

Express Scripts Medicare Part D FAQ

Who participates in the Express Scripts Medicare Part D Prescription plan?

Non-working retirees eligible for Medicare, their enrolled spouses and dependents eligible for Medicare, and surviving spouses and dependents eligible for Medicare.

Are retirees who have returned to work in a benefits-eligible position at TAMUS eligible for this Plan?

No.

Should return-to-work retirees be enrolled in the new plan?

If you are working or return to work 50% or more time for more than 4.5 months, you and any enrolled dependents will remain in the A&M Care plan and will remain in the current Express Scripts plan. You will NOT move to the Express Scripts Medicare Part D plan until such time as you no longer intend to work at that level. **You can no longer switch back and forth as you did previously.**

Whom should I contact if I have questions?

If you have questions about the Express Scripts Medicare Part D plan, contact Express Scripts Medicare Customer Service at **1-855-895-4647**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

What is my plan premium and how do I pay it?

Because the drug plan is part of your medical coverage, your plan premium is not changing. You will continue to pay your plan premium to TAMUS. **However**, your income may require additional payment to Social Security (*See Part D-IRMAA FAQ below*), as you do now for Part B.

How will my income affect my cost for the new prescription drug coverage?

Some higher income recipients will need to pay an extra amount, called the **Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA)**, because of their yearly income. Just like with Part B of Medicare, if your income is more than \$87,000 for individuals and married individuals filing separately or \$174,000 for married individuals filing jointly, you'll pay an extra amount directly to the government for your Medicare Part D coverage. If this is the case, Social Security will send a letter telling you what the extra amount will be and how to pay it. If you have questions about this extra amount, contact Social Security at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800-325-0778.

Will my Out-Of-Pocket maximum carry over?

Your Medical out-of-pocket maximum will continue to accumulate until August 31st and is now \$1,000; your prescription drug out-of-pocket maximum of \$400 restarts on January 1 and will go through December 31.

What if I do not want to join Express Scripts Medicare?

Your enrollment in Express Scripts Medicare will occur automatically. However, you may request that you not be enrolled by contacting the Human Resources or Benefits Office for the A&M System member from which you retired.

If you decide not to be enrolled in this plan, you cannot remain enrolled in the 65+ plan for health coverage through the A&M System. Please contact the Human Resources or Benefits Office for the A&M System member from which you retired to discuss the circumstances preventing you from being in this plan, and the options you may have. **If you leave our plan and do not have or get other Medicare prescription drug coverage or other Creditable Coverage (as good as Medicare), 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.

Will current prescriptions and claims history transfer when a retiree or dependent moves from the existing Express Scripts plan to the Express Scripts Medicare Part D plan?

Yes. Current prescriptions with remaining refills will transfer to the new plan along with prescription claims history.

What is the coverage effective date for new retirees who are already Medicare-eligible?

There is a required timeline for enrollment into a Part D plan. In most cases, new retirees, working less than 50% time with either no dependents covered or dependents all already Medicare eligible as well, will be moved to the 65 + plan . Retirees should continue using their existing prescription plan until they receive their Express Script Medicare Part D Welcome Kit and ID Card. **It is critical that you go into Workday and enter your Medicare A & B numbers and start dates and your spouse's (if covered), or provide that information to your Human Resources or Benefits Office. During the period in which Part D Benefits are getting set-up, new retirees will continue to have access to their existing Express Scripts prescription plan.**

What is the coverage effective date for retirees who become eligible for Medicare after retirement?

In most cases, retirees, working less than 50% time with either no dependents covered or dependents all already Medicare eligible as well, will be moved to the 65 + plan. Retirees should continue using their existing prescription plan until they receive their Express Script Medicare Part D Welcome Kit and ID Card. **It is critical that you go into Workday and enter your Medicare A and B numbers and start dates and your spouse's (if covered), or provide that information to your Human Resources or Benefits Office.**

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

You will receive a Welcome Kit from Express Scripts before your effective date. Your Welcome Kit will include your new Medicare prescription drug plan member ID card. Use this card beginning with the effective date of your prescription drug coverage when filling prescriptions. **(Do not discard your medical coverage ID card; continue to use your medical card for other services.)**

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.

Will retirees and dependents keep the same ID number for the Express Scripts Medicare Part D Prescription Plan?

Retirees will continue to use their UIN as their ID number. Spouses and other Medicare-eligible dependents will use their Workday ID as their ID number rather than the retiree's UIN that they use for other A&M System, including their A&M Care medical benefits.

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 already obtained a prior authorization or prior approval. If your medication also requires a prior authorization under the Express Scripts Medicare Part D 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. Call Express Scripts Medicare Customer Service to determine if your drug requires a prior authorization.

