

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

Annual Notice of Changes Plan Materials for 2022

Enclosed are your **Express Scripts Medicare**[®] (PDP) renewal materials for the 2022 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 2022. 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 2022 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.
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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 3610 Dublin, OH 43016-0307	Call: 1.800.572.4098 TTY: 1.800.716.3231 Fax: 1.614.907.8547 Hours: 24 hours a day, 7 days a week
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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 to remove or change a restriction on a specific medication.

Write: Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY: 1.800.716.3231 Fax: 1.877.251.5896 Hours: 24 hours a day, 7 days a week
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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 medication was denied.

Write: Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY: 1.800.716.3231 Fax: 1.877.852.4070 Hours: 24 hours a day, 7 days a week
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Paper Claim Submission

Mail request for payment with receipts to:

Express Scripts
Attn: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

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.

The 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. You can fax us your request for payment 24 hours a day, 7 days a week to **1.608.741.5483**.



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 2022

You are 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 enhanced coverage under the plan offered by the Commonwealth of Virginia Retiree Health Benefits Program. Starting January 1, 2022, there will be some changes to the plan's coverage levels. *This booklet describes the changes.*

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 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.
- This information is also available in braille. Please 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 booklet says “we,” “us” or “our,” it means *Medco Containment Life Insurance Company*. When it says “plan” or “our plan,” it means *Express Scripts Medicare*.
- This information is not a complete description of benefits. Call Express Scripts Medicare at the phone numbers above for more information.
- 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. Please note this is only a summary of changes. 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.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? 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. Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- 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?

If you decide to stay with Express Scripts Medicare:

If you want to stay with us in 2022, 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 to change plans for next year:

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, 2022.

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 2022 premium.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty. The Commonwealth of Virginia does not currently collect this penalty.
- 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.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see **Section 5** regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Part D Prescription Drug Coverage

Changes to Your Prescription Drug 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 booklet.

This plan has four 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, 2022, 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.

	2021 (this year)	2022 (next year)
<p>YEARLY DEDUCTIBLE STAGE</p> <p>During this stage, you pay the full cost of your Part D brand drugs. You stay in this stage until you have paid your deductible amount.</p> <p>Once you meet your deductible, you move on to the Initial Coverage stage.</p>	<p>\$445</p> <p>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.</p>	<p>\$480</p> <p>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.</p>
<p>INITIAL COVERAGE STAGE</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your own share of the cost.</p>	<p>The table below shows your costs for drugs in each of our four drug tiers. We have moved some of the drugs on the drug list to different drug tiers for 2022. 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, 2021, or call Express Scripts Medicare Customer Service.</p> <p>For 2022, you will stay in this stage until the total cost of your Part D drugs reaches \$4,430 (in 2021, the limit is \$4,130). Once you reach this limit, you move on to the Coverage Gap stage. While most members will not reach the Coverage Gap stage, this enhanced plan does not have a gap that results in loss of coverage.</p> <p>If a drug you are taking in 2021 undergoes a negative formulary change for 2022 (e.g., removal from the formulary, higher cost-sharing tier, additional coverage limitations), you will receive additional information in December.</p>	

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 1 <i>(Generic Drugs)</i> 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</p> <p>Cost for up to a three-month (up to a 90-day) supply of a drug in Tier 1 that is filled through our home delivery service</p>	<p>You pay \$7 per prescription.</p> <p>You pay \$7 per prescription.</p>	<p>You pay \$7 per prescription.</p> <p>You pay \$7 per prescription.</p>
<p>Drugs in Tier 2 <i>(Preferred Brand Drugs)</i> Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>
<p>Drugs in Tier 3 <i>(Non-Preferred Drugs)</i> Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay 75% of the total cost.</p> <p>You pay 75% of the total cost.</p>	<p>You pay 75% of the total cost.</p> <p>You pay 75% of the total cost.</p>

