



ANAHEIM UNION HIGH SCHOOL DISTRICT MEDICARE-ELIGIBLE RETIREE MEDICAL AND PRESCRIPTION PLANS



MEDICAL – PLAN F	YOU PAY
Deductible	\$0
Office Visits – Primary, Specialist	\$0
Diagnostic Tests, X-Rays, Lab and Radiology Services	\$0
Emergency and Urgent Care	\$0
Inpatient Hospital	\$0
Outpatient Care	\$0
Skilled Nursing	\$0
Durable Medical Equipment	\$0
Foreign Travel Emergency	\$250 Deductible, 20% Coinsurance (\$50,000 Lifetime Maximum)



PRESCRIPTION				
Annual Deductible	\$0			
Prescription Plan Tiers	Retail 30 Day Supply You Pay Up To	Preferred Retail 90 Day Supply You Pay Up To	Standard Retail 90 Day Supply You Pay Up To	Mail Order 90 Day Supply You Pay Up To
Tier 1 (Generic)	\$7	\$14	\$21	\$14
Tier 2 (Preferred Brand)	\$25	\$50	\$75	\$50
Tier 3 (Non-Preferred Brand)	\$50	\$100	\$150	\$100
Tier 4 (Specialty Drugs)	\$50	\$100	\$150	\$100

Retiree Line: (714) 455-2140

Toll Free: (833) 976-0632

Time Zone: 8:00AM - 5:00PM PST



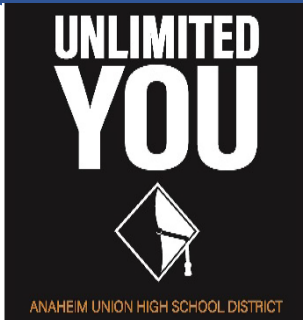
2023 Post 65 Retiree Medical/Rx Premiums

The rates shown below are the full rates for your retiree healthcare program for 2023, and have not been reduced to show AUHSD's contribution towards your retiree benefits (if applicable):

Medicare Supplemental	Rx	Total Monthly
\$230.30	\$293.97	\$524.27

All premiums are based on a per member per month rate. Medical and Prescription Drug benefits are bundled and cannot be elected independently. The Prescription Drug coverage included with the Anaheim Union High School District Post 65 Retiree Plan is considered Creditable Coverage with Medicare.

2023 Anaheim Union High School District Medicare Eligible United American Medical Supplement and Express Scripts Prescription Coverage



FREQUENTLY ASKED QUESTIONS

PLAN DESIGN:



MEDICAL	YOU PAY
Overall Deductible	\$0
Maximum OOP	\$0
PART A:	
Coinsurance	\$0
Skilled Nursing Facility Care	\$0 (Medicare pays all costs up to the first 100 Days)
PART B:	
Coinsurance	\$0
Clinical Laboratory Services	\$0
Part B Excess Covered	Yes
Foreign Travel	\$250 Deductible, 20% Coinsurance up to a \$50,000 lifetime maximum.



Prescription	30-day Retail Retiree Pays up to	90-day Preferred Retail Retiree Pays up to	90-day Standard Retail Retiree Pays up to	90-day Mail Order Retiree Pays up to
Annual Deductible	\$0			
Tier 1 Generic	\$7	\$14	\$21	\$14
Tier 2 Preferred Brand	\$25	\$50	\$75	\$50
Tier 3 Non-Preferred Brand	\$50	\$100	\$150	\$100
Tier 4 Specialty	\$50	\$100	\$150	\$100

MEDICAL QUESTIONS:

- 1. Do I need to enroll into Medicare Part A & B? Is there a Deductible?**
 Yes, you must enroll into Medicare Part A & B to be eligible for the plans. No, this plan does not have a Part A or Part B deductible.
- 2. Is there Co-insurance or Copays?**
 No, all Medicare covered Medical services are covered 100%
- 3. Does this plan require referrals and/or Pre-certifications?**
 No, this plan does not require referrals or pre-certifications.
- 4. Does this plan have a network?**
 No, you can go to any Provider, Hospital, or Facility that accepts Medicare.
- 5. Can I go to my current providers?**
 Yes, you can see any provider that accepts Medicare.

PRESCRIPTION QUESTIONS:

6. Is there a Prescription Deductible?

No, there is no deductible for prescriptions.

7. Is there Donut Hole Coverage and Catastrophic Coverage?

Yes. The plan has Full Donut Hole Coverage and custom Catastrophic Coverage.

8. Are my drugs covered?

Most likely yes, the formulary is a Comprehensive Formulary. You will receive an Abridged Formulary with your Welcome Kit and cards. Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) if you need you do not see your drug listed or need help looking up your drugs.

9. Can I go to the same Retail Pharmacy?

Most likely, yes. There should be little to no pharmacy disruption. Express Scripts has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy fills.

10. Is there a Mail Order Pharmacy? Is there a discount at Mail Order?

There Is Mail Order and a discount at Mail Order, but you can also use the Preferred Retail Pharmacies for the same 90-day fill for only 2 copay prices. You DO need new prescriptions if you prefer to use the Mail Order Service.

11. Will my prescriptions transfer from the old plan?

If you use the Retail Pharmacy, and have fills remaining, you do NOT need to obtain new prescriptions. If you use Mail Order, you WILL need to obtain new scripts from your Provider.

12. Can I go to the VA for my drugs?

Yes. If you obtain some drugs from the VA, you may continue to do so.

