



**Express Scripts®**  
**Medicare (PDP)**

# Annual Notice of Changes 2026

**HealthSelect<sup>SM</sup> Medicare Rx Prescription Drug Plan (PDP) provided through the  
Employees Retirement System of Texas (ERS)**

Group Name: HealthSelect<sup>SM</sup> Medicare Rx  
Group Number: ERSEGWP



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



**HSMedicareRx.com**

Do we have the right address for you?

If not, please contact ERS to update your mailing address on file.

## Find updates to your plan for next year

This notice provides information about updates to your plan, but it doesn't include all of the details. Throughout this notice you will be directed to **HSMedicareRx.com** to review the details online, which are available anytime.



### **2026 Formulary (List of Covered Drugs)**

To confirm if your medication is covered and to see if there are any special coverage rules, search our online formulary.



### **2026 Pharmacy Directory**

To see if your pharmacy is in our network, you may use our online searchable directory.



### **2026 Evidence of Coverage**

To review a legal, detailed description of your plan benefits that explain your rights and the rules you need to follow to get covered services and prescription drugs, see the online *Evidence of Coverage* (EOC).

**If you want any of these documents mailed to you**, you may call Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** 24 hours a day, seven days a week.

### **There are several ways to get your new prescription.**

You can get your prescription filled at a network retail pharmacy, an Extended Day Supply (EDS) pharmacy, or through Express Scripts Pharmacy by Evernorth®, our home delivery pharmacy. There are other pharmacies in our network that will provide your prescriptions by mail. The most up-to-date pharmacy network information is available to you on our website at **HSMedicareRx.com**.

### **Customer Service**

We're here to help! If you need assistance, please call Express Scripts Medicare Customer Service toll-free at **(866) 264-4676 (TTY: (800) 716-3231)** 24 hours a day, seven days a week.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **(866) 264-4676 (TTY: (800) 716-3231)**.



## Quick Reference Guide

<b>Grievance Contact Information</b> Use this contact information to file a grievance.			
<b>Write:</b>	Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 5003 Hartford, CT 06102	<b>Call:</b> <b>TTY:</b> <b>Fax:</b> <b>Hours:</b>	(866) 264-4676 (800) 716-3231 (800) 293-2192 24 hours a day, seven days a week
<b>Initial Coverage Reviews</b> Use this contact information if you need an initial coverage decision for a medication that must be approved before the prescription can be filled at a participating retail or mail order service pharmacy. You can also use it to request a coverage decision about a restriction on a specific medication, to ask for a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's <i>Formulary</i> .			
<b>Write:</b>	Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	<b>Call:</b> <b>TTY:</b> <b>Fax:</b> <b>Hours:</b>	(844) 374-7377 (800) 716-3231 (877) 251-5896 24 hours a day, seven days a week
<b>Appeals Contact Information</b> Use this contact information if you need to file an appeal because your coverage review was denied or because your request to remove or change a restriction on a specific medication, to lower the cost-sharing amount or to cover a medication that is not on your plan's <i>Formulary</i> was denied.			
<b>Write:</b>	Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	<b>Call:</b> <b>TTY:</b> <b>Fax:</b> <b>Hours:</b>	(844) 374-7377 (800) 716-3231 (877) 852-4070 24 hours a day, seven days a week
<b>Paper Claim Submission</b> You can receive reimbursement for medications purchased without your member ID card by submitting your receipts and a request through mail, fax, or online.			
A 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.			
<b>To obtain a Direct Claim Form:</b> Visit <b>HSMedicareRx.com</b> , select the <b>Resources</b> tab at the top of the screen and download the form, or call Customer Service at <b>(866) 264-4676 (TTY: (800) 716-3231)</b> .			
<b>Submit by Mail:</b> Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85072			
<b>Submit by Fax:</b> You can fax us your request for payment 24 hours a day, seven days a week to <b>(608) 741-5483</b> .			
<b>Submit Online:</b> Log in to <b>express-scripts.com</b> and select <b>Benefits &gt; Forms &amp; Cards</b>			



# Annual Notice of Changes 2026

**HealthSelect<sup>SM</sup> Medicare Rx Prescription Drug Plan (PDP) provided through the Employees Retirement System of Texas (ERS)**

**You are currently enrolled in the HealthSelect Medicare Rx PDP provided through the Employees Retirement System of Texas (ERS).**

Effective January 1, 2026, there will be some changes to the Plan's costs and benefits. Please see page 8 for a Summary of Important Costs. This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at **HSMedicareRx.com**. You may also call Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** to ask us to mail you an *Evidence of Coverage* document.

