

2026

Plan Guide



Take advantage of all your
Prescription Drug Plan
has to offer

Employees Retirement System of Texas (ERS)
HealthSelectSM Medicare Rx Prescription Drug Plan (PDP)

Group Number: ERSEGWP

CRP1551601

HealthSelect^{of Texas}
Medicare 

Express Scripts[®]
Medicare (PDP)

Effective: January 1, 2026 – December 31, 2026

B00ETA6A

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Dear Retiree,

As the plan administrator for HealthSelectSM Medicare Rx Prescription Drug Plan (PDP), we at **Express Scripts Medicare[®]** (PDP) are pleased to offer prescription drug coverage for all eligible participants. 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 navigate your plan.

Let us help you:

- Get tools and resources to help you manage your health
- Find ways to save you money so you can focus more on what matters to you
- Answer any questions you may have

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

Enrolling or declining coverage:

- If you're enrolled, your coverage will begin on your effective date, noted in the paperwork you receive
- If you do not want to be enrolled in the prescription drug plan, you must contact ERS at **(877) 275-4377** (toll-free), **TTY: 711** or **(800) 735-2989**, 8 a.m.–5 p.m. CT, Monday – Friday.
- If you decline this coverage, you will not have any prescription drug coverage through the Texas Employees Group Benefits Program (GBP)



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Pharmacy by
Evernorth[®]

Questions? We're here to help.



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

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SECTION ONE

Plan Information

Benefit Highlights



HealthSelectSM Medicare Rx Prescription Drug Plan (PDP)

Group Number: ERSEGWP

Effective January 1, 2026 to December 31, 2026

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

Your 2026 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 Express Scripts Pharmacy by Evernorth to fill prescriptions for 60 or 90-day supplies.

Plan Premium	If you have any questions about the plan premium, please contact ERS toll-free at (877) 275-4377, (TTY: 711) .
Deductible Stage	You pay a \$50 annual deductible. The deductible doesn't apply to covered insulin products and most Part D vaccines, including shingles, tetanus and travel vaccines.
Initial Coverage Stage	After you pay your annual deductible, you will pay the following until your total annual out-of-pocket costs reach \$2,100:

Tier	Retail One-Month (30-day) Supply	Extended Days' Supply (EDS) Retail Three-Month (90-day) Supply	Express Scripts Pharmacy by Evernorth Home Delivery Three-Month (90-day) Supply
Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$30 copayment
Tier 2: Preferred Brand Drugs	\$35 copayment (non Maintenance) \$45 copayment (Maintenance)	\$105 copayment	\$105 copayment
Tier 3: Non-Preferred Brand Drugs	\$60 copayment (non Maintenance) \$75 copayment (Maintenance)	\$180 copayment	\$180 copayment

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 more than a one-month supply of certain maintenance drugs (medications taken on a long-term basis) through an Extended Day's Supply (EDS) retail pharmacy or by mail through Express Scripts Pharmacy by Evernorth®. 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 **(866) 264-4676**, **(TTY: (800) 716-3231)** for more information.

Catastrophic Coverage Stage

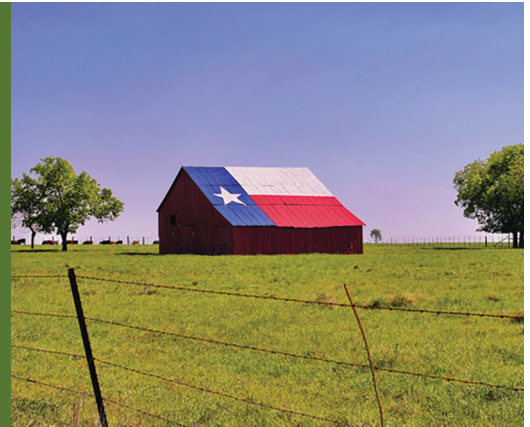
Once your out-of-pocket is over \$2,100, you have reached the Catastrophic Coverage stage. Then, you pay nothing for covered Part D drugs.

You may have cost sharing for Part D 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 Part D drug list (*Formulary*). Please see your Additional Drug Coverage list for more information.

Plan Details



HealthSelect Medicare Rx PDP

Express Scripts by Evernorth is the administrator for the HealthSelectSM 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 outpatient prescription drugs. Medicare Part D plans help with prescription drug costs. ERS offers HealthSelectSM Medicare Rx PDP to provide Part D coverage.



