

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



EXPRESS SCRIPTS®
Medicare (PDP)

TIME SENSITIVE—OPEN IMMEDIATELY

*****Important information*****

Effective 01/01/2024, you will be enrolled in
Express Scripts Medicare (PDP)

Dear Retiree/Spouse

We are committed to helping you receive quality care. That's why we are enrolling you in **Express Scripts Medicare® (PDP)** for Airline Retiree Benefit Plan. This coverage will be sponsored by Airline Retiree Benefit Plan and will be administered by Express Scripts. You will be enrolled in this plan unless you notify us 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.)

This prescription drug coverage is considered **Creditable Coverage**, which means it is at least as good as the standard Medicare prescription drug coverage.

Watch for materials from Express Scripts Medicare

As a result of this plan change, you will receive additional important benefit information from Express Scripts Medicare in the upcoming weeks. In the meantime, please review and save this letter and the enclosed *Benefit Overview*, which provides details about your new prescription drug coverage.

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. 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. The Centers for Medicare & Medicaid Services (CMS) requires that we send you these materials upon your enrollment in a Medicare prescription drug plan.

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

Your enrollment in Express Scripts Medicare will occur automatically. However, you can request that you not be enrolled by notifying the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

What happens if I don't join Express Scripts Medicare?

Important: If you decide not to be enrolled in this plan, you may lose eligibility for your retiree medical coverage with Airline Retiree Benefit Plan. Keep in mind that 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.

What happens if I have a late enrollment penalty as a member of this plan?

Express Scripts will send you notification if Medicare (the Centers for Medicare & Medicaid Services, or CMS) has identified you as having to pay an LEP. If you are subject to an LEP and your coverage is terminated by you or Airline Retiree Benefit Plan, you will be responsible for paying the LEP if you enroll in another plan at a later date.

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.

Whom should I contact if I have questions?

If you have questions about the new plan, please review your plan documents or contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

Thank you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Other pharmacies are available in our network.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

Who is eligible for this plan?

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, are a U.S. citizen or are lawfully present in the United States and are eligible for benefits from Airline Retiree Benefit Plan.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan. You may, however, be enrolled in this plan and an MA-only plan if it has been coordinated through your employer. Please contact your group benefits administrator if you have questions about other plan types and the impact your enrollment in this plan may have.

Important: If you choose a prescription drug plan outside your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact your group benefits administrator for more information before making a decision to leave this plan, or for information about other options that may be available to you.

Do I qualify for Extra Help to pay for my prescription drug premiums (if applicable) and costs?

To see if you qualify for Extra Help, call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week (TTY users should call 1.877.486.2048); the Social Security Office at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

Will my income affect my Medicare Part D premium (if applicable)?

Some people may have to pay an extra amount because of their yearly income.

If your modified adjusted gross income (MAGI) reported on your federal tax return is above a certain amount, Medicare requires that you pay an extra amount for your Medicare coverage. It is called an Income-Related Monthly Adjustment Amount or IRMAA. For Medicare Part D, it is referred to as "Part D-IRMAA."

If you have to pay an extra amount, Social Security—not your Medicare plan—will send a letter telling you what the extra amount will be and how to pay it. No matter how your plan premium is paid, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly plan premium.* If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

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.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform your former employer of any address changes.

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.

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 your previous employer or retiree group choose to continue to offer this plan, and CMS renews its approval of Express Scripts' plan.