	2021 (this year)	2022 (next year)
<p>Drugs in Tier 4 (<i>Specialty Tier Drugs</i>) Cost for each one-month (up to a 34-day) supply filled at a network retail pharmacy</p> <p>Cost for up to a three-month (up to a 90-day) supply filled through our home delivery service</p>	<p>You pay 25% of the total cost.</p> <p>You pay 25% of the total cost.</p>	<p>You pay 25% of the total cost.</p> <p>You pay 25% of the total cost.</p>
<p>COVERAGE GAP STAGE (RETAIL OR HOME DELIVERY SERVICE)</p>	<p>During this stage, this plan will generally cover generic drugs for the same copayment amount as you paid in the Initial Coverage stage. Your cost for generic drugs does count toward your total drug cost, as well as counting toward your yearly out-of-pocket drug cost. (Your yearly out-of-pocket drug cost is the amount that moves you on to the Catastrophic Coverage stage.)</p> <p>Your cost for formulary brand-name drugs during this stage will also generally be the same as in the Initial Coverage stage and, due to the Medicare Coverage Gap Discount Program, the amount you pay for non-preferred drugs may be lower.</p> <p>For 2022, you will stay in this stage until your yearly out-of-pocket drug costs reach \$7,050 and you move to the Catastrophic Coverage stage (in 2021, the limit is \$6,550).</p>	
<p>CATASTROPHIC COVERAGE STAGE (RETAIL OR HOME DELIVERY SERVICE)</p> <p>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.</p>	<p>You pay the greater of:</p> <p>\$3.70 for a generic drug (including drugs treated as generics) and \$9.20 for all other drugs</p> <p>OR</p> <p>5% of the total cost.</p>	<p>You pay the greater of:</p> <p>\$3.95 for a generic drug (including drugs treated as generics) and \$9.85 for all other drugs</p> <p>OR</p> <p>5% of the total cost.</p>

Please contact Customer Service at the numbers on the front of this document for more information about using our home delivery service.

Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” Our drug list is available by logging into **express-scripts.com/documents**. This brings you to a PDF of our printed drug list for 2022, which will be available online beginning on October 15, 2021. We made some changes to our drug list, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. 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.

If a drug you are currently taking is being removed from the formulary or is moving to a higher cost-sharing tier, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. To learn what you must do to ask for an exception, contact Customer Service at the numbers on the front cover of this document.
- **Find a different drug** that we cover. You can call Customer Service at the numbers on the front cover of this document to ask for a list of covered drugs that treat the same medical condition.

To avoid a gap in therapy, in some situations we are required during the first 90 days of coverage of each plan year to cover a temporary supply of certain drugs that are being removed from the formulary. (To learn more about when you can get a temporary supply and how to ask for one, contact Customer Service.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you currently have a formulary exception on file, you may need to submit a new request for an exception. The approval letter you received contains a start and end date for the approval. Please refer to this letter or contact Customer Service to determine if a request for a new exception is needed.

Most of the changes in the drug list are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the drug list during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online drug list as scheduled and provide other required information to reflect drug changes.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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.

There are changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2021 will continue to participate in 2022. You can access information about what pharmacies are in our network by logging into [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies) or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

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 2022 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 <https://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.

As a reminder, Express Scripts Medicare offers other Medicare prescription drug plans that are not a part of the State Retiree Health Benefits Program. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

SECTION 3 Deadline 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, 2022.

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.

Are there other times of the year to make a change?

In certain situations, even outside of the state program, changes are also allowed at other times of the year. For example, people with Medicaid or those who get Extra Help paying for their drugs are allowed to make a change at other times of the year.

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

SECTION 4 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). 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.

SECTION 5 Programs That Help Pay 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 the national average monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or 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.**

To see if you qualify, 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 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** 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 individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, or how to enroll in the program, check with your state AIDS Drug Assistance Program.

SECTION 6 Questions?

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 2022. The *2022 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](https://www.express-scripts.com/documents).

Visit our website

You can visit our website at [express-scripts.com](https://www.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 – Getting Help From Medicare

- **To get information directly from Medicare:** Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
- **Visit the Medicare website:** You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov/plan-compare>.)

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- **Read *Medicare & You 2022*:** You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

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