**Members enrolled in HealthSelect Medicare Rx PDP can make plan changes at times designated by ERS.**

## What to do now

### 1. Ask: Which changes apply to you

☐ **Check the changes to our benefits and costs to see if or how they affect you.**

- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ **Check the changes in the 2026 *Formulary (List of Covered Drugs)* to make sure the drugs you currently take are still covered.**

- Will my drugs be covered?
- Are my drugs in a different tier, with different cost sharing?
- Do any of my drugs have new restrictions, such as needing approval from **Express Scripts Medicare<sup>®</sup>** (PDP) before filling my prescription?
- Can I keep using the same pharmacies? Are there changes to the cost of using this pharmacy?



- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs. To get additional information on drug prices visit **HSMedicareRx.com** and click the **"Price a Medication"** link at the top of the page. Keep in mind that your plan benefits will determine exactly how much your drug costs may change.

## 2. Choose: Decide whether you want to change your plan

- If you want to keep HealthSelect Medicare Rx PDP, you don't need to do anything. You will stay in HealthSelect Medicare Rx PDP.
- You can decline the HealthSelect Medicare Rx PDP plan at any time. Contact ERS if you decide to decline coverage. Please note that you will not have any prescription drug coverage available through ERS if you decline the HealthSelect Medicare Rx PDP plan. If you decide to re-enroll in the HealthSelect Medicare Rx PDP plan at a later date contact ERS. If you decide to enroll later, your coverage will not become effective right away.

**Please note: If you decline HealthSelect Medicare Rx PDP and are currently enrolled in a Medicare Advantage Plan offered through ERS, enrolling in another Medicare Part D prescription drug plan will result in your losing eligibility for your Medicare Advantage coverage with ERS. You would then be placed in the HealthSelect of Texas Secondary plan, but you will NOT have any other prescription drug coverage through ERS.**

## Additional Resources

- Express Scripts Medicare PDP does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.
- Express Scripts Medicare PDP provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service at **(866) 264-4676** for additional information (**TTY users should call (800) 716-3231**), 24 hours a day, seven days a week.
- Express Scripts Medicare PDP ofrece servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas, braille, letra grande o audio, o la posibilidad de solicitar un intérprete. Comuníquese con nuestro Servicio al Cliente al **(866) 264-4676** para obtener información adicional (**los usuarios de TTY deben llamar al (800) 716-3231**). Las 24 horas del día, los siete días de la semana.

## About HealthSelect Medicare Rx PDP

- HealthSelect Medicare Rx PDP is a Medicare Part D Employer Group Waiver Plan plus Wrap Prescription Drug Plan provided by ERS and administered by Express Scripts Medicare by Evernorth<sup>®</sup>, a Medicare-approved Part D administrator. Enrollment in Express Scripts Medicare depends on Express Scripts Medicare's contract renewal with Medicare.



- When this document says “we,” “us” or “our,” it means Express Scripts Medicare. When it says “the Plan” “this Plan” or “your Plan,” it means HealthSelect Medicare Rx PDP.



## ***Annual Notice of Changes for 2026***

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### Summary of Important Costs for 2026

The table below compares the 2025 costs and 2026 costs for **HealthSelect Medicare Rx PDP** in several important areas. **Please note this is only a summary of costs.**

**Important Message About What You Pay for Vaccines** - Your plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** for more information.

**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 your plan, no matter what cost-sharing tier it's on, even if you haven't paid your Part D deductible.

Cost	2025 (this year)	2026 (next year)
<b>Part D prescription drug coverage</b> (See <b>Section 1.3</b> for details.)	Deductible: \$50	Deductible: \$50
	<b>Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)</b>	<b>Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)</b>
	Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment	Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment
	<b>(a 30-day supply of maintenance drugs)</b>	<b>(a 30-day supply of maintenance drugs)</b>
	Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment	Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment
	<b>(a 90-day supply of maintenance drugs)</b>	<b>(a 90-day supply of maintenance drugs)</b>
	Tier 1: \$30 copayment Tier 2: \$105 copayment Tier 3: \$180 copayment	Tier 1: \$30 copayment Tier 2: \$105 copayment Tier 3: \$180 copayment





## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

Please contact ERS for more information about the premium amount for this plan.

