from **October 15 through December 7** to make changes to your Medicare coverage for next year. This is Medicare's Annual Enrollment Period.

ITDR's Annual Enrollment Period is held from **October 14 through November 6**. Changes may be made **through December 31, 2020**; however, after November 6th, processing by the start of the 2021 plan year cannot be guaranteed. Please contact the Retiree Service Center at 1.877.325.7265, Option 1, for more information.

*Other pharmacies are available in our network.

Additional Resources

- This document is available for free in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service at **1.844.470.1529** (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*. 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**).

Think About Your Medicare Part D Coverage for Next Year

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. 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? 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 and review the 2021 formulary by visiting us at **[express-scripts.com/drugs](https://www.express-scripts.com/drugs)** or by contacting Customer Service at **1.844.470.1529**. Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- 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.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

You will be informed of any changes to the amount that you pay for your premium prior to January 1, 2021. Please see the annual enrollment kit that was sent to you by the Retiree Service Center for more information. If you have questions, please call the Retiree Service Center at 1.877.325.7265, Option 1

- 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 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 booklet.

This plan has four drug payment stages. 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 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.

	2020 (this year)	2021 (next year)
<p>YEARLY DEDUCTIBLE: STAGE 1</p> <p>Once you meet your deductible, you move on to the Initial Coverage stage.</p>	<p>\$150 (Brand Drugs Only)</p> <p>In 2020, this is how much you must pay for your Part D brand drugs before the plan will pay its share. This means you will not have to pay a deductible for your Part D generic drugs in 2020.</p>	<p>\$150 (Brand Drugs Only)</p> <p>In 2021, this is how much you must pay for your Part D brand drugs before the plan will pay its share. This means you will not have to pay a deductible for your Part D generic drugs in 2021.</p>
<p>INITIAL COVERAGE: STAGE 2</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</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, 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)
<p>Drugs in Tier 1 <i>(Generic Drugs)</i> Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a retail network pharmacy</p> <p>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. Your cost share may differ at other home delivery pharmacies.</p>	<p>Preferred cost-sharing You pay \$15 per prescription or the cost of the drug, whichever is lower.*</p> <p>Standard cost-sharing You pay \$20 per prescription or the cost of the drug, whichever is lower.*</p> <p>You pay \$37.50 per prescription or the cost of the drug, whichever is lower.</p>	<p>Preferred cost-sharing You pay \$15 per prescription or the cost of the drug, whichever is lower.*</p> <p>Standard cost-sharing You pay \$20 per prescription or the cost of the drug, whichever is lower.*</p> <p>You pay \$37.50 per prescription or the cost of the drug, whichever is lower.</p>
<p>Drugs in Tier 2 <i>(Preferred Brand Drugs)</i> 31-day supply filled at a retail network pharmacy</p> <p>90-day supply filled through our Express Scripts Pharmacy home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>Preferred cost-sharing You pay \$25 per prescription or the cost of the drug, whichever is lower.</p> <p>Standard cost-sharing You pay \$30 per prescription or the cost of the drug, whichever is lower.</p> <p>You pay \$62.50 per prescription or the cost of the drug, whichever is lower.</p>	<p>Preferred cost-sharing You pay \$25 per prescription or the cost of the drug, whichever is lower.</p> <p>Standard cost-sharing You pay \$30 per prescription or the cost of the drug, whichever is lower.</p> <p>You pay \$62.50 per prescription or the cost of the drug, whichever is lower.</p>

