

2024

# Plan Guide



Take advantage of all your  
**Prescription Drug plan**  
has to offer

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Employees Retirement System of Texas (ERS)  
HealthSelect<sup>SM</sup> Medicare Rx (PDP) Plan

**Group Number: ERSEGWP**

CRP2407\_10658

**HealthSelect**<sup>of Texas</sup>  
Medicare 



**EXPRESS SCRIPTS<sup>®</sup>**  
Medicare (PDP)

**Effective:** January 1, 2024 – December 31, 2024

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Dear Retiree,

As the plan administrator for HealthSelect<sup>SM</sup> Medicare Rx (PDP), we at Express Scripts<sup>®</sup> Medicare (PDP) are pleased to offer prescription drug coverage for all eligible retirees. We believe you should get more than a good plan, and that's why we have the people, tools and resources in place to help you live a healthier life.

### Let us help you:

- Get tools and resources to help you be in more control of your health
- Find ways to save you money so you can focus more on what matters to you

### In this book you will find:

- A description of this plan and how it works
- Information on benefits, programs and services — and how much they cost
- What you can expect after your enrollment

### How to enroll

- 1 You're enrolled and coverage will begin on your effective date, noted in the paperwork you receive
- 2 If you do not want to be enrolled in the prescription drug plan, you must notify ERS
- 3 If you decline this coverage, you will not have any prescription drug coverage through the Texas Employees Group Benefits Program (GBP)



Get a  
90-day supply



Over 60,000  
pharmacies



Express Scripts<sup>®</sup>  
Home Delivery

## Questions? We're here to help.

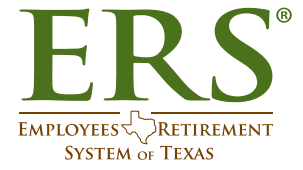


Visit us at  
**HSMedicareRx.com**



Call toll-free **(866) 264-4676**, (TTY: **(800) 716-3231**),  
24 hours a day, 7 days a week

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## SECTION ONE

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# Plan Information

# Benefit Highlights



## HealthSelect<sup>SM</sup> Medicare Rx (PDP)

Group Number: ERSEGWP

Effective January 1, 2024 to December 31, 2024

See the chart below and on the following page for cost information.

## Your 2024 Prescription Drug Plan Benefits

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 for a 30-, 60- and 90-day supply. You can also use our home delivery service.

<b>Plan Premium</b>	ERS will tell you the amount that you pay for your plan. If you have any questions, please contact ERS toll-free at <b>(877) 275-4377</b> ; TTY 711.
<b>Deductible Stage</b>	You pay a \$50 annual deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.
<b>Initial Coverage Stage</b>	After you pay your annual deductible, you will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:

Tier	Retail One-Month (30-day) Supply	Extended Days' Supply (EDS) Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery Three-Month (90-day) Supply
Tier 1: <b>Generic Drugs</b>	\$10 copayment	\$30 copayment	\$30 copayment
Tier 2: <b>Preferred Brand Drugs</b>	\$35 copayment (non Maintenance) \$45 copayment (Maintenance)	\$105 copayment	\$105 copayment
Tier 3: <b>Non-Preferred Brand Drugs</b>	\$60 copayment (non Maintenance) \$75 copayment (Maintenance)	\$180 copayment	\$180 copayment
<p>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' supply of the drug you receive.</p> <p>If the actual cost for 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.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through an EDS retail pharmacy or Express Scripts® Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>Please contact Express Scripts® Medicare Customer Service at the number located on the back of this document for more information.</p>			

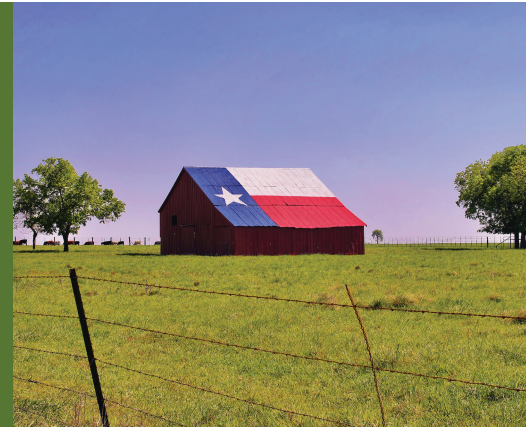
<b>Coverage Gap Stage</b>	After your total yearly drug costs reach \$5,030, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$8,000.
<b>Catastrophic Coverage Stage</b>	Once your out-of-pocket is over \$8,000, you have reached the Catastrophic Coverage stage. Then, you pay nothing for covered Part D drugs.  You may have cost sharing for excluded drugs that may be covered under our enhanced benefit.