- ERS has elected to pay for your late enrollment penalty while you are a member of this plan. However, if you join another plan your late enrollment penalty may not be covered and you may be responsible for paying your late enrollment penalty.
- Some members may be required to pay an extra charge, known as the Income-Related Monthly Adjustment Amount (IRMAA). If you are required to pay an extra charge, the Social Security Administration will notify you, and this amount will be withheld from the benefit check you receive from the government. Not paying IRMAA can cause you to be disenrolled from your medical and prescription drug plan.
- If you pay a monthly premium and you are receiving Extra Help, you may receive assistance paying for your premium. Please see **Section 6** regarding Extra Help from Medicare.
- For more information about the above topics, please reference your *Evidence of Coverage* document, available on the Plan website at **HSMedicareRx.com**.

### Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Please visit our website at **HSMedicareRx.com** or call Express Scripts Medicare Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** 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 2025 will continue to participate in 2026. **Please review the 2026 *Pharmacy Directory* to see which pharmacies are in our network.** You can access information about what pharmacies are in our network by logging into **HSMedicareRx.com** or by calling Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)**. You can also ask us to mail you a *Pharmacy Directory*.

An updated *Pharmacy Directory* is located on our website at **HSMedicareRx.com**. You may also call Customer Service for updated pharmacy information or to ask us to mail you a *Pharmacy Directory*.

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact



Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** so we may assist. If a pharmacy will no longer be in your network, we will notify you.

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

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### Changes to Our drug list

Our list of covered drugs is called a *Formulary*. We also refer to it as a drug list. A PDF of our printed drug list for 2026 will be available beginning on October 27, 2025 under “**Resources**” in the top menu at **HSMedicareRx.com**. You can also get the complete drug list by calling Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** or visiting our website (**HSMedicareRx.com**) to look up which drugs will be covered by your plan.

We made 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 make sure your drugs will be covered next plan year and to see if there will be any restrictions or if your drug has been moved to a different cost-sharing tier.**

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. For instance, we can immediately remove drugs considered unsafe by the Food and Drug Administration (FDA) or withdrawn from the market by a product manufacturer. We update our online drug list to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review **Chapter 3** of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

We may immediately remove brand-name drugs or original biological products on our drug list if we replace them with new generics or certain biosimilar versions of the brand-name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand-name drug or original biological product on our drug list but immediately move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand-name drug or biological product that’s being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month’s supply of the brand-name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to **Chapter 10** of your *Evidence of Coverage*. The FDA also provides consumer information on drugs. Go to the FDA website: [www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You may also contact Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** or ask your health care provider, prescriber, or pharmacist for more information.



## 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 sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs* (also called the Low Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive Extra Help you will receive a LIS Rider. If you don't receive it, please call Customer Service at **(866) 264-4676 (TTY: (800) 716-3231)** and ask for the LIS Rider to be sent to you.

There are three drug payment stages: The Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

Beginning January 1, 2026, there will be a \$2,100 maximum out-of-pocket cost for your covered Part D drugs. Once you have paid \$2,100 in out-of-pocket costs, you move into the Catastrophic Coverage stage, during which you pay nothing for covered Part D drugs. Your plan covers additional drugs not normally covered by Medicare. You may have a cost share for such drugs covered under our enhanced benefit.

The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand-name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

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. The changes shown will take effect on January 1, 2026 and will stay the same for the entire calendar year. 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.



**Changes to the Deductible Stage – None for 2026**

Stage	2025 (this year)	2026 (next year)
<b>Stage 1: Yearly Deductible Stage</b> During this stage, <b>you pay the full cost</b> of your drugs until you have reached the yearly deductible.	The deductible is \$50.	The deductible is \$50.

Please note: The annual prescription deductible does not apply to insulin.

**Changes to Your Cost Sharing in the Initial Coverage Stage—underlined below**

Stage	2025 (this year)	2026 (next year)
<b>Stage 2: Initial Coverage Stage</b> Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the Plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b>	<b>Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)</b>  Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment	<b>Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)</b>  Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment
For information about the costs for an extended day supply through the EDS network or for mail-order prescriptions, look in <b>Chapter 4, Section 5</b> of your <i>Evidence of Coverage</i> .	<b>(a 30-day supply of maintenance drugs)</b>  Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment	<b>(a 30-day supply of maintenance drugs)</b>  Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment
We changed the tier for some of the drugs on our drug list. To see if your drugs will be in a different tier, look them up on the drug list, call Customer Service, or visit our website <b>HSMedicareRx.com</b> .	<u>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</u>	<u>Once you have paid <b>\$2,100</b> out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</u>



**Changes to the Catastrophic Coverage Stage - None**

Stage	2025 (this year)	2026 (next year)
<b>Stage 3: Catastrophic Coverage Stage</b>  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.	<b>During this payment stage, the plan pays the full cost for your covered Part D drugs.</b>  Your plan covers additional drugs not normally covered by Medicare. You may have a cost share for such drugs covered under our enhanced benefit.	<b>During this payment stage, the plan pays the full cost for your covered Part D drugs.</b>  Your plan covers additional drugs not normally covered by Medicare. You may have a cost share for such drugs covered under our enhanced benefit.



