



Annual Notice of Changes 2025

HealthSelectSM Medicare Rx Prescription Drug Program (PDP) provided through the Employees Retirement System of Texas (ERS)

Group Name: HealthSelectSM 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.



2025 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.



2025 Pharmacy Directory

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



2025 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, or email documents@express-scripts.com.

Important: Requests sent by email must include:

- Full name
- Member ID (as it appears on your member ID card)
- Telephone number
- Complete mailing address
- Please indicate if this is a one-time request or if you would like to receive this document annually.

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 the Express Scripts[®] Pharmacy, 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/pharmacies**.

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.

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



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

Quick Reference Guide

Grievance Contact Information			
Use this contact information to file a grievance.			
Write:	Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	Call: TTY: Fax: Hours:	(866) 264-4676 (800) 716-3231 (800) 293-2192 24 hours a day, seven days a week
Initial Coverage Reviews			
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, or you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's formulary.			
Write:	Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	Call: TTY: Fax: Hours:	(844) 374-7377 (800) 716-3231 (877) 251-5896 24 hours a day, seven days a week
Appeals Contact Information			
Use this contact information if you need to file an appeal because your coverage review was denied or because your request 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 formulary was denied.			
Write:	Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	Call: TTY: Fax: Hours:	(844) 374-7377 (800) 716-3231 (877) 852-4070 24 hours a day, seven days a week
Paper Claim Submission			
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.			
To obtain a Direct Claim Form:			
Download from our website, HSMedicareRx.com in the “ Resources ” found in the top menu, or call Customer Service at (866) 264-4676 (TTY: (800) 716-3231) .			
Submit by Mail:	Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718		
Submit by Fax:	You can fax us your request for payment 24 hours a day, seven days a week to (608) 741-5483 .		
Submit Online:	Log in to express-scripts.com and select Benefits > Forms & Cards		



Annual Notice of Changes 2025

HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

You are currently enrolled as a member of HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS).

Effective January 1, 2025, 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](https://www.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 HealthSelectSM 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 2025 *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 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 own drug costs may change.

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

- If you want to keep HealthSelectSM Medicare Rx (PDP), you don't need to do anything. You will stay in HealthSelectSM Medicare Rx (PDP).
- You can decline the HealthSelectSM 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 HealthSelectSM Medicare Rx (PDP) plan. If you decide to re-enroll in the HealthSelectSM 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 HealthSelectSM 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 HealthSelectSM Medicare Rx (PDP)

- HealthSelectSM Medicare Rx (PDP) is an Employer Prescription Drug Plan provided by ERS and administered by Express Scripts Medicare[®] (PDP), a Medicare-approved Part D sponsor. Enrollment in Express Scripts Medicare depends on Express Scripts Medicare's contract renewal with Medicare.



- This plan, HealthSelectSM Medicare Rx (PDP), is administered by Express Scripts Medicare Insurance Company or one of its affiliated companies. (When this document says “we,” “us,” or “our,” it means Express Scripts Medicare. When it says “plan” or “our plan,” it means HealthSelectSM Medicare Rx (PDP).



Annual Notice of Changes for 2025

Table of Contents

Summary of Important Costs for 2025.....		8
SECTION 1	Changes to Benefits and Costs for Next Plan Year	9
	Section 1.1: Changes to the Monthly Premium.....	9
	Section 1.2: Changes to the Pharmacy Network	9
	Section 1.3: Changes to Part D Prescription Drug Coverage.....	10
SECTION 2	Administrative Changes	14
SECTION 3	Deciding Which Plan to Choose	15
	Section 3.1: If You Want to Stay in HealthSelect SM Medicare Rx (PDP) ..	15
	Section 3.2: If You Want to Enroll in Another Plan.....	15
SECTION 4	Information About Declining Plans.....	16
SECTION 5	Programs That Offer Free Counseling about Medicare.....	16
SECTION 6	Programs That Help Pay for Prescription Drugs	16
SECTION 7	Questions?	17
	Section 7.1: Getting Help from HealthSelect SM Medicare Rx (PDP).....	17
	Section 7.2: Getting Help from Medicare	17



Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for **HealthSelectSM Medicare Rx (PDP)** in several important areas. **Please note this is only a summary of costs.**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service 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 our plan, no matter what cost-sharing tier it's on, even if you haven't paid your Part D deductible.

Cost	2024 (this year)	2025 (next year)
Part D prescription drug coverage (See Section 1.3 for details.)	Deductible: \$50	Deductible: \$50
	Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)	Retail Cost-Sharing (a 30-day supply of non-maintenance drugs)
	Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment	Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment
	(a 30-day supply of maintenance drugs)	(a 30-day supply of maintenance drugs)
	Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment	Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment
	(a 90-day supply of maintenance drugs)	(a 90-day supply of maintenance drugs)
	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 Plan Year

Section 1.1 – Changes to the Monthly Premium

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

- Your monthly plan premium, if applicable, will be *more* if you are required to pay a lifetime Part D late enrollment penalty. 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.
- 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 2024 will continue to participate in 2025. 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.