**Important Message About What You Pay for Insulin** — You won't pay more than \$25 for a one month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your Part D deductible.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact HealthSelect Medicare Rx Customer Service for more information. Limitations, copayments, and restrictions may apply. Drug List (Formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year. You will receive notice when necessary.

# Plan Details



## HealthSelect<sup>SM</sup> Medicare Rx (PDP)

Express Scripts® Medicare is the administrator for the HealthSelect Medicare Rx (PDP) plan, a Medicare Part D prescription drug plan. Original Medicare (Parts A and B) helps pay for some of the costs of hospital stays and doctor visits, but it doesn't cover prescription drugs. Medicare Part D plans help with prescription drug costs. The HealthSelect Medicare Rx (PDP) plan could help you save time and money when it comes to your prescription drugs.



### Make sure you are signed up for Medicare

You must be eligible for Medicare Part A and/or enrolled in Medicare Part B to enroll in this plan.

- If you're not sure if you are enrolled, check with Social Security
- Visit [ssa.gov/locator](https://ssa.gov/locator) or call **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office
- If you are enrolled in Medicare Part B, you must continue to pay your Medicare Part B monthly premium to Social Security to keep your Medicare Part B coverage
- If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your medical coverage

### When to enroll in a Medicare Part D plan:

- **You turn 65 or become Medicare-eligible.** This is your Initial Enrollment Period. It's your first chance to enroll in Medicare Part D.
- **You need a Medicare Part D plan but have never had one before.** Or, you want to change to a different plan option. You may make changes to your coverage during ERS' Fall Enrollment period.

- **You are a retiree and move out of a different group-sponsored plan or you move out of the plan's service area.** These are examples of Special Election Periods and may happen for various reasons.
- Medicare has certain rules about what types of coverage you can have either as an addition to or combined with a Group-sponsored Medicare Part D prescription drug plan.

### One prescription plan at a time

You may be enrolled in only one Medicare Part D prescription drug plan at a time. If you enroll in another stand-alone Medicare Part D plan or a medical plan that includes prescription drug coverage, you may be disenrolled from this plan.

## Here are some of the highlights of your new prescription drug plan:



### Dedicated service

Express Scripts® Medicare is here for you. Our Customer Service team has been specially trained to know all the ins and outs of your plan.



### Complete Drug List

The plan's Drug List (formulary) includes most generic and commonly used brand name drugs covered by Medicare Part D. Your plan also includes drug coverage beyond what Medicare pays.



### Filling your prescriptions is convenient

There are thousands of national chain, regional and independent local retail pharmacies in the Express Scripts® Medicare network. Using an Express Scripts® Medicare network pharmacy can help make sure you are getting the lowest cost available through your plan.

## Questions? We're here to help.



Visit us at  
**HSMedicareRx.com**



Call toll-free **(866) 264-4676**, (TTY: **(800) 716-3231**),  
24 hours a day, 7 days a week



## How your prescription drug coverage works

Your Medicare Part D prescription drug coverage includes thousands of brand name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.

### Here are answers to common questions:



#### **What is a drug-cost tier?**

Drugs are divided into different cost levels, or tiers. In general, the lower the tier, the less you pay.



#### **What will I pay for my prescription drugs?**

In most cases, after you have met your annual deductible, you will pay a copay for your medication. Please refer to the Benefit Highlights or Summary of Benefits to see the different copay levels. Your cost may also change during the year based on the total cost of the drugs you have taken.<sup>1</sup>

## Ways to help save on your prescription drugs



#### **Find local pharmacies from Express Scripts® Medicare's nationwide network with ease**

Simply go online to **HSMedicareRx.com** or call Express Scripts® Medicare customer service at the number in this booklet to find participating pharmacies located in popular retailers and local drugstores. Your pharmacist and Express Scripts® Medicare will work with you to make sure you're taking the right prescriptions at the right times.



