

For Commonwealth of Virginia Retiree Health Benefits Program 2013

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Contracting Statement

Express Scripts Medicare™ (PDP) is a Medicare-approved Part D sponsor.
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Service Area

You must live in the plan's service area in order to one of these areas to join this Plan.

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Plan Ratings

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients, and customer service). You may use the web tools on www.medicare.gov* and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also [download the plan ratings for this Plan](#). Plan performance summary Star Ratings are assessed each year and may change from one year to the next.

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Eligibility Requirements

A Part D eligible beneficiary is defined as being:

- Entitled to Medicare benefits under Part A and/or enrolled in Part B
 - Currently eligible in the CMS systems
- AND**
- A permanent resident in the geographic service area of the Part D plan

Additional Enrollment Information

- You may be enrolled in only one Part D plan at a time.

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Medigap

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

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Extra Help

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.
- 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 get Extra Help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get Extra Help from Medicare. However, it does not include any Medicare Part B premium you may have to pay.

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Enrollment/Disenrollment Options

Annual Enrollment Period

The Annual Enrollment Period runs from October 15 through December 7. In general, enrollment is allowed only during the Annual Enrollment Period unless you recently became eligible for Medicare or qualify for a Special Enrollment Period. For more information, call Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Special Enrollment Period

A Special Enrollment Period is when a person, under certain circumstances, may enroll in, or disenroll from, a Medicare prescription drug plan other than during the Annual Enrollment Period. Examples of such circumstances may include receiving benefits from both Medicare and Medicaid; changing living situations (such as moving out of state or into a long-term care facility); losing creditable coverage from an employer or other plan sponsor; or losing coverage because a plan no longer offers Medicare prescription drug coverage. For more information, call Customer Service toll-free at 1-800-572-4098, 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Late Enrollment Penalty

This late enrollment penalty is imposed when a beneficiary fails to maintain creditable prescription drug coverage (coverage that meets Medicare's minimum standards) for a period of 63 days or more following the last day of an individual's initial enrollment in a Part D plan.

Voluntary Disenrollment

Members may disenroll from a prescription drug plan during one of the election periods by doing the following:

- You can end your membership during the Annual Enrollment Period. This is the time when you

should review your health and drug coverage and make a decision about your coverage for the upcoming year.

- You can end your membership by enrolling in another plan
- In certain situations, you can end your membership during a Special Enrollment Period.

For more information about Voluntary Disenrollment, please call Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**. Or contact Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.

Required Involuntary Disenrollment

A prescription drug plan organization **must** end your membership in the Plan if any of the following occur:

- If you do not stay continuously enrolled in Medicare Part A or Part B (or both).
- If you move out of our service area for more than 12 months.
- If you become incarcerated (go to prison).
- If you lie about or withhold information about other insurance you have that provides prescription drug coverage.
- If you intentionally give us incorrect information when you are enrolling in our Plan and that information affects your eligibility for our plan.
- If you continuously behave in a way that is disruptive and makes it difficult for us to provide care for you and other members of our Plan.
- If you let someone else use your membership card to get prescription drugs.

- If you do not pay the plan premiums for 2 calendar months.

For more information about Involuntary Disenrollment, please call Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

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Privacy

This website is designed to provide access to online information regarding the Express Scripts Medicare Part D product offering. In connection with providing this information, there are times when we will ask for, or collect, personal information from you. As part of our commitment to honoring your privacy, this policy will explain the approach we take in protecting and using the information that we gather from you on this website. For your ease and convenience, we make this notice available from every page of the website, identified as "Privacy," with a link to this notice.

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Premiums

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party, even if the Medicare Part D premium is \$0.

If you would like to change your premium payment method, please contact Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**. Please note, if you do choose to change your method, it may take up to 3 months for this change to take effect, and you may continue to be billed via the original method until your change takes effect.

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Pharmacy Services

Pharmacy Network

As a Express Scripts Medicare member, you have access to over 64,000 retail network pharmacies nationally, as well as convenient and safe delivery through mail order from the Express Scripts family of pharmacies.

Out-of-Network Coverage

In most cases, your prescriptions are covered under this plan only if they are filled at a retail network pharmacy or through our mail-order pharmacy. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling outside the plan's service area where there is no retail network pharmacy. You may incur an additional cost for prescriptions filled at an out-of-network pharmacy. Please note that the pharmacies in our network now may change. For the most up-to-date information, select "Find a pharmacy" from the listing on the left or call Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Pharmacy Access & Participation

This plan has contracts with pharmacies that equal, or exceed, CMS requirements for pharmacy access in your area. In most cases, your prescriptions are covered under this plan only if they are filled at a retail network pharmacy or through our mail-order

pharmacy. We will fill prescriptions at out-of-network pharmacies under certain circumstances. Quantity limitations and restrictions may apply.

Long-term care and home infusion pharmacies may service a broad area. Therefore, you may need to look outside your immediate area for these types of providers.

Pharmacy List

To get current information about Express Scripts Medicare network pharmacies in your area, select "Find a pharmacy" from the listing on the left of this page. Inclusion in this list does not guarantee that a pharmacy continues to participate in your plan.

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Formulary

Brand-Name & Generic Drugs

Express Scripts Medicare covers both brand name drugs and generic drugs. Generic drugs have the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand name drugs.

Size of Formulary

The Express Scripts Medicare formulary includes over 3,000 of the most commonly prescribed prescription drugs.