**SECTION 2 Administrative Changes**

Description	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan was a new payment option to help you manage your out-of-pocket drug costs. This new payment option worked with your current drug coverage, and may have helped you manage your drug costs by spreading them across monthly payments that may change throughout the remainder of the year (January – December).</p> <p>To learn more about this payment option, please contact us at <b>(866) 264-4676</b> or visit one of the resources noted below.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. If you do not wish to continue participating in the Medicare Prescription Payment Plan, you can dis-enroll at any time to end participation.</p> <p>You can opt out online through the website at <b>www.express-scripts.com/mppp</b> or by calling <b>(866) 845-1803</b>, 24 hours a day, seven days a week. TTY users can call <b>(800) 716-3231</b>.</p> <p>To learn more about this payment option, or opt-out if you're already enrolled, please contact us at <b>(866) 845-1803 (TTY: (800) 716-3231)</b> 24 hours a day, seven days a week or visit <b>www.medicare.gov</b>.</p>

**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



Questions? Call Customer Service at (866) 264-4676 (TTY: (800) 716-3231), 24 hours a day, seven days a week.

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](http://www.medicare.gov/prescription-payment-plan) or [www.express-scripts.com/mppp](http://www.express-scripts.com/mppp).

You may also call Express Scripts at **(866) 264-4676 (TTY: (800) 716-3231)** for assistance.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in HealthSelect Medicare Rx PDP

**To stay in our plan, you don't need to do anything.** If you do not decline the HealthSelect Medicare Rx PDP or sign up for a private plan, you will automatically stay enrolled for 2026.

### Section 3.2 – If You Want to Enroll in Another Plan

You must be enrolled in HealthSelect<sup>SM</sup> Medicare Advantage or HealthSelect<sup>SM</sup> Secondary to be eligible for the HealthSelect Medicare Rx plan.

If you enroll in another group or individual Medicare plan while enrolled in the HealthSelect<sup>SM</sup> Medicare Advantage plan and HealthSelect Medicare Rx plan, you will be re-enrolled in your last non-Medicare Advantage plan with ERS and may not be eligible for prescription drug coverage through the Texas Employees Group Benefits Program.

**Please Note: You cannot be enrolled in a separate Part D plan and HealthSelect Medicare Rx PDP at the same time.**

- Depending on the type of plan you choose, you will automatically be disenrolled from HealthSelect Medicare Rx PDP if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
- If you choose a private Fee-for-Service plan without Part D drug coverage, a Medicare Medical Saving Account Plan, or a Medicare Cost Plan, you can enroll in that new plan and



keep HealthSelect Medicare Rx PDP for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from HealthSelect Medicare Rx PDP.

**Please note: If you make any changes, you may lose both your medical and prescription drug benefits. If you are currently enrolled in a Medicare Advantage Plan offered through ERS and enroll in another Medicare Part D prescription drug plan, you will lose your Medicare Advantage coverage with ERS and be placed in HealthSelect<sup>SM</sup> Secondary for secondary medical coverage. You may decline HealthSelect Medicare Rx PDP, but you will NOT have any other prescription drug coverage through ERS.**

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You* 2026 handbook, call your State Health Insurance Assistance Program (see **Section 5**), or call Medicare (see **Section 7.2**).

## **SECTION 4 Information About Declining Plans**

You may decline the HealthSelect Medicare Rx plan at any time. To request to leave, call ERS at **(877) 275-4377 (TTY: 711)** Monday through Friday, 8 a.m. to 5 p.m., CT. Please note that you will not have any prescription drug coverage through ERS if you decline the HealthSelect Medicare Rx plan. If you decide to re-enroll in the HealthSelect Medicare Rx PDP plan at a later date contact ERS. If you decide to enroll later, your coverage will not become effective right away.

## **SECTION 5 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. State Health Insurance Assistance Program 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 find your SHIP number and address in **Chapter 2, Section 3** of the *Evidence of Coverage*.