#### **You may save on the medications you take regularly**

If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through Express Scripts® Home Delivery through Express Scripts® Pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions. Maintenance medications may also be filled at participating EDS pharmacies.



#### **Ask your doctor about trial supplies**

A trial supply allows you to fill a prescription for less than 30 days. This way, you can pay a reduced copay or coinsurance and make sure the medication works for you before getting a full month's supply.

1. Refer to the Summary of Benefits or Benefit Highlights for more information



### Explore lower-cost options

Each covered drug in your drug list is assigned to a drug-cost tier. Generally, the lower the tier, the less you pay. If you're taking a higher-tier drug, you may want to ask your doctor if there's a lower-tier drug you could take instead.



### Have an annual medication review

Make an appointment to have an annual medication review with your doctor to make sure you are only taking the drugs you need.



### What is IRMAA?

IRMAA is Income-Related Monthly Adjustment Amount. If your modified adjusted gross income on your IRS tax return from two years ago is above a certain limit, you may need to pay extra for Medicare coverage. Social Security sets this amount and you pay the extra premium directly to Social Security, not to your plan. Social Security will contact you if you have to pay IRMMA. Social Security sets the amount that you will pay directly to them. For questions related to IRMMA please contact Social Security.



### What is a Medicare Part D Late Enrollment Penalty (LEP)?

Most people first become eligible for Medicare when they turn 65. This is your Initial Enrollment Period. If a late enrollment penalty occurs, it is usually because:

- The individual was eligible to enroll in a Part D plan;
- The individual was not covered under any creditable prescription drug coverage; and
- The individual was not enrolled in a Part D plan that is at least as good as or better than what Medicare requires. The late enrollment penalty is an amount added to your monthly Medicare premium which you may have to pay. If you receive a letter from Express Scripts® Medicare asking for information about your prescription drug coverage history, please respond as quickly as possible to avoid an unnecessary penalty. Once you become a member, more information will be available in your Evidence of Coverage (EOC).

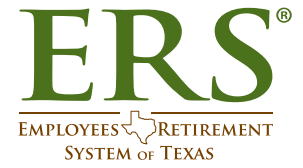


### Call Social Security to see if you qualify for Extra Help

If you have a limited income, you may be able to get Extra Help to pay for your prescription drug costs. If you qualify, Extra Help could pay up to 75% or more of your drug costs. Many people qualify and don't know it. There's no penalty for applying and you can re-apply every year.

Call toll-free **1-800-772-1213**, TTY **1-800-325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office.

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## SECTION TWO

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# Summary of Benefits 2024

# Benefit Overview



**Express Scripts® Medicare** (PDP) is the administrator of HealthSelect<sup>SM</sup> Medicare Rx the prescription drug program through Employees Retirement System of Texas (ERS). This document will help you understand your plan benefits, drug costs and resources available to you to assist with any questions you may have.

## 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 supply of generic drugs at a time. Contact Express Scripts® Medicare if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

## Out-of-Network Coverage

You must use Express Scripts® Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts® Medicare Customer Service at the numbers on the back of this document for more details.

## Prescription Drug Plan Benefits

On the following page 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 for a 30-, 60- and 90-day supply. You can also use our home delivery service.

## Your 2024 Prescription Drug Plan Benefits

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 for a 30-, 60- and 90-day supply. You can also use our home delivery service.

<b>Plan Premium</b>	ERS will tell you the amount that you pay for your plan. If you have any questions, please contact ERS toll-free at <b>(877) 275-4377</b> ; TTY 711.
<b>Deductible Stage</b>	You pay a \$50 annual deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.
<b>Initial Coverage Stage</b>	After you pay your annual deductible, you will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:

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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' supply of the drug you receive.

If the actual cost for 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.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through an EDS retail pharmacy or Express Scripts® Pharmacy. There is no charge for standard shipping. 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 number located on the back of this document for more information.

