Express Scripts Medicare (PDP) for Commonwealth of Virginia Retiree Benefits Program

Annual Notice of Changes Plan Materials for 2026

Enclosed are your **Express Scripts Medicare**® (PDP) renewal materials for the 2026 plan year. Please remember that your renewal in this plan is automatic if you continue to be eligible for coverage in the Commonwealth of Virginia Retiree Health Benefits Program and you are not disenrolled by Medicare for any reason—otherwise, no action is required to continue your membership for 2026. Please promptly review the enclosed materials to become familiar with the changes to your benefit.

The following renewal materials are enclosed:

- **Quick Reference Guide**
  Use this document to find important contact information for your plan.
- **Annual Notice of Changes**
  Use this document to see a summary of any changes to your benefits and costs for the upcoming year.
- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs ("LIS Rider")**
  If you qualify for a low-income subsidy and have been receiving Extra Help, this document will help you understand the amount of assistance you will be receiving for the 2026 plan year.

Express Scripts Medicare Customer Service Call here to find out in advance if a drug is covered or to ask other general questions.	
Call:	1.800.572.4098
TTY:	1.800.716.3231
Hours:	24 hours a day, 7 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 5003 Hartford, CT 06102	**Call:** **TTY:** **Fax:** **Hours:**	1.800.572.4098 1.800.716.3231 1.800.293.2192 24 hours a day, 7 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 home delivery 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:**	1.844.374.7377 1.800.716.3231 1.877.251.5896 24 hours a day, 7 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:**	1.844.374.7377 1.800.716.3231 1.877.852.4070 24 hours a day, 7 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, **express-scripts.com**, in the Medicare Resources Center found in the Benefits menu, or call Customer Service.

Submit by Mail:	Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85082
Submit by Fax:	You can fax us your request for payment 24 hours a day, 7 days a week to **1.608.741.5483.**
Submit Online:	Log in to **express-scripts.com** and select **Benefits > Forms & Cards**

EVERNORTH HEALTH SERVICES

Express Scripts® Medicare (PDP)

Express Scripts Medicare (PDP) for the Commonwealth of Virginia Retiree Health Benefits Program

Commonwealth of Virginia Retiree Health Benefits Program

Annual Notice of Changes for 2026

You're currently enrolled as a member of **Express Scripts Medicare®** (PDP). The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by COVA. This document describes changes to the plan's costs and benefits for next year.

Changes to Medicare prescription drug coverage for the next year can generally be made from October 15 until December 7. This means that Medicare beneficiaries can select a new Medicare Part D prescription drug plan during this time that will start on the following January 1. The Commonwealth of Virginia Retiree Health Benefits Program does not have an annual enrollment period. Enrollment in this prescription drug plan is only available immediately upon eligibility for coverage. You may terminate this coverage prospectively at any time, but once terminated, you may not re-enroll. Section 2 of this booklet and your Commonwealth of Virginia Annual Rate Notification booklet, which will be mailed to you separately by the end of October, will provide additional information regarding your options.

Additional Resources

- This document is available at no cost in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service toll-free at **1.800.572.4098** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have cost free language interpreter services available for non-English speakers. Please note: You may opt out of receiving phone calls from this plan.
- This information is also available in braille. Call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
- When this document says "we," "us" or "our," it means *Medco Containment Life Insurance Company*. When it says "plan" or "our plan," it means Express Scripts Medicare.
- Note this is only a summary of changes. Call Express Scripts Medicare at the phone numbers above for more information or log into your account to view a copy of this plan's *Evidence of Coverage* at **express-scripts.com/documents**.
- 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. Express Scripts Medicare has a broad network nationwide. To see if your pharmacy is in our network, visit **express-scripts.com** or call Express Scripts Medicare Customer Service.

Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows all beneficiaries to change Medicare health and drug coverage during the Annual Enrollment Period. **However, under your current plan, you can end coverage prospectively at any time, and this will allow you a special enrollment opportunity so you can elect coverage in another Part D plan.** In any case, it's important to review your coverage now to make sure it will meet your needs next year. Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in **Section 1** for information about benefit and cost changes for our plan.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section 1** for information about changes to our drug coverage.
- ☐ **Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- ☐ **Compare your plans.** Compare the 2025 and 2026 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2026.
- ☐ **Check if you qualify for help paying for prescription drugs.** People with limited incomes may qualify for Extra Help from Medicare. Look in **Section 4** for information about Extra Help.