60-Day Notice

We may periodically add or remove a drug, make changes to coverage rules on certain drugs, or change how much you pay for a drug. If we make any formulary change that limits your ability to fill prescriptions, we will notify you at least 60 days before the change is made. Note that if the Food and Drug Administration finds that a drug on the formulary is unsafe or if the drug's manufacturer removes the drug from the market, we immediately remove the drug from our formulary and then notify you of the change.

Coverage

Certain drugs may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Express Scripts Medication Management Program

The Express Scripts Medication Management Program is a free service that Express Scripts Medicare offers to members who have certain medical conditions or chronic illnesses, who are taking many prescription drugs, and who have high drug costs. This program was developed for Express Scripts Medicare by a team of pharmacists and doctors to help members make better use of their coverage and to improve their understanding and use of medication. You may qualify for participation in the program if you:

- Have several chronic conditions, including heumatoid arthritis, high cholesterol, congestive heart failure, diabetes, chronic obstructive pulmonary disease, osteoporosis, or depression, and

- Are taking several covered Medicare Part D medications. Both chronic and acute medications are considered in the evaluation process.
- Will be likely to incur at least \$3,144 in 2013 annual drug costs for covered Medicare Part D medications.

For more information on our Medication Management Program, please call Customer Service toll-free at **1-800-572-4098** 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY users should call **1-800-716-3231**.

Medicare Part D plan members can print a blank Personal Medication List (PML) from the Centers for Medicare & Medicaid Services (CMS) standardized format on the number listed above.CMS website. This blank PML template can be used to help manage your medications.

https://www.cms.gov/Medicare/Prescription-Drug-coverage/PrescriptionDrugCovContra/downloads/CMS_10396_MTMP_Standardized_Format.pdf

Note: The Medication Therapy Management Program is not considered a benefit.

Drug Utilization Reviews

We conduct drug utilization reviews for all our members to make sure that they are getting safe and appropriate care. These reviews are especially important for members who have more than one doctor who prescribes their medications. We conduct drug utilization reviews each time you fill a prescription and on a regular basis by reviewing our records. During these reviews, we look for medication problems, such as:

- Drug allergies
- Possible medication errors
- Duplicate drugs that are unnecessary because you are taking another drug to treat the same medical condition
- Drugs that are inappropriate because of your age or gender
- Possible harmful interactions between drugs you are taking
- Drug dosage errors

If we identify a medication problem during our drug utilization review, we will work with your doctor to correct the problem.

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Service Complaint

- If you would like to make a complaint related to issues such as quality of care, waiting time, or the Customer Service you receive, you may: Call us toll-free at **1-800-572-4098**. Customer Service is available 24 hours a day, 7 days a week, in English and other languages. For the hearing impaired with a TTY machine, please call **1-800-716-3231**.

OR

- You may write to us and send by mail to:

Express Scripts Medicare

Express Scripts

Attn: Grievance Resolution Team

P.O. Box 630035

Irving, TX 75063-0035

If you need assistance or more information on filing a complaint, please call Customer Service toll-free at the number listed above.

For process or status questions regarding a complaint:

- Call an Express Scripts Medicare Advisor at **1-800-572-4098**, 8:00 a.m. to 8:00 p.m., 7 days a week, except Thanksgiving, to ask any questions you may have. Customer Service is available in English and other languages. For the hearing-impaired with a TTY please call **1-800-716-3231**.

OR

- You can write to us at:

Express Scripts Medicare (PDP)

Express Scripts

Attention: Grievance Resolution Team

P.O. Box 630035

Irving, TX 75063-0035

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Exceptions and Appeals

If you would like to request a coverage determination (such as an exception to the rules or restrictions on our plan's coverage of a drug) or if you would like to make an appeal for us to reconsider a coverage decision, you may:

- Call us toll-free at **1-800-572-4098**, 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

OR

- You may write to us using our Exception Request and/or Coverage Determination Form and send it to us by:

Fax at 1-888-235-8551

OR

Mail to:

Express Scripts

Attn: Medicare Reviews

P.O. Box 630367

Irving, TX 75063-0118

[Download an Exception Request Form](#)

If you would like to submit your coverage determination request online, please [click here](#).

Coverage Redetermination Request Form

The Request for [Medicare Prescription Drug Denial Form](#) should be used to initiate an appeal to a previously declined coverage review request. Once complete, the form should be faxed to us (without a cover sheet) at 1-800-837-0959. If you would like to submit a coverage redetermination request form online, please [click here](#).

If you are a requestor filling out a form on behalf of someone else, and have not filled out an Appointment of Representative form, please [click here](#).

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How to Request Dispute History

You may request information about the total number of grievances, appeals, and exceptions that have been filed with Express Scripts, as well as about the outcomes of these disputes, by calling Express Scripts Customer Service toll-free at **1-800-572-4098**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY users should call **1-800-716-3231**.

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Contract Termination Notice

All Medicare prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare prescription drug plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

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Contract Renewal

Express Scripts Medicare is authorized by law to refuse to renew its contract with CMS. CMS also may refuse to renew the contract, and termination or non-renewal may result in termination of the beneficiary's enrollment in the plan. In addition, Express Scripts Medicare may reduce its service area and no longer offer services in the area where the beneficiary resides.

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*By selecting this link, you will be opening a new browser window to another site. We assume no responsibility for any material or information you may encounter on this or any other non-Express Scripts site.

Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year.

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A Medicare-approved Part D sponsor