<b>Coverage Gap Stage</b>	After your total yearly drug costs reach \$5,030, 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 \$8,000.
<b>Catastrophic Coverage Stage</b>	<p>Once your out-of-pocket is over \$8,000, you have reached the Catastrophic Coverage stage. Then, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit.</p>

**Important Message About What You Pay for Insulin —** You won't pay more than \$25 for a one month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your Part D deductible.

ERS continues to offer additional coverage on some prescription drugs that are normally excluded from coverage on your drug list (formulary). Please see your Additional Drug Coverage list for more information.

Retiree plan prospects must meet the eligibility requirements to enroll for group coverage. This information is not a complete description of benefits. Contact HealthSelect Medicare Rx Customer Service for more information. Limitations, copayments, and restrictions may apply. Drug List (Formulary), pharmacy network, premium and/or copayments/coinsurance may change each plan year. You will receive notice when necessary.



# Important Plan Information



## Enrollment

- 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 ERS.
- If you do not want to be enrolled in the prescription drug plan, you must notify ERS. If you decline this coverage, you will not have any prescription drug coverage through the Texas Employees Group Benefits Program (GBP).

## Network

- 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 **[express-scripts.com/ERSMedicareRx](https://express-scripts.com/ERSMedicareRx)** prior to January 1, 2024. After January 1, 2024, visit **[HSmedicareRx.com](https://HSmedicareRx.com)**.

## Prescription Drug Coverage

- Your plan uses a formulary — a list of covered drugs. The amount you pay depends on the drug's tier and the coverage stage 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® Medicare will notify you before the change is made.
- A PDF of our printed drug list for 2024 will be available by logging in to **[express-scripts.com/ERSMedicareRx](https://express-scripts.com/ERSMedicareRx)** beginning on October 30, 2023. After January 1, 2024, visit **[HSmedicareRx.com](https://HSmedicareRx.com)**.
- Most adult Part D vaccines are covered at no cost to you.

## Understanding Drug Coverage

- 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 a formulary/an exception for a drug and Express Scripts® Medicare approves the exception, you will pay the cost-sharing amount set by your plan 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, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts® Medicare sends you an **Explanation of Benefits** (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com/ERSMedicareRx](https://express-scripts.com/ERSMedicareRx) prior to January 1, 2024. After January 1, 2024, visit [HSmedicareRx.com](https://HSmedicareRx.com). You may also contact Express Scripts® Medicare Customer Service at the phone number located on the back of this document.

## Explanation of Plan Rules

For an explanation of your plan's rules, contact Express Scripts® Medicare Customer Service at the number on the back of this document. You can also review the Evidence of Coverage (EOC) by visiting our website, [express-scripts.com/ERSMedicareRx](https://express-scripts.com/ERSMedicareRx) prior to January 1, 2024. After January 1, 2024, visit [HSmedicareRx.com](https://HSmedicareRx.com), or call Express Scripts® Medicare Customer Service to request a copy.

## Frequently Asked Questions about Medicare



### 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 some 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 amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses.

Please call Express Scripts® Medicare Customer Service toll-free at **(866) 264-4676** (TTY: **(800) 716-3231**) 24 hours a day, 7 days a week for additional information about specific drug coverage and your cost-sharing amount.



### Will my income affect my cost for Medicare Part D coverage?

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. If you have to pay an extra amount, the Social Security Administration (SSA) — not your Medicare plan — will send a letter telling you what the extra amount will be and how to pay it.

If you have any questions about this extra amount, contact Social Security at **(800) 772-1213** between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call **(800) 325-0778**.



### Read the Medicare & You 2024 handbook

The Medicare & You handbook includes a summary of Original Medicare benefits, rights and protections and answers to the most frequently asked questions about Medicare. You can find a copy at the Medicare website (**[www.medicare.gov](http://www.medicare.gov)**) or by calling **1-800-MEDICARE ((800) 633-4227)**, 24 hours a day, 7 days a week. TTY users should call **(877) 486-2048**.

## Have Any More Questions?



### Please contact:

Express Scripts® Medicare Customer Service toll-free  
**(866) 264-4676** 24 hours a day, 7 days a week

Free language interpreter services are available for  
non-English speakers. TTY: **(800) 716-3231**

Visit us on the Web at  
**[express-scripts.com/ERSMedicareRx](https://express-scripts.com/ERSMedicareRx)**  
prior to January 1, 2024. After January 1, 2024,  
visit **[HSmedicareRx.com](https://HSmedicareRx.com)**.