Make sure you are signed up for Medicare

You must be eligible for Medicare Part A and 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** or call **(800) 772-1213**, TTY: **(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 and Part D coverage.
- If you stop paying your Medicare Part B premium, you will be disenrolled from Medicare Part B and this could affect your prescription drug coverage.

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 will automatically be disenrolled from this plan.

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



Dedicated service

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



Prescription Drug List

Your Plan's drug list (*Formulary*) includes all 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, seven 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.¹

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 **(866) 264-4676**, (TTY: **(800) 716-3231**) 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.

Note: Generally, we cover drugs filled at an out-of-network pharmacy only when you aren't able to use an in-network pharmacy.



You can save on maintenance medications

Maintenance medications are medications used to treat chronic conditions such as high blood pressure, diabetes and arthritis. These medications might be needed for months, years, or even a lifetime. They are often prescribed with refills and available in 60- to 90-day supplies.

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

**You can save by filling maintenance medications for 60- to 90-day supply**

If you prefer the convenience of mail order, you could save time by receiving your maintenance medications through Express Scripts Pharmacy by Evernorth home delivery service. You'll get automatic refill reminders and access to licensed pharmacists if you have questions. Maintenance medications may also be filled at participating Extended Day's Supply (EDS) pharmacies.

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

If you prefer the convenience of mail order, you could save time by receiving your maintenance medications through Express Scripts Home Delivery home delivery service, Express Scripts Pharmacy by Evernorth®. You'll get automatic refill reminders and access to licensed pharmacists if you have questions. Maintenance medications may also be filled at participating Extended Day's Supply (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.

**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.

**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 **(800) 772-1213**, TTY: **(800) 325-0778**, 8 a.m.–7 p.m., Monday–Friday, or call your local office.



Medicare Prescription Payment Plan

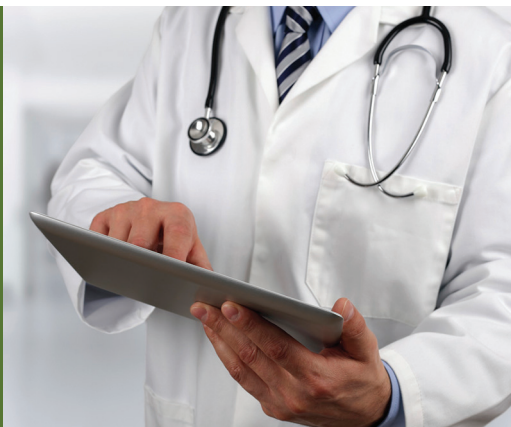
The Medicare Prescription Payment Plan is a payment option that works with your Part D drug coverage to help you manage your out-of-pocket drug costs. This payment option spreads your drug costs across monthly payments that change throughout the remainder of the plan year (January – December). All members are eligible to participate in this payment option, regardless of income level. All Medicare Part D drug plans must offer this payment option. Express Scripts Medicare is partnering with Paytient to administer the Medicare Prescription Payment Plan. Paytient is responsible for managing the billing and payments for this payment option.

If you elect to join the Medicare Prescription Payment Plan, please be aware that your monthly payment will vary depending on what month you elect into the program and your monthly out-of-pocket costs. Your first month will be calculated differently than your remaining months of the year. Even if this payment option might help you manage your expenses, it doesn't save you money or lower your drug costs. Extra Help from Medicare and help from your State Pharmaceutical Assistance Program (SPAP) and AIDS Drug Assistance Program (ADAP) are programs that can lower cost shares for those who qualify. To contact the SPAP or ADAP program(s) that may be available in your state, please see the Appendix listed in the *Evidence of Coverage*.

For detailed examples of how to calculate what your payments might be, visit one of these online resources: www.medicare.gov/prescription-payment-plan or www.express-scripts.com/mppp.

You may also call Express Scripts Medicare at **(866) 264-4676** for assistance.

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 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 **HSMedicareRx.com**.

Prescription Drug Coverage

- Your plan uses a *Formulary* — a drug list. 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 2026 will be available by logging in to **HSMedicareRx.com** beginning on October 27, 2025.
- Most Part D vaccines are covered at no cost to you.

