

ID No.: <<MemberID>>  
Issuer: (80840) 9151014609  
RxGrp: <<Card-RxGrp-Logic>>  
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**Your Effective Date:** <<EOCRiderEffDt>>

Dear <<Salutation>>:

Welcome to **Express Scripts Medicare**<sup>®</sup> (PDP) for UT SELECT, which UT System refers to as the UT SELECT Part D plan. Medicare has approved your enrollment in this plan beginning with the effective date provided above.

**How will my coverage work?**

As of your effective date, you should begin using Express Scripts Medicare network pharmacies to fill your prescriptions. Please present the member ID card included with this mailing to your pharmacist. If you use an out-of-network pharmacy (except in an emergency), Express Scripts Medicare may not pay for your prescriptions. For more information or to find retail network pharmacies in your area, visit our website at [www.express-scripts.com](http://www.express-scripts.com) or call Customer Service at the numbers below.

**What is my plan premium and how do I pay it?**

You will continue to be covered 100% as a retiree under the UT SELECT plan. If you are a dependent covered by a retiree or a surviving spouse, your monthly out-of-pocket premiums will not change as a result of the transition to the new employer-based UT SELECT Part D plan.

**Are there income-related cost adjustments for the Part D plan?**

Yes, depending on the amount of your modified adjusted gross income, you may be subject to a Part D income-related monthly adjustment amount (Part D-IRMAA). Social Security will contact you if you are responsible for Part D-IRMAA. The Part D-IRMAA amount goes directly to Medicare, not to your plan. To view a chart listing the D-IRMAA amount by income, see page 45 of the enclosed *Evidence of Coverage*, or visit <https://www.medicare.gov> and search for the page titled “Monthly Premium for Drug Plans” where D-IRMAA is also discussed.

If you are notified by Social Security that you are responsible for D-IRMAA and you disagree (for example, if your income goes down), you should contact Social Security directly and let them know you wish to appeal their determination.

**What if I have more questions?**

Please see the information on the other side of this letter. If you have additional questions, please contact Express Scripts Medicare at **1.800.860.7849**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**. You can also visit Express Scripts on the Web at [www.express-scripts.com](http://www.express-scripts.com). For more information on resources available on the Web, review the information in the enclosed *Quick Reference Guide*.

Sincerely,

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.

## **Additional Information About Your Coverage**

### **What is the Extra Help program?**

People with limited incomes may qualify for Extra Help to pay for their Medicare prescription drug costs. If you are eligible to receive Extra Help, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and copayments. For more information about Extra Help, contact your local Social Security office or call 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.

If the Centers for Medicare & Medicaid Services (CMS) has already identified you as qualifying for Extra Help, we have enclosed a separate insert in this package that will provide you with details on your plan costs.

If you think you qualify for Extra Help with your Medicare prescription drug costs, but you don't have or can't find proof, please contact Express Scripts Medicare at the phone numbers on the previous page.

### **What if I have a Medigap policy (other than through UT SELECT)?**

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

### **Will I pay a late enrollment penalty (LEP)?**

Under Medicare rules, you may owe an LEP if you didn't join a Medicare prescription drug plan when you were first eligible for Medicare Part A and/or Part B, and: you didn't have other prescription drug coverage that met Medicare's minimum standards, **or** you had a break in coverage of at least 63 days. UT System has chosen to cover the LEP on its members' behalf for the upcoming year, so you will not be responsible for any LEP while you are covered under the UT SELECT Part D plan during 2018.