Express Scripts®  
Medicare Customer  
Service toll-free  
**(866) 264-4676**

24 hours a day,  
7 days a week

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**).

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 ERS at **(877) 275-4377**, choose IVR prompt for "Insurance". Hours of operation are 8:00 a.m. to 5:30 p.m. CT, Monday through Friday, except major holidays.

Express Scripts® Medicare (PDP) is a prescription drug plan with a Medicare contract.

Enrollment in Express Scripts® Medicare depends on contract renewal.

Express Scripts® and "E" Logo are trademarks of Express Scripts Strategic Development, Inc.

All other trademarks are the property of their respective owners.

# Notice of Privacy Practices



## Evernorth Products and Services

Express Scripts® is now part of Evernorth Health Services. This notice describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

### Our Privacy Commitment

Thank you for giving us the opportunity to serve you. In the normal course of doing business, we create, obtain, and/or maintain records about you and the services we provide to you. The information we collect is called protected health information (“PHI”). We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice of Privacy Practices (“Notice”) about how we safeguard and use it, and notify you following a breach of your unsecured PHI.

When we use or give out (“disclose”) your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

### Background

Evernorth is a health services company which includes managed health care and insurance products on behalf of clients in the U.S. Evernorth serves health maintenance organizations, third-party administrators, insurance companies, employers and other health care entities. When this document refers to Evernorth, it is referring to Evernorth and its affiliates as a subsidiary of Cigna Corporation (“Cigna”). For purposes under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Privacy and Security Rules, Cigna designated a HIPAA single affiliated covered entity (“ACE”) that includes Evernorth products and services (e.g., Express Scripts® Pharmacy, Evernorth Direct Health, Inc., Express Scripts® Specialty Distribution Services, Inc., Accredo). An ACE is

a group of organizations under common ownership or control who designate themselves as a single ACE for purpose of compliance with HIPAA. The list of entities that comprise the Cigna ACE can be found at [Cigna.com/Privacy](https://Cigna.com/Privacy) and may be amended from time to time.

### This Notice Describes:

- How we (i.e., each of the subsidiaries that comprise the Cigna ACE) may use and disclose your PHI
- Your rights to access and amend your PHI

We are required by law to:

- Maintain the privacy of your PHI
- Provide you with notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of the Notice currently in effect for the Cigna ACE

### How We Protect Your Privacy

We understand the importance of protecting your PHI. We maintain technical, physical and administrative safeguards to ensure the privacy of your PHI.

### Permitted Uses and Disclosures of Your PHI

#### How PHI May Be Used Without Authorization

- **Treatment** – We may use and disclose your PHI to health care professionals or other third parties to provide, coordinate and manage the delivery of health care (e.g., helping you obtain services and treatment, such as ordering lab tests). Or your pharmacist may disclose PHI about you to your doctor in order to coordinate the prescribing and delivery of your drugs. Also, we may provide you with treatment reminders and information about potential side effects, drug interactions and other treatment-related issues involving your medicine.
- **Payment** – We may use and disclose PHI about you to receive payment for our services or premiums for your coverage, manage your account, fulfill our responsibilities under your benefit plan, and process your claims for drugs you have received. For example, we may give PHI to your health plan (or its designee) so we can confirm your eligibility or coverage, or we may submit claims to your health plan, employer or other third party for payment.
- **Health Care Operations** – We may use and disclose your PHI to carry on our own business planning and administrative operations. We need to do this so we can provide you with high-quality services. For example, we may share your claims information with your doctor if you have a medical need that requires attention. We may use and disclose PHI about you to assess the use or effectiveness of certain drugs, develop and monitor medical protocols, and to provide information regarding helpful health-management services.