If you decide to <u>stay</u> with Express Scripts Medicare:	**If you decide to <u>change</u> plans for next year:**
If you want to stay with us in 2026, it's easy − you don't need to do anything. You will automatically stay enrolled in our plan if you continue to be eligible and don't enroll in another Part D plan.	If you decide that coverage in another Part D plan will better meet your needs, please see **Section 2.2** to learn more about your choices. Please see **Section 3** for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will usually begin on January 1, 2026.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Your prescription drug plan premium will continue to be billed or deducted by the Commonwealth of Virginia Retiree Health Benefits Program as part of your total health benefits premium. The Commonwealth of Virginia will be sending you a booklet by the end of October that includes your 2026 premium.

- **Late Enrollment Penalty:** Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty.
- **Higher Income Surcharge:** If you have a higher income, you may have to pay an additional amount each month *directly to the government* for your Medicare prescription drug coverage.
- **Extra Help:** Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see **Section 4** regarding "Extra Help" from Medicare.
- **Medicare Part B:** You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid or another party.

Section 1.2 – Changes to Part D Prescription Drug Coverage

Changes to Your Prescription Drug Costs

Do you get Extra Help to pay for your drug coverage 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 have included a separate insert, called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" (also called the "Low Income Subsidy Rider" or "LIS Rider"), which tells you about your drug coverage and costs. If you get Extra Help and didn't receive this insert with this packet, please call Customer Service and ask for the LIS Rider. Phone numbers for Customer Service are on the front cover of this document.

Drug payment stages

There are three drug payment stages: the Yearly Deductible stage, the Initial Coverage stage, and the Catastrophic Coverage stage. The Coverage Gap stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. The Coverage Gap Discount Program has been 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.

This plan has three drug payment stages. The drug payment stage will affect how much you pay for a Part D drug.

The following chart summarizes changes to the plan's drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect on January 1, 2026, and will stay the same for the entire calendar year. 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 also be restrictions for approved prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket Part D drug costs by spreading them across the calendar year (January – December). You may be participating in this payment option today. Note: If your plan covers additional drugs not normally covered by Medicare Part D, those drugs will not be eligible for the Medicare Prescription Payment Plan. To learn more about this payment option, please contact us at **1.866.845.1803** 24 hours a day, 7 days a week (TTY users call **1.800.716.3231**) or visit www.medicare.gov.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, please contact us at **1.866.845.1803** 24 hours a day, 7 days a week (TTY users call **1.800.716.3231**) or visit www.medicare.gov.

	2025 (this year)	2026 (next year)
YEARLY DEDUCTIBLE STAGE You start in this payment stage each plan year. During this stage, **you pay the full cost** of your Part D drugs, except for covered insulin products and most adult vaccines. You stay in this stage until you have paid your yearly deductible amount. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines. Once you meet your deductible, you move on to the Initial Coverage stage.	$590 This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.	$615 This is how much you must pay for your covered Part D brand drugs before the plan will pay its share. There is no deductible for covered generic drugs.
INITIAL COVERAGE STAGE In this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** Most adult Part D vaccines are covered at no cost to you.	The table below shows your costs for drugs in each of our four drug tiers. We changed the tier of some of the drugs on the drug list. To see if any of your drugs have been moved to different tiers, look them up online at **express-scripts.com/documents** starting on October 15, 2025, or call Express Scripts Medicare Customer Service. For 2026, you will stay in this stage until the total cost of your Part D drugs reaches $2,100 (in 2025, the limit is $2,000). Once you reach this limit, you move on to the Catastrophic Coverage stage. Most members will not reach the Catastrophic Coverage stage.	