	2020 (this year)	2021 (next year)
<p>Drugs in Tier 3 <i>(Non-Preferred Brand Drugs)</i> 31-day supply filled at a retail network pharmacy</p> <p>90-day supply filled through our Express Scripts Pharmacy home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>Preferred cost-sharing You pay \$50 per prescription or the cost of the drug, whichever is lower.</p> <p>Standard cost-sharing You pay \$55 per prescription or the cost of the drug, whichever is lower.</p> <p>You pay \$125 per prescription or the cost of the drug, whichever is lower.</p>	<p>Preferred cost-sharing You pay \$50 per prescription or the cost of the drug, whichever is lower.</p> <p>Standard cost-sharing You pay \$55 per prescription or the cost of the drug, whichever is lower.</p> <p>You pay \$125 per prescription or the cost of the drug, whichever is lower.</p>
<p>Drugs in Tier 4 <i>(Specialty Tier Drugs)</i> 31-day supply filled at a retail network pharmacy</p> <p>90-day supply filled through our Express Scripts Pharmacy home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>Preferred cost-sharing You pay 25% of the total cost.</p> <p>Standard cost-sharing You pay 30% of the total cost.</p> <p>You pay 25% of the total cost.</p>	<p>Preferred cost-sharing You pay 25% of the total cost.</p> <p>Standard cost-sharing You pay 30% of the total cost.</p> <p>You pay 25% of the total cost.</p>

	2020 (this year)	2021 (next year)
	<p>* Pay as little as \$2 or \$4 for some of the most commonly prescribed generic medications with the ITDR (Insurance Trust for Delta Retirees, Inc.) Low Cost Generic Drug program, at pharmacies with preferred cost-sharing, which may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network. Please see your ITDR Benefits & Resources Guide 2021 for details, or contact your Personal Health Advocate at 1.877.325.7265, Option 2, or Express Scripts Medicare Customer Service at 1.844.470.1529 for more information.</p>	
<p>COVERAGE GAP: STAGE 3</p>	<p>In 2021, your costs for drugs in the Coverage Gap stage will be:</p> <ul style="list-style-type: none"> • <i>Brand drugs</i>: You will pay 25% of the total cost, plus a portion of the dispensing fee (in 2020, you pay 25% of the total cost for brand drugs). • <i>Generic drugs</i>: You will pay the same cost-sharing amount as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the total cost for all other generic drugs (in 2020, you pay the same cost-sharing amount as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the total cost for all other generic drugs). <p>You will stay in the Coverage Gap stage until you pay \$6,550 out of pocket for Part D drugs (in 2020, you pay \$6,350).</p> <p>Once you reach this yearly out-of-pocket amount, you move on to the Catastrophic Coverage stage.</p>	
<p>CATASTROPHIC COVERAGE: STAGE 4</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.†</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.†</p>

† For generic drugs in the ITDR Low Cost Generic Drug program, this amount cannot exceed the Program's copayment during the Initial Coverage stage.

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](https://www.express-scripts.com/documents) or by calling **Express Scripts Medicare Customer Service at 1.844.470.1529**. This brings you to a PDF of our printed drug list for 2021, which will be available online beginning on 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 at **1.844.470.1529** to determine whether your drug is covered.

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 **1.844.470.1529**.
- **Find a different drug** that we cover. You can call Customer Service at **1.844.470.1529** 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, call Customer Service at **1.844.470.1529**.) 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.

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](https://www.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 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 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 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.

To discuss options regarding coverage with your group administrator, please contact the Retiree Service Center at 1.877.325.7265, Option 1. 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 November 9**.

Changes through Insurance Trust for Delta Retirees, Inc. may be made **through December 31, 2020**; however, after November 6th, processing by the start of the 2021 plan year cannot be guaranteed. Please contact the Retiree Service Center at 1.877.325.7265, Option 1, 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. For more information, call Express Scripts Medicare Customer Service at **1.844.470.1529**.

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

For information, please call a Personal Health Advocate at 1.877.325.7265, Option 2. Also, 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?

Express Scripts is here to help. Please call Customer Service at **1.844.470.1529**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**. You may also call a Personal Health Advocate at 1.877.325.7265, Option 2.

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 2021. The *2021 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**. 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** 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:** 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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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>.

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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।

ចំណាប់អារម្មណ៍: បើសិនអ្នក កម្រិតខ្ពស់នៃភាសាខ្មែរ អេ វាជំនួយភាសាដោយឥតគិតថ្លៃគឺមានសំរាប់អ្នក ក៏ សូមទូរស័ព្ទទៅលេខ **1.800.268.5707** (TTY: **1.800.716.3231**)។

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 ngôn ngữ miễn phí cho quy vị. Vui long gọi số **1.800.268.5707** (TTY: **1.800.716.3231**).

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

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