- **Disclosures to Your Employer as Sponsor of Your Health Plan** – Where permitted by law, we may disclose your PHI to your employer or to a company acting on your employer's behalf, so that entity can monitor, audit and otherwise administer the employee health plan in which you participate. Your employer is not permitted to use the PHI we disclose for any purpose other than administration of your benefits. See your employer's health plan documents for information on whether your employer receives PHI and, if so, the identity of the employees who are authorized to receive your PHI.
- **Information That May Be of Interest to You** – We may use or disclose your PHI to contact you about treatment options or alternatives that may be of interest to you. For example, we may call you to remind you of expired prescriptions, the availability of alternative drugs, or to inform you of other products that may benefit your health.
- **Individuals Involved in Your Care or Payment for Your Care** – We may disclose PHI about you to someone who assists in or pays for your care. Unless you write to us and specifically tell us not to, we may disclose your PHI to someone who has your permission to act on your behalf. We will require this person to provide adequate proof that he or she has your permission.
- **Parents or Legal Guardians** – If you are a minor or under a legal guardianship, we may release your PHI to your parents or legal guardians when we are permitted or required to do so under federal and applicable state law.
- **Business Associates** – We arrange to provide some services through contracts with business associates so that they may help us operate more efficiently. We may disclose your PHI to business associates acting on our behalf. If any PHI is disclosed, we will protect your information from unauthorized use and disclosure using confidentiality agreements. Our business associates may, in turn, use vendors to assist them in providing services to us. If so, the business associates must enter into a confidentiality agreement with the vendor, which protects your information from unauthorized use and disclosure.
- **Research** – Under certain circumstances, we may use and disclose PHI about you for research purposes. Before we use or disclose PHI about you, we will remove information that personally identifies you, obtain your written authorization or gain approval through a special approval process designed to protect the privacy of your PHI. In some circumstances, we may use your PHI to generate aggregate data (summarized data that does not identify you) to study outcomes, costs and provider profiles, and to suggest benefit designs for your employer or health plan. These studies generate aggregate data that we may sell or disclose to other companies or organizations. Aggregate data does not personally identify you.
- **Abuse, Neglect or Domestic Violence** – We may disclose your PHI to a social service, protective agency or other government authority if we believe you are a victim of abuse, neglect or domestic violence. We will inform you of our disclosure unless informing you would place you at risk of serious harm.
- **Public Health** – We may disclose your PHI for public health activities and purposes, such as regulatory reporting (e.g. reporting adverse events, vaccination efforts to avert the spread of communicable diseases) or for post-marketing surveillance in connection with FDA-mandates or product recalls. We may receive payment from a third party for making disclosures for public health activities and purposes.



- **Judicial and Administrative Proceedings** – We may disclose your PHI in the course of any judicial or administrative proceeding in response to a court order, subpoena or other lawful process, but only after we have been assured that efforts have been made to notify you of the request.
- **Law Enforcement** – We may disclose your PHI, as required by law, in response to a subpoena, warrant, summons, or other appropriate process. In some circumstances, we may also disclose PHI to assist law enforcement with identification of relevant individuals, provide information about crime victims, provide information to law enforcement about decedents, and report a crime.
- **Coroners and Medical Examiners** – We may disclose your PHI to a coroner or a medical examiner for the purpose of determining cause of death or other duties authorized by law.
- **Organ, Eye and Tissue Donation** – We may disclose your PHI to organizations involved in organ transplantation to facilitate donation and transplantation.
- **Workers' Compensation** – We may disclose your PHI to comply with workers' compensation laws and other similar programs.
- **Fundraising** – We may use your PHI to send you fundraising communications, but you have the right to opt out of receiving such communications.
- **Specialized Government Functions, Military and Veterans** – We may disclose your PHI to authorized federal officials to perform intelligence, counterintelligence, medical suitability determinations, Presidential protection activities, and other national security activities authorized by law. If you are a member of the U.S. armed forces or of a foreign military, we may disclose your PHI as required by military command authorities or law. If you are an inmate in a correctional institution or under the custody of a law enforcement official, we may disclose your PHI to those parties if disclosure is necessary for: the provision of your health care; maintaining the health or safety of yourself or other inmates or ensuring the safety and security of the correctional institution or its agents.
- **As Otherwise Required By Law** – We will disclose PHI about you when required to do so by law. If federal, state or local law within your jurisdiction offers you additional protections against improper use or disclosure of PHI, we will follow such laws to the extent they apply.
- **Health Oversight** – We may disclose PHI to a health oversight agency performing activities authorized by law, such as investigations and audits. These agencies include governmental agencies that oversee the health care system, government benefit programs, and organizations subject to government regulation and civil rights laws.
- **Creation of De-Identified Health Information** – We may use your PHI to create data that cannot be linked to you by removing certain elements from your PHI, such as your name, address, telephone number, and member identification number. We may use this de-identified information to conduct certain business activities; for example, to create summary reports and to analyze and monitor industry trends.
- **To Avert Serious Threat to Health or Safety** – We may disclose your PHI to prevent or lessen an imminent threat to the health or safety of another person or the public. Such disclosure will only be made to someone in a position to prevent or lessen the threat.