	2025 (this year)	2026 (next year)
Drugs in Tier 1 *(Generic Drugs)*		
Cost for each one-month (up to a 34-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	You pay $7 per prescription.	You pay $7 per prescription.
Cost for up to a three-month (35 to 90-day) supply of a drug in Tier 1 that is filled through our Express Scripts Pharmacy by Evernorth® home delivery service.	You pay $7 per prescription.	You pay $7 per prescription.
Drugs in Tier 2 *(Preferred Brand Drugs)*		
Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy	You pay $25 per prescription.	You pay $25 per prescription.
Cost for up to a three-month (35 to 90-day) supply filled through our Express Scripts Pharmacy by Evernorth home delivery service.	You pay $50 per prescription.	You pay $50 per prescription.
Drugs in Tier 3 *(Non-Preferred Drugs)*		
Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy	You pay 75% of the total cost.	You pay 75% of the total cost.
Cost for up to a three-month (35 to 90-day) supply filled through our Express Scripts Pharmacy by Evernorth home delivery service.	You pay 75% of the total cost.	You pay 75% of the total cost.

	2025 (this year)	2026 (next year)
Drugs in Tier 4 *(Specialty Tier Drugs)* Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy	You pay 25% of the total cost.	You pay 25% of the total cost.
Cost for up to a three-month (35 to 90-day) supply filled through our Express Scripts Pharmacy by Evernorth home delivery service.	You pay 25% of the total cost.	You pay 25% of the total cost.
COVERAGE GAP STAGE **(RETAIL OR HOME DELIVERY SERVICE)**	For 2025, the Coverage Gap stage is eliminated.	There is no Coverage Gap in 2026.
CATASTROPHIC COVERAGE STAGE **(RETAIL OR HOME DELIVERY SERVICE)** 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.	If you reach the Catastrophic Coverage stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if your plan covers additional drugs not normally covered by Medicare Part D.	

Changes to Our Drug List

Our list of covered drugs is called a formulary or "drug list." A PDF of our printed drug list for 2026 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2025. The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on our list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

We made changes to our drug list, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the drug list to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the drug list are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online drug list at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, talk to your prescriber 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 may immediately remove brand-name drugs or original biological products on our drug list if we replace them with new generics or certain biosimilar versions of the brand-name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand-name drug or original biological product on our drug list but immediately move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand-name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand-name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You can also call Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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 **express-scripts.com** or call Express Scripts Medicare Customer Service for more information.

Our network of pharmacies has changed for next year. However, the majority of pharmacies that participate in our network in 2025 will continue to participate in 2026.

You can access information about what pharmacies are in our network by logging into **express-scripts.com/pharmacies** or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

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 so we may assist.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Express Scripts Medicare for the Commonwealth of Virginia Retiree Health Benefits Program

To stay in this plan, you don't need to do anything. You will automatically remain enrolled in this plan for 2026 if you continue to be eligible for the Commonwealth of Virginia Retiree Health Benefits Program and Medicare does not disenroll you for any reason.

Section 2.2 – If You Want to Change Plans

You may leave this plan prospectively at any time. Doing so will allow a special enrollment opportunity in another Part D plan. If you enroll in another Part D plan or a Medicare Advantage

Plan that includes prescription drug coverage, it will result in your disenrollment from this plan. If you leave this plan but continue to be otherwise eligible for the program, you may maintain your Medicare supplemental coverage and, if applicable, optional dental/vision coverage by enrolling in a Medical-Only plan. However, once you have declined or terminated this prescription drug coverage, you may not re-enroll later even if you are enrolled in a Medical-Only plan. Your Annual Rate Notification booklet will include additional information about your options.

You will find more information about other Medicare Part D or Medicare Advantage plans available in your area by contacting Medicare.

You can access Medicare via their website at www.medicare.gov/plan-compare or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

SECTION 3 Deadlines for Changing Plans

All Medicare beneficiaries can change to a different prescription drug plan or to a Medicare health plan from **October 15 until December 7.** Generally, a change in coverage will take effect on January 1, 2026.

However, as a member of the Commonwealth of Virginia Retiree Health Benefits Program's Medicare Part D plan (this plan), which is an Employer Group Waiver Plan, you have more flexibility in making plan changes, including access to a Special Enrollment Period whenever you decide to drop our plan. To get more details on this, please call Customer Service for more information.

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can generally make changes from **October 15 through December 7.** The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information. Your change in coverage will take effect on January 1, 2026.

Are there other times of the year to make a change?
In certain situations, you may have other chances to change your coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for prescription drugs
- Have or are leaving employer coverage
- Move out of our plan's service area.