There may be changes to our network of pharmacies for next plan year. **Please review the 2025 Pharmacy Directory to see which pharmacies are in our network.**



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.

Section 1.3 – Changes to Part D Prescription Drug Coverage

Changes to Our drug list

Our list of covered drugs is called a *Formulary (List of Covered Drugs)*. We also refer to it as a drug list. A PDF of our printed drug list for 2025 will be available beginning on October 15, 2024 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.

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 can immediately remove a brand name drug on our drug list if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our drug list, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see **Chapter 10** of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs.



See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to 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. The Coverage Gap stage will no longer exist in 2025.

What this means for you is that beginning January 1, 2025, there will be a \$2,000 maximum out-of-pocket cost for your covered Part D drugs. Once you have paid \$2,000 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.

As a result, the Coverage Gap Discount Program will no longer exist in the Part D benefit beginning January 1, 2025. The Coverage Gap Discount Program will be 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. 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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your Part D deductible. Call Customer Service (phone number is printed on the front cover of this booklet) 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 our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your Part D deductible.



Changes to the Deductible Stage – None for 2025

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, you pay the full cost 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	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage 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 you pay your share of the cost.	Retail Cost-Sharing (a 30-day supply of non-maintenance drugs) Tier 1: \$10 copayment Tier 2: \$35 copayment Tier 3: \$60 copayment	Retail Cost-Sharing (a 30-day supply of non-maintenance drugs) 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 Chapter 4, Section 5 of your <i>Evidence of Coverage</i> .	(a 30-day supply of maintenance drugs) Tier 1: \$10 copayment Tier 2: \$45 copayment Tier 3: \$75 copayment	(a 30-day supply of maintenance drugs) 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 HSMedicareRx.com .	Once your total drugs costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage). Most adult Part D vaccines are covered at no cost to you.	<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>



The information below shows the changes for next year to the Catastrophic Coverage Stage

Changes to Your Cost Sharing in the Catastrophic Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 3: Catastrophic Coverage Stage</p> <p>This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.</p>	<p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <p>Your plan covers additional drugs not normally covered by Medicare. You may have a cost share for such drugs covered under our enhanced benefit.</p>	<p>During this payment stage, the plan pays the full cost for your covered Part D drugs.</p> <p>Your plan covers additional drugs not normally covered by Medicare. You may have a cost share for such drugs covered under our enhanced benefit.</p>



SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>Starting in 2025, the Medicare Prescription Payment Plan is a new payment option to help you manage your out of pocket drug costs. This new payment option works with your current drug coverage, and it can help 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 (866) 264-4676 or visit one of the resources noted below.</p>

Medicare Prescription Payment Plan

Starting in 2025, the Medicare Prescription Payment Plan is a new payment option that works with your Part D drug coverage to help you manage your out-of-pocket drug costs. This new 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: <https://www.medicare.gov/prescription-payment-plan> or <https://www.express-scripts.com/mppp>.

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

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in HealthSelectSM Medicare Rx (PDP)

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

Section 3.2 – If You Want to Enroll in Another Plan

You must be enrolled in HealthSelectSM Medicare Advantage or HealthSelectSM Secondary to be eligible for the HealthSelectSM Medicare Rx plan.

If you enroll in another group or individual Medicare plan while enrolled in the HealthSelectSM Medicare Advantage plan and HealthSelectSM 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 HealthSelectSM Medicare Rx at the same time.

- Depending on the type of plan you choose, you will automatically be disenrolled from HealthSelectSM 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 HealthSelectSM Medicare Rx (PDP) for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from HealthSelectSM 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 HealthSelectSM Secondary for secondary medical coverage. You may decline HealthSelectSM 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), read the *Medicare & You 2025* 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 HealthSelectSM 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 HealthSelectSM Medicare Rx plan. If you decide to re-enroll in the HealthSelectSM 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 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
 - Visit 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 individuals living with



HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. 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 – Getting Help from HealthSelectSM Medicare Rx (PDP)

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

Read your 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for HealthSelectSM 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 may 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**. As a reminder, our website has 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.

Section 7.2 – Getting Help from Medicare

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.



Visit the Medicare Website

Visit the Medicare website (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, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling (800)-MEDICARE ((800) 633-4227), 24 hours a day, seven days a week. TTY users should call (877) 486-2048.

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

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It's important we treat you fairly

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the numbers on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at:

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

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.



Es importante brindarle un trato justo

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno de estos servicios, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

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

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

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Por correo postal: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

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

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 panggagamot. 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 대해 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 оборотной 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 Italiano 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。