## Other Uses and Disclosures of PHI

- **Uses of PHI That Require Your Authorization** – Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI require an authorization. These activities and any other uses and disclosures of your PHI not listed in this Notice will be made only with your authorization unless we are permitted by applicable law to make such other use and disclosure, in which case, we shall comply with applicable law. You may revoke your authorization, in writing, at any time unless we have taken action in reliance upon it. Written revocation of authorization must be sent to the address listed on the following page.
- **Additional Protections for Certain Categories of PHI** – For certain kinds of PHI, federal and state law may provide for enhanced privacy protection. Such protections may apply to PHI that is maintained in psychotherapy notes; PHI involving alcohol and drug abuse prevention, treatment, and referral; PHI concerning HIV/AIDS testing, diagnosis, or treatment; PHI involving venereal and/or communicable disease(s); and PHI related to genetic testing.

## Your Rights with Respect to Your PHI

You have the following rights regarding the PHI we maintain about you:

- **Right to Inspect and Copy** – Subject to some restrictions, you may inspect and copy PHI that may be used to make decisions about you, as well as records of enrollment, payment, claims adjudication and case or medical management. If we maintain such records electronically, you have the right to request such records in electronic format. You may also have the records sent to a third party, including requesting that we share your PHI with a Health Information Exchange (HIE). If you request copies, we may charge reasonable expenses incurred with copying and mailing the records. Under limited circumstances, we may deny you access to a portion of your records.
- **Right to Amend** – If you believe PHI about you is incorrect or incomplete, you may ask us to amend the information. You must provide a reason supporting your request to amend. We may deny the request in some instances. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or professional created the information that you want to change, you should ask them to amend the information.
- **Right to an Accounting of Disclosures** – You have the right to request an accounting of disclosures of your PHI. This accounting identifies the disclosures we have made of your PHI other than for treatment, payment or health care operations. The provision of an accounting of disclosures is subject to certain restrictions. For example, the list will exclude the following, among others:
  - Disclosures to you as well as disclosures you have authorized.
  - Disclosures made earlier than six years before the date of your request (in the case of disclosures made from an electronic health record, this period may be limited to three years before the date of your request).
  - Certain other disclosures that are excepted by law.

If you request an accounting more than once during any 12-month period, we may charge you a reasonable fee for each accounting report after the first one.

- **Right to Request Restrictions** – You have the right to request a restriction or limitation on the PHI we use and disclose about you for treatment, payment or health care operations. You may also request your PHI not be disclosed to family members or friends who may be involved in your care or paying for your care. Your request must be in writing; state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. We will agree to your request to restrict PHI disclosed to a health plan for payment or health care operations (that is, non-treatment) purposes if the information is about a medication for which you paid us, out-of-pocket, in full.
- **Confidential Communications** – You may ask that we communicate with you in an alternate way or at an alternate location to protect the confidentiality of your PHI. Your request must state an alternate method or location you would like us to use to communicate your PHI to you.
- **Right to be Notified** – You have the right to be notified following a breach of unsecured PHI if your PHI is affected.
- **Right to a Paper Copy of This Notice** – You have the right to request a paper copy of this Notice at any time. For information about how to obtain a copy of this Notice and answers to frequently asked questions, please call Customer Service at the toll-free telephone number printed on your customer ID card or **(877) 279-6391**. Even if we have agreed to provide this Notice electronically, you are still entitled to a paper copy. You may obtain a copy of this Notice from our website at **Evernorth.com**.
- **Right to File a Complaint** – If you believe we have violated your privacy rights, you may file a written complaint to Evernorth at the address listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not face retaliation for filing a complaint.