Note: If you're in a drug management program, you may not be able to change plans.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare prescription drug coverage) or switch to Original Medicare (with or without separate Medicare prescription drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out. **However, please speak with your former employer or your retiree group to understand your options and consequences of choosing another plan before you make a change.**

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. We have listed the different types of help below:

- **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 seventy-five (75) percent or more of your drug costs, including monthly prescription drug plan premiums, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. Many people are eligible and don't even know it. **Your Annual Rate Notification booklet from the Commonwealth of Virginia Retiree Health Benefits Program also includes information about the impact of Extra Help on your state program coverage.**
    - 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048, 24 hours a day, 7 days a week;
    - Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1.800.325.0778; or
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** The 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 Pharmaceutical Assistance Program.
- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through your state. 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 calling your state's ADAP organization, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at **1.866.845.1803** (TTY users call **1.800.716.3231**) or visit www.medicare.gov.

SECTION 5 Get Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program (not connected with any insurance company or health plan) 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. SHIP 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 contact the SHIP in your state by contacting Medicare or by visiting www.shiphelp.org.

SECTION 6 Questions?

Get Help from Express Scripts Medicare

We're here to help. Please call Customer Service at **1.800.572.4098.** Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231.**

Section 6.1 – Other Plan Information

Rights and rules about next year's benefits
This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2026. The 2026 *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. You may request a copy of the *Evidence of Coverage* by calling Customer Service at the numbers on the front of this document. A copy of the *Evidence of Coverage* is located on our website at **express-scripts.com/documents**. You may also call Customer Service to ask us to mail you a copy.

Visit our website
You can visit our website at **express-scripts.com** for the most up-to-date information about our pharmacy network and drug coverage.

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 6.2 – Get Help From Medicare

- **Call 1.800.MEDICARE (1.800.633.4227)**
  You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users can call 1.877.486.2048.
- **Chat live with www.medicare.gov**
  You can chat live at www.medicare.gov/talk-to-someone.
- **Write to Medicare**
  You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044
- **Visit www.medicare.gov**
  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.

- **Read *Medicare & You* 2026**
  The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.medicare.gov or by calling 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.

Discrimination is against the law

Evernorth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes.

Evernorth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes.

Evernorth

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language assistance services to people whose primary language is not English in a timely manner, such as:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services or language assistance services, contact the Civil Rights Coordinator.

If you believe that Evernorth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, ancestry, religion, marital status, gender, sexual orientation, gender identity or sex stereotypes, you can file a grievance with the Civil Rights Coordinator, P.O. Box 4083, Dublin, OH 43016, 1.877.819.6184 (TTY: Dial 711), affordablecareactgrievance@evernorth.com.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201
1.800.368.1019, 1.800.537.7697 (TDD)

Complaint forms are available at
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

EVERNORTH℠

All Evernorth products and services are provided exclusively by or through operating subsidiaries of Evernorth, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc. ATTENTION: If you speak languages other than English, language assistance services are available to you at no cost. For current customers, call the number on your Member ID card (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios de asistencia lingüística sin costo. Para los clientes actuales, llame al número que figura en su tarjeta de Identificación de Miembro (los usuarios de TTY deben llamar al 711).

La discriminación es ilegal

Evernorth cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género.

Evernorth no excluye a las personas ni las trata de manera menos favorable debido a su raza, color, nacionalidad, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género.

Evernorth

- Brinda a las personas con discapacidad modificaciones razonables y ayuda auxiliar gratuita y apropiada para comunicarse eficazmente con nosotros, tales como las siguientes:
  - Intérpretes de lenguaje de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)

- Brinda servicios de asistencia lingüística gratuita de manera oportuna a personas cuyo idioma primario no es el inglés, como, por ejemplo:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayuda y servicios auxiliares adecuados o servicios de asistencia lingüística, comuníquese con el Coordinador de Derechos Civiles.

Si cree que Evernorth no ha proporcionado estos servicios o ha discriminado de otra manera por motivos de raza, color, origen nacional, edad, discapacidad, sexo, ascendencia, religión, estado civil, género, orientación sexual, identidad de género o estereotipos de género, puede presentar una queja ante el Coordinador de Derechos Civiles: Civil Rights Coordinator, P.O. Box 4083, Dublin, OH 43016, 1.877.819.6184 (TTY: Llame al 711), affordablecareactgrievance@evernorth.com.