13. Do I need Prior Authorizations for certain prescription medicines?

Some drugs may require a PA. Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) if you have questions or need assistance with Prior Authorizations as well as any other requirements such as Step Therapy, Quantity Limit, or Formulary Exceptions.

PLAN QUESTIONS:

14. When will I receive my card/ Welcome Kit?

Cards and Welcome Kits should be received within 2-3 weeks after your enrollment has been processed. Retirees and Medicare eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day. This is normal.

15. Do I need to do anything to enroll?

Yes, you must complete the Group Post 65 enrollment form by electing the coverage option/options of your choice, along with the Express Scripts enrollment form. You will also find an ACH form that will need to be completed in order to have your monthly premium deducted. Please return all these documents to Retiree First in the Pre-Stamped envelope that is provided in this packet.

16. What do I do if I lose either of my cards?

Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) and we will obtain a new card(s) on your behalf, mail you a temporary card(s), and call your pharmacy and/or providers if needed.

17. What if my Provider says they do not accept this plan?

If your provider accepts Medicare, the claim will automatically be crossed over to the secondary coverage for payment. Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) to assist. We can reach out to your provider to have your claim processed correctly.

18. Can I leave the plan and come back? If I leave will it affect any other benefits?

No. If you leave the plan, you are unable to return, and it may affect any additional benefits.

Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [Toll Free 833.976.0632 \(TTY 711\)](tel:833.976.0632).

19. How much do I have to pay for the plan?

Please contact your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) to answer any premium questions.

20. Who do I call if I need assistance with the plan?

Please call your Dedicated Retiree Advocate Team with Retiree First at [714.455.2140 \(TTY 711\)](tel:714.455.2140) or [833.976.0632 \(TTY 711\)](tel:833.976.0632) to reach your Dedicated Anaheim Union High School District Medicare Advocate team from the hours of 8:00AM to 5:00PM PST.

PLAN F
MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD – 2023

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION * Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1600	\$1600 (Part A Deductible)	\$0
61st thru 90th day	All but \$400 a day	\$400 a day	\$0
91st day and after:			
– While using 60 lifetime reserve days	All but \$800 a day	\$800 a day	\$0
Once lifetime reserve days are used:			
– Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0 **
– Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE *			
You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$200.00 a day	Up to \$200.00 a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare’s requirements, including a doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

** **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Core Benefits.” During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – 2023

* Once you have been billed \$226 of Medicare-Approved amounts for covered services (which are noted with an asterisk), Medicare Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	Generally 80%		\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0		\$0
BLOOD			
First 3 pints	\$0	All Costs	\$0
Next \$226 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	80%		\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0
– Durable medical equipment			
First \$226 of Medicare Approved Amounts*	\$0	100% of the amount not paid by Medicare	\$0
Remainder of Medicare Approved Amounts	80%		\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First \$250	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Benefit Overview



EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare® (PDP)

YOUR 2023 PRESCRIPTION DRUG PLAN BENEFIT: Anaheim Union High School District

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. For maintenance medications, you have the choice of filling prescriptions for more than a one-month supply at pharmacies with preferred cost sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost sharing than the standard cost sharing offered by other pharmacies within our network.

Deductible stage	You do not pay a yearly deductible.				
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:				
	Tier	Retail One-Month (31-day) Supply	Retail Two-Month (32-60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$7 copayment	\$14 copayment	Preferred cost-sharing \$14 copayment Standard cost-sharing \$21 copayment	\$14 copayment
Tier 2: Preferred Brand Drugs	\$25 copayment	\$50 copayment	Preferred cost-sharing \$50 copayment Standard cost-sharing \$75 copayment	\$50 copayment	

	Tier 3: Non-Preferred Drugs	\$50 copayment	\$100 copayment	Preferred cost-sharing \$100 copayment Standard cost-sharing \$150 copayment	\$100 copayment
	Tier 4: Specialty Tier Drugs	\$50 copayment	\$100 copayment	Preferred cost-sharing \$100 copayment Standard cost-sharing \$150 copayment	\$100 copayment
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p>*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree First LLC Member Advocate Line at 714-455-2140. TTY users should call 711.</p>				
Coverage Gap stage	After your total yearly drug costs reach \$4,660, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.				
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$7,400, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$4.15 copayment for covered generic drugs (including drugs treated as generics) , with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage. • a \$10.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage. 				

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a

one-month supply of generic drugs at a time. Contact your plan if you have questions about cost sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **[express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies)**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- A PDF of our printed drug list for 2023 will be available by logging into **[express-scripts.com/documents](https://www.express-scripts.com/documents)** beginning on October 15, 2022.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **[express-scripts.com](https://www.express-scripts.com)**, or by contacting the Retiree First LLC Member Advocate Line at 714-455-2140. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. If your plan has a deductible, there is no deductible for covered vaccines. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

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

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

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



TIME SENSITIVE—OPEN IMMEDIATELY

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

Effective <<Month 1, 2023>>, you will be enrolled in
Express Scripts Medicare (PDP) for Anaheim Union High School District

Dear Anaheim Union High School District Retiree/Spouse:

We are committed to helping you receive quality care. That's why we are enrolling you in **Express Scripts Medicare® (PDP)** for Anaheim Union High School District. This coverage will be sponsored by Anaheim Union High School District and will be administered by Express Scripts. Along with this plan you will have access to a team of Retiree Advocates at Retiree First to assist you with all your plan needs. 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 or Retiree First 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 First Member Advocate Line at 714-455-2140. 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 Anaheim Union High School District. 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 Anaheim Union High School District, 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 First Member Advocate Line at 714-455-2140. 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**).

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 Anaheim Union High School District.

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 7 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 7 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.