## **SECTION 6 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 75% or more of your drug costs, including monthly prescription drug plan premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - (800) MEDICARE ((800) 633-4227). TTY users should call (877) 486-2048, 24 hours a day, seven days a week;





- The Social Security Office at (800) 772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call (800) 325-0778; or
- Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** 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 Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you are currently enrolled, how to continue receiving assistance, check with your state AIDS Drug Assistance Program. Be sure, when contacting your state's ADAP organization, to inform them of your Medicare Part D plan name or policy number.

## SECTION 7 Questions?

### Section 7.1 – Get Help from HealthSelect Medicare Rx PDP

Questions? We're here to help. Please call HealthSelect Medicare Rx PDP Customer Service toll-free at **(866) 264-4676 (TTY: (800) 716-3231)** 24 hours a day, seven days a week.

#### **Read your 2026 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2026. For details, look in the *2026 Evidence of Coverage* for HealthSelect Medicare Rx PDP. The *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. A copy of the *Evidence of Coverage* is located on our website at **HSMedicareRx.com**. You can also call Customer Service to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at **HSMedicareRx.com** for the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs (Formulary)*.

#### **Notice of Privacy Practices**

We have sent you a *Notice of Privacy Practices* upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.



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## Section 7.2 – Get Help from Medicare

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To get information directly from Medicare:

### **Call (800) MEDICARE ((800) 633-4227)**

You can call (800) MEDICARE ((800) 633-4227), 24 hours a day, seven days a week. TTY users should call (877) 486-2048.

### **Chat live with [www.medicare.gov](https://www.medicare.gov)**

You can chat live at [www.medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

### **Write to Medicare**

You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044

### **Visit the Medicare Website**

Visit the official Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, visit [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### **Read *Medicare & You* 2026**

Read the *Medicare & You* 2026 handbook. Every fall, this document 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 document, you can get it at the Medicare website [www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling (800) MEDICARE ((800) 633-4227). TTY users should call (877) 486-2048.

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# 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.

## **Evernorth**

- 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](mailto: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>

**EVERNORTH<sup>SM</sup>**

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).

# La discriminación es ilegal

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](mailto: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>

**EVERNORTH<sup>SM</sup>**

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).

## **Notice of Availability of Language Assistance Services and Auxiliary Aids**

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the number on your Member ID card or speak to your provider.

**ATENCIÓN:** Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al número que figura en la tarjeta de identificación de miembro o hable con su proveedor.

**請注意：**如果您說中文，您可以免費獲得語言協助服務。另免費提供適當的輔助工具和服務並以無障礙格式提供資訊。請致電您的會員 ID 卡上的電話號碼或聯絡您的提供者。

**请注意：**如果您说中文，您可以免费获得语言协助服务。另免费提供适当的辅助工具和服務並以无障礙格式提供信息。請致電您的會員 ID 卡上的電話號碼或联系您的提供者。

**BIGYANG-PANSIN:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang mga naaangkop na pantulong na suporta at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang libre. Tawagan ang numero sa iyong card ng Member ID o makipag-usap sa iyong provider.

**ATTENTION:** Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro figurant sur votre carte d'adhérent ou parlez à votre prestataire.

**CHÚ Ý:** Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số trên thẻ ID Thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

**HINWEIS:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie die Nummer auf Ihrer Versichertenkarte an oder sprechen Sie mit Ihrem Dienstleister.

**주의 사항:** 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 액세스 가능한 형식으로 정보를 제공하기 위해 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화번호로 연락하시거나 귀하의 의료 제공자에게 문의하시길 바랍니다.

ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также можно получить бесплатно. Позвоните по номеру, указанному на вашей идентификационной карточке участника плана, или обратитесь к своему врачу.

تنبيه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث مع مقدم الخدمة الخاص بك.

आनंद: यदि आप हिंदी में बोलते हैं, तो आपके लिए निः शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं।  
आप म सूचना उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निः शुल्क उपलब्ध हैं।  
अपने सदस्य आईडी कार्ड पर दिए गए नंबर पर कॉल कर या अपने दाता से बात कर।

ATTENZIONE: Se parli Italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero sulla tua tessera ID membro o parla con il tuo fornitore.

ATENÇÃO Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número indicado no seu cartão de identificação de membro ou fale com o seu provedor.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans lengwistik gratis ki disponib pou ou. Èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòm ki aksesib yo disponib tou gratis. Rele nimewo ki sou kat ID manm ou an oswa pale ak founisè w la.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie materiały pomocnicze i usługi zapewniające informacje w dostosowanych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer podany na karcie członkowskiej lub porozmawiać z lekarzem prowadzącym.

注意: 言語を挿入を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。会員 ID カードに記載されている番号に電話するか、プロバイダーにお問い合わせください。