Does my plan cover Medicare Part B or non-Part D drugs?

Yes, this plan provides coverage for Medicare Part B medications, as well as for some other non-Part D medications not normally covered by Medicare prescription drug plans. Call the Express Scripts Medicare Part D Customer Service number for more information.

What are the copays for prescriptions drugs at retail and mail order pharmacies?

Retail Copay Structure		
	31 day	32 - 90 days
Generic	\$10	\$30
Formulary	\$35	\$105
Non-Formulary	\$60	\$180
Mail Copay Structure		
	1-90 day	
Generic	\$20.00	
Formulary	\$70.00	
Non-Formulary	\$120.00	

How do I change to mail order for my drugs?

The claim form for mail order is [here](#). The address to mail in the claim form with the 90-day script(s) from your physician(s) is on the claim form. The phone number, if you have questions, is 1.855.895.4647. This is for the Express Scripts Medicare Customer Service.

Your doctor can send in a new prescription electronically for delivery from the Express Scripts Pharmacy or fax it to 1.800.837.0959. If the doctor needs instructions on faxing a prescription to the home delivery pharmacy, he/she can call 1.888.327.9791.

Am I still able to use VA pharmacies?

VA pharmacies are not allowed 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.

Will I be subject to a late enrollment penalty (LEP)?

If you are being charged a late charge in addition to the new monthly fee, you should not have to pay this because you **did** have prescription drug coverage through an A&M System health plan that was better than Part D coverage before joining the Medicare Part D Plan. You can go to the [Retiree Benefits website](#) to make a copy of the Part D creditable coverage letter (from your summer Annual Enrollment Booklet) to send to Social Security as proof.

What is the Extra Help program?

People with limited incomes may qualify for Extra Help to pay for their Medicare prescription drug costs. If you are eligible to receive Extra Help, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums and copayments. For more information about Extra Help, contact your local Social Security office or call Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778. If you think you qualify for Extra Help with your Medicare prescription drug costs, but you don't have or can't find proof, contact Express Scripts Medicare at the toll-free phone number.

What if I have a Medigap policy (other than my A&M System plan)?

If you have a Medigap (Medicare Supplement Insurance) policy that includes Medicare prescription drug coverage, you must contact your Medigap issuer to let them know that you have joined a Medicare prescription drug plan. Your Medigap issuer will remove the prescription drug coverage portion of your policy and adjust your premium. Call your Medigap issuer for details.

Why would I receive a letter from ESI requesting information prior to enrollment?

You may receive a request to confirm your Health Information Claim Number (HICN) or other details (such as full legal name or date of birth) prior to completing your enrollment into the Express Scripts Medicare Part D plan. The information is required by the Center for Medicare & Medicaid Services (CMS) in order to complete enrollment. Failure to provide the information will result in cancellation of their enrollment. If your enrollment is cancelled due to failure to respond to this type of letter, you'll need to contact ESI Medicare Customer Service at (800) 860-7849 and provide or verify the requested information.

What if I receive a cancellation letter from ESI?

Under federal guidelines, a cancellation letter is automatically generated if termination information is sent to Express Scripts. This includes situations where a retiree moves from full retirement status to a return-to-work status or if a retiree enrolls in another Medicare Part D Plan outside of the Express Scripts Part D Plan which is included in the A&M 65 PLUS Plan. Letters may also be generated if an inadvertent termination is sent and doesn't get corrected before data is forwarded along to Express Scripts and Medicare. With the natural lag time before the retiree or dependent receives the letter, it is possible the error could have been corrected before they get the letter. If you receive a cancellation letter, please know that this refers only to the Express Scripts Medicare Part D plan and that you will not automatically be termed from their medical coverage.

There is a retiree whose wife is a retired school teacher and has the TRS Care Humana Medicare advantage plan, in addition to being a dependent on the A&M Care 65 Plus plan. Their prescription plan is the CVS/Caremark Silver Scripts Medicare Part D plan. Can this person be enrolled in EGWP?

Assuming she has both pieces, she would be rejected for our EGWP plan. That means they will have some decisions to make:

- He can keep her on his coverage but will need to move back to the A&M Care plan.
- He can drop her from coverage. She can drop her TRS coverage. She may be able to drop the RX piece only, but that would be a question for TRS. There may be a chance she could not get TRS coverage back.

Is TriCare for Life a Medicare part D plan?

TriCare for Life and EGWP are compatible, so members can have both, but they can only file drugs with one or the other, not both. Military pharmacies are not in the EGWP pharmacy network.