Written complaints, written revocation of authorization to use or disclose PHI, written requests for a copy of your PHI, amendment to your PHI, an accounting of disclosures, restrictions on your PHI or confidential communications may be mailed or emailed to:

**P.O. Box 188014**  
**Chattanooga, TN 37422**  
**ATTN: Privacy Office**  
**Email: [privacy@express-scripts.com](mailto:privacy@express-scripts.com)**

Please include your name, address and customer ID number.

### **We Reserve the Right to Revise this Notice**

A revised Notice will be effective for PHI we already have about you, as well as any PHI we may receive in the future. We will communicate revisions to this Notice through our website, **Evernorth.com**.

- **Effective date** – This Notice is effective as of August 22, 2003, and updated as of July 27, 2021.

# Your Rights



## 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/complaints/index.html>**

## Es importante brindarle un trato justo



Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted.

Si necesita alguno de estos servicios, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

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

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

- En línea: **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**
- Por correo postal: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Teléfono: **1-800-368-1019 o 1-800-537-7697 (TDD)**

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



# Multi-language Interpreter Services



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

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

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

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

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

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

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

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

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

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

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

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

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

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

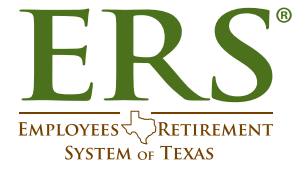
**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo ki nan do kat Idantifikasyon Manm ou an. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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

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

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## SECTION THREE

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# What's Next

# Here's What You Can Expect Next



## Express Scripts® Medicare will process your enrollment

### Express Scripts® Medicare member ID card and Quick Reference Guide

We will mail you an Express Scripts® Medicare member ID card and a Quick Reference Guide 7–10 days after your enrollment is approved.

### Website access

Once your coverage is effective, you can register online at **HSMedicareRx.com** for access to all your plan information.

Start using your plan on your effective date, noted in the paperwork you receive. Remember to use your Express Scripts® Medicare member ID card.

## We're here for you

When you call, be sure to let the Customer Service Advocate know that you're calling about the HealthSelect<sup>SM</sup> Medicare Rx (PDP) plan. In addition, it will be helpful to have:

- ✓ **Your group number found on the front of this book**
- ✓ **Your Medicare number and Medicare effective date — you can find this information on your red, white and blue Medicare card**
- ✓ **The name and address of your pharmacy**
- ✓ **A list of your current prescriptions and dosages**

## Questions? We're here to help.



Visit us at  
**HSMedicareRx.com**



Call toll-free **(866) 264-4676**, (TTY: **(800) 716-3231**),  
24 hours a day, 7 days a week

# Statements of Understanding



## As a member of this plan, I understand the following:

- ✓ **HealthSelect<sup>SM</sup> Medicare Rx (PDP) is an Employer Prescription Drug Plan provided by ERS and administered by Express Scripts<sup>®</sup> Medicare, a Medicare-approved Part D sponsor. Enrollment in Express Scripts<sup>®</sup> Medicare depends on Express Scripts<sup>®</sup> Medicare's contract renewal with Medicare.**

This prescription drug coverage is in addition to my health plan medical coverage. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **HealthSelect<sup>SM</sup> Medicare Rx (PDP) is available in all U.S. states, the District of Columbia and all U.S. territories.**

I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only be in one Medicare Part D Prescription Drug plan at a time.**

- By enrolling in this plan, I will automatically be disenrolled from any other Medicare Part D Prescription Drug Plan.
- Enrollment in this plan is generally for the entire plan year.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

- ✓ **For members of the Group Medicare Part D Prescription Drug plan.**

I understand that when my coverage begins, I must get all of my Part D prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

## Notes

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## Notes

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## Questions? We're here to help.

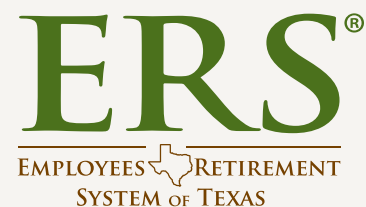
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Visit us at  
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**EXPRESS SCRIPTS®**  
Medicare (PDP)

**HealthSelect**  
Medicare 