Understanding Drug 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 **(866) 264-4676, (TTY: (800) 716-3231)** for more details.
- Your 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.
- Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost share.
- Your cost-sharing amount may differ from the information shown in the chart on page 7 if you use a home delivery pharmacy other than Express Scripts Pharmacy by Evernorth. Other pharmacies are available in our network.
- If you request 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 **HSMedicareRx.com**. You may also contact Express Scripts Medicare Customer Service at **(866) 264-4676, (TTY: (800) 716-3231)**.
- 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 Customer Service at **(866) 264-4676, (TTY: (800) 716-3231)** if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

Explanation of Plan Rules

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at **(866) 264-4676, (TTY: (800) 716-3231)**. You can also review the *Evidence of Coverage* (EOC) by visiting our website, **HSMedicareRx.com**, or call Express Scripts Medicare Customer Service to request a copy.



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

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). 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:

- You did not enroll in Part D when you were first eligible.
- You were not covered under any creditable prescription drug coverage; and
- You were not enrolled in a Part D plan that is at least as good as or better than what Medicare requires.

Frequently Asked Questions about Medicare



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. Not paying IRMAA can cause you to be disenrolled from your medical and prescription drug plan.

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* 2026 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) or by calling **(800) MEDICARE ((800) 633-4227)**, 24 hours a day, seven 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, seven days a week

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

Visit us on the Web at **HSMedicareRx.com**.

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 PDP Customer Service at **(866) 264-4676, (TTY: (800) 716-3231)** for more information. Limitations, copayments, and restrictions may apply. Drug list (*Formulary*), pharmacy network, premium and/or copayments may change each plan year. 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 **(866) 264-4676, (TTY: (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 5:00 p.m. CT, Monday through Friday, except 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
Medicare Customer
Service toll-free
(866) 264-4676

24 hours a day,
seven days a week

Your Rights



Discrimination is against the law

Evernorth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes.

Evernorth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes.

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- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Evernorth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes, you can file a grievance with the Civil Rights Coordinator, P.O. Box 4083, Dublin, OH 43016, 1.877.819.6184 (TTY: Dial 711), affordablecareactgrievance@evernorth.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201
1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>



All Evernorth products and services are provided exclusively by or through operating subsidiaries of Evernorth, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. ATTENTION: If you speak languages other than English, language assistance services are available to you at no cost. For current customers, call the number on your Member ID card (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios de asistencia lingüística sin costo. Para los clientes actuales, llame al número que figura en su tarjeta de Identificación de Miembro (los usuarios de TTY deben llamar al 711).

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Evernorth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género.

Evernorth no excluye a las personas ni las trata de manera menos favorable debido a su raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género.

Evernorth

- Brinda a las personas con discapacidad modificaciones razonables y ayuda auxiliar gratuita y apropiada para comunicarse eficazmente con nosotros, tales como las siguientes:
 - Intérpretes de lenguaje de señas calificados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)
- Brinda servicios de asistencia lingüística gratuita de manera oportuna a personas cuyo idioma primario no es el inglés, como, por ejemplo:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayuda y servicios auxiliares adecuados o servicios de asistencia lingüística, comuníquese con el Coordinador de Derechos Civiles.

Si cree que Evernorth no ha proporcionado estos servicios o ha discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género, puede presentar una queja ante el Coordinador de Derechos Civiles: Civil Rights Coordinator, P.O. Box 4083, Dublin, OH 43016, 1.877.819.6184 (TTY: Llame al 711), affordablecareactgrievance@evernorth.com.

Puede presentar una queja formal en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el Coordinador de Derechos Civiles se encuentra disponible para brindarle asistencia.

También puede presentar una queja en materia de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios Humanos y de Salud de los Estados Unidos electrónicamente a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201
1.800.368.1019, 1.800.537.7697 (TDD)

Los formularios para presentar una queja están disponibles en <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>



Todos los productos y servicios de Evernorth se brindan exclusivamente por o a través de subsidiarias operativas de Evernorth, incluidas Evernorth Care Solutions, Inc. y Evernorth Behavioral Health, Inc. ATTENTION: If you speak languages other than English, language assistance services are available to you at no cost. For current customers, call the number on your Member ID card (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios de asistencia lingüística sin costo. Para los clientes actuales, llame al número que figura en su tarjeta de Identificación de Miembro (los usuarios de TTY deben llamar al 711).

SECTION TWO

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 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, seven days a week

Statements of Understanding



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

- ✓ **HealthSelect Medicare Rx PDP is an Employer Prescription Drug Plan provided by ERS and administered by Express Scripts Medicare by Evernorth, a Medicare-approved Part D sponsor. Enrollment in Express Scripts Medicare depends on Express Scripts 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 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.

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Questions? We're here to help.



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24 hours a day, seven days a week



Visit us at
HSMedicareRx.com