Puede presentar una queja formal en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el Coordinador de Derechos Civiles se encuentra disponible para brindarle asistencia.

También puede presentar una queja en materia de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios Humanos y de Salud de los Estados Unidos electrónicamente a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201
1.800.368.1019, 1.800.537.7697 (TDD)

Los formularios para presentar una queja están disponibles en
https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

EVERNORTH℠

Todos los productos y servicios de Evernorth se brindan exclusivamente por o a través de subsidiarias operativas de Evernorth, incluidas Evernorth Care Solutions, Inc. y Evernorth Behavioral Health, Inc. ATTENTION: If you speak languages other than English, language assistance services are available to you at no cost. For current customers, call the number on your Member ID card (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios de asistencia lingüística sin costo. Para los clientes actuales, llame al número que figura en su tarjeta de Identificación de Miembro (los usuarios de TTY deben llamar al 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the number on your Member ID card or speak to your provider.

ATENCIÓN: Si habla español, los servicios de asistencia con el idioma están disponibles para usted sin cargo. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al número que figura en la tarjeta de identificación de miembro o hable con su proveedor.

請注意：如果您說中文，您可以免費獲得語言協助服務。另免費提供適當的輔助工具和服務並以無障礙格式提供資訊。請致電您的會員 ID 卡上的電話號碼或聯絡您的提供者。

请注意：如果您说中文，您可以免费获得语言协助服务。另免费提供适当的辅助工具和服务并以无障碍格式提供信息。请致电您的会员 ID 卡上的电话号码或联系您的提供者。

BIGYANG-PANSIN: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang mga naaangkop na pantulong na suporta at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang libre. Tawagan ang numero sa iyong card ng Member ID o makipag-usap sa iyong provider.

ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le numéro figurant sur votre carte d'adhérent ou parlez à votre prestataire.

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí sẽ có sẵn cho quý vị. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số trên thẻ ID Thành viên của quý vị hoặc nói chuyện với nhà cung cấp của quý vị.

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie die Nummer auf Ihrer Versichertenkarte an oder sprechen Sie mit Ihrem Dienstleister.

주의 사항: 한국어를 구사하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 액세스 가능한 형식으로 정보를 제공하기 위해 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 가입자 ID 카드에 기재된 전화번호로 연락하시거나 귀하의 의료 제공자에게 문의하시길 바랍니다.

ВНИМАНИЕ: если вы говорите на русском языке, вам могут предоставить бесплатные услуги перевода. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также можно получить бесплатно. Позвоните по номеру, указанному на вашей идентификационной карточке участника плана, или обратитесь к своему врачу.

تنبيه: إذا كنت تتحدث العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل بالرقم الموجود على بطاقة ID هوية العضو الخاصة بك أو تحدث مع مقدم الخدمة الخاص بك.

ान द: यिद आप िहंदी ं बोलते ह, तो आपके िलए िनः शु भाषा सहायता सेवाएँ उपल ह। सुलभ
ा प म सूचना उपल कराने के िलए उपयु सहायक साधन और सेवाएं भी िनः शु उपल ह। अपने सद आईडी काड पर िदए गए नंबर पर कॉल कर या अपने दाता से बात कर।

ATTENZIONE: Se parli Italiano, sono a tua disposizione servizi gratuiti di assistenza linguistica. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero sulla tua tessera ID membro o parla con il tuo fornitore.

ATENÇÃO Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para o número indicado no seu cartão de identificação de membro ou fale com o seu provedor.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans lengwistik gratis ki disponib pou ou. Èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòma ki aksesib yo disponib tou gratis. Rele nimewo ki sou kat ID manm ou an oswa pale ak founisè w la.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Odpowiednie materiały pomocnicze i usługi zapewniające informacje w dostosowanych formatach są również dostępne bezpłatnie. Należy zadzwonić pod numer podany na karcie członkowskiej lub porozmawiać z lekarzem prowadzącym.

注意：言語を挿入を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助手段やサービスも無料でご利用いただけます。会員 ID
カードに記載されている番号に電話するか、プロバイダーにお問い合わせください。