

Express Scripts  
P.O. Box 14235  
Lexington, KY 40512

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<<First Name>> <<Middle Initial>> <<Last Name>>  
<<Address 1>>  
<<Address 2>>  
<<Address 3>>  
<<City, ST ZIP>>

**TIME SENSITIVE—OPEN IMMEDIATELY**

<<Month DD, YYYY>>

**\*\*\*Important information\*\*\***

Effective <<January 1, 2016>>, you will be enrolled in prescription drug coverage through **Express Scripts Medicare** (PDP) for the North Dakota Public Employees Retirement System

Dear <<First Name>> <<Middle Initial>> <<Last Name>>:

A new prescription drug plan will replace your current drug plan offered by NDPERS. We are enrolling you in **Express Scripts Medicare**<sup>®</sup> (PDP)\* for the North Dakota Public Employees Retirement System (NDPERS). You will be enrolled in this plan unless you notify NDPERS within 21 days of receiving this letter that you do not want to be enrolled in this plan. (However, Express Scripts Medicare may need to contact you for more information in order to complete your enrollment. Be sure to open and review any future communications you may receive from Express Scripts Medicare and respond in a timely manner if a reply is requested.) **You may receive a notice from your current plan regarding an end date for your prescription drug coverage—this is a required communication. Please be aware that NDPERS will continue to provide your prescription drug coverage, which will be administered by Express Scripts effective January 1, 2016.**

This new plan is comparable to your current plan. This prescription drug coverage is considered **creditable coverage**, which means it is at least as good as the standard Medicare prescription drug coverage.

**What should I do if I don't want to join Express Scripts Medicare?**

You are not required to be enrolled in this plan. To request that you not be enrolled, please call NDPERS at 1.800.803.7377, Monday through Friday, from 8:00 a.m. to 5:00 p.m., Central Time. Please keep in mind that if you discontinue the NDPERS Medicare Part D prescription drug plan, you will not be able to retain the medical coverage with NDPERS. A Request to Cancel Retiree Health Insurance Coverage SFN 58269 and a Group PDP Disenrollment Form must be completed to cancel the medical and prescription drug coverage. These forms are available on the NDPERS website at [www.nd.gov/ndpers](http://www.nd.gov/ndpers) or by contacting the NDPERS office.

**What happens if I don't want to participate in the Express Scripts Medicare Part D Plan offered through NDPERS?**

**Important: If you decide not to be enrolled in this plan, you will also forfeit your current NDPERS-sponsored retiree health coverage for you and any family members. Keep in mind that**

\* PDP stands for prescription drug plan.

if you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may be required to pay a late enrollment penalty (LEP) if you go 63 days or more without Medicare Part D coverage or other creditable prescription drug coverage.

If you choose not to be enrolled in this plan, you can join a new Medicare prescription drug plan or Medicare health plan outside of your former employer's plan from October 15 to December 7. Except in special cases, you cannot join a new plan at any other time of the year. You can, however, join or leave a plan at any time if Medicare decides that you need Extra Help with paying the plan costs. If Medicare decides that you no longer need Extra Help, you will have two months to make changes after Medicare notifies you of its decision. You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week for assistance. TTY users should call 1.877.486.2048.

### **Do I need to do anything if I am currently taking a drug that requires prior authorization?**

You may currently have a prescription for which you have obtained a prior authorization or prior approval from your current plan. If your medication also requires a prior authorization under your new plan, you may need to obtain a new approval. In some cases, existing authorizations from your current plan may not be carried over into your new plan. Review your formulary when you receive it or call Express Scripts Medicare Customer Service at the numbers listed at the end of this letter to determine if your drug requires a prior authorization. If you require a new approval, call Customer Service after your membership in the plan becomes effective to start the prior authorization process.

### **Am I still able to use VA pharmacies?**

VA pharmacies are not permitted to be included in Medicare Part D pharmacy networks. If you are eligible for VA benefits, you can still use VA pharmacies under those benefits. However, the cost of those medications and what you pay out of pocket will not count toward your Medicare Part D drug spend or out-of-pocket cost accumulators. Review your new plan benefit against your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy or to transfer your prescription(s) to an Express Scripts Medicare network pharmacy.

### **When will I receive my new member ID card and other plan materials?**

You will receive a Welcome Kit from Express Scripts prior to your effective date. In the meantime, please review and save this letter and the enclosed *Benefit Overview*, which provides details about your new prescription drug coverage.

Your Welcome Kit will include your **new** Medicare prescription drug plan member ID card. You should use this card beginning with the effective date of your prescription drug coverage when filling prescriptions. (Do not discard your medical coverage ID card; you should continue to use your medical card for any other services.) Your Welcome Kit will also include other important plan benefit materials, such as a formulary listing. The Centers for Medicare & Medicaid Services (CMS) requires that we send you these materials upon your enrollment in a Medicare prescription drug plan.

Note: Because Medicare is an individual benefit, you and your covered Medicare-eligible spouse will each have a unique member ID number and prescription drug plan member ID card. In addition, you will each receive separate communications from Express Scripts Medicare.

### **What happens if I have a late enrollment penalty?**

Express Scripts will send you notification if CMS has identified you as having to pay a late enrollment penalty (LEP). If you disagree with your LEP, you can ask Medicare to reconsider its decision. The notification from Express Scripts will explain your right to a reconsideration of the LEP and describe the process for contacting Medicare.

**Whom should I contact if I have questions?**

If you have any questions about the new plan, you may contact Express Scripts Medicare Customer Service at **1.855.315.4569** beginning **<<November 15, 2015>>**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

Thank you.

Express Scripts Medicare is a Medicare prescription drug plan, which is in addition to your coverage under Medicare Part A and/or Part B. Your enrollment in this plan doesn't affect your coverage under Medicare Part A and/or Part B. It is your responsibility to inform Express Scripts Medicare of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time.

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare can release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare can release your information, including your prescription drug event data, to Medicare, which may release it for research and other purposes that follow all applicable Federal statutes and regulations.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and NDPERS choose to continue to offer this plan, and CMS renews its approval of Express Scripts' plan.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.