

Your Prescription Drug Plan Materials

We are pleased to provide you with your **Express Scripts Medicare**[®] (PDP) plan materials for the 2018 plan year. These materials are for coverage through the Medicare Part D program, which UT System refers to as the UT SELECT Part D plan. Please promptly review the enclosed materials to become familiar with your benefit. The following plan materials are enclosed in this package:

- **Quick Reference Guide**

Use this document to find important contact information for your plan and instructions on how to fill a prescription at a network retail pharmacy or by using our home delivery pharmacy.

- **Prescription ID Card (Member ID Card)**

Detach and use your member ID card to fill prescriptions beginning with the effective date of your coverage listed on the enclosed Welcome Letter.

- **Benefit Overview**

This document provides a summary of your benefits and costs for this plan.

- **Evidence of Coverage**

Use this document to find an overview of your rights and the rules you must follow when using your Medicare prescription drug coverage.

- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**

If you qualify for a low-income subsidy through the Extra Help program, this document will help you understand the amount of assistance you will be receiving for the 2018 plan year.

- **Notice of Privacy Practices**

We care about your privacy. We follow applicable state and federal rules relating to the protection of health information. This notice explains how we use information about your health.

Quick Reference Guide

Express Scripts Medicare Customer Service Call here to find out in advance if a drug is covered or to ask other general questions.	
Call: 1.800.860.7849	Hours: 24 hours a day, 7 days a week
TTY: 1.800.716.3231	
Grievance Contact Information Use this information to file a grievance.	
Write: Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	Call: 1.800.860.7849 TTY: 1.800.716.3231 Fax: 1.614.907.8547 Hours: 24 hours a day, 7 days a week
Administrative Coverage Reviews and Appeals Contact Information Use this information if you need to find out why a drug wasn't covered (or was covered at a higher cost than you expected) and what you can do about it.	
Write: Express Scripts Attn: Medicare Administrative Appeals P.O. Box 66587 St. Louis, MO 63166-6587	Call: 1.800.413.1328 TTY: 1.800.716.3231 Fax: 1.877.328.9660 Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m., Central Time
Initial Clinical Coverage Reviews Use this information if you need to find out whether a drug is restricted in some way, including for prior authorization requests, and what you can do about it.	
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
Clinical Appeals Contact Information Use this information if you need to appeal an adverse decision about a drug that is restricted in some way.	
Write: Express Scripts Attn: Medicare Clinical 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: 1.877.251.5896* Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m., Central Time
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, www.express-scripts.com 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.	

*These fax numbers are effective January 1, 2018. For fax inquiries from now through December 31, 2017, fax 1.877.328.9799 for Initial Clinical Coverage Reviews and 1.877.852.4070 for Clinical Appeals Contact Information.

UT System Contact Information

UT Institution	Benefits Contact Information	Premium Billing Information
UT Arlington	Phone: 1.817.272.5558 or 1.817.272.5554 Fax: 1.817.272.5798	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Austin	Phone: 1.512.471.4772 Toll Free: 1.800.687.4178 Fax: 1.512.232.3524	Phone: 1.512.471.4772 Toll Free: 1.800.687.4178 Fax: 1.512.232.3524
UT Dallas	Phone: 1.972.883.2221 Fax: 1.972.883.2156	Phone: 1.972.883.2221 Fax: 1.972.883.2156
UT El Paso	Phone: 1.915.747.5202 Fax: 1.915.747.5815	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Health Science Center Houston	Phone: 1.713.500.3935 Fax: 1.713.500.0342	Phone: 1.713.500.3935 Fax: 1.713.500.0342
UT Health Science Center San Antonio	Phone: 1.210.567.2600 Fax: 1.210.567.6791	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Health Science Center Tyler	Phone: 1.903.877.7784 Fax: 1.903.877.5394	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT MD Anderson Cancer Center	Phone: 1.713.745.myHR (6947) Fax: 1.713.745.7160	Phone: 1.713.745.myHR (6947) Fax: 1.713.745.7160
UT Medical Branch at Galveston	Phone: 1.409.772.2630, Option '0' Toll Free: 1.866.996.8862 Fax: 1.281.554.5381	Phone: 1.409.772.2630, Option '0' Toll Free: 1.866.996.8862 Fax: 1.281.554.5381
UT Permian Basin	Phone: 1.432.552.2752 Fax: 1.432.552.3747	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Rio Grande Valley - Edinburg	Phone: 1.956.665.2451	Phone: 1.956.665.2451
UT Rio Grande Valley - Brownsville	Phone: 1.956.882.8205	Phone: 1.956.882.8205
UT Rio Grande Valley - Harlingen	Phone: 1.956.365.8773	Phone: 1.956.365.8773

Hours of operation are 8:00 a.m. to 5:00 p.m.

UT Institution	Benefits Contact Information	Premium Billing Information
UT San Antonio	Phone: 1.210.458.4250 Fax: 1.210.458.7890	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Southwestern Medical Center	Phone: 1.214.648.9830 Fax: 1.214.648.9881	Phone: 1.214.648.9830 Fax: 1.214.648.9881
UT System Administration	Phone: 1.512.499.4587 Fax: 1.512.499.4395	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Tyler	Phone: 1.903.566.7467 Fax: 1.903.565.5690	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338

Hours of operation are 8:00 a.m. to 5:00 p.m.

Useful Information

Visit Express Scripts on the Web at www.express-scripts.com

If you have not already registered on our website, we encourage you to do so. The information you will need to complete registration can be found on your member ID card.

Our website provides a number of resources and tools, including the ability to:

- View a list of the medications you take
- Refill your prescriptions with just a click
- Find network pharmacies near you
- Request prescription renewals
- View a financial summary of your prescription expenses
- Print your prescription history to share with your doctor
- View up-to-date coverage information
- View/print plan forms

How to fill a prescription at a network pharmacy

To fill your prescription at a network retail pharmacy, you must show your member ID card. If you do not have your member ID card with you when you are at the pharmacy, you should ask the pharmacist to use Medicare's inquiry system to check your eligibility and membership status with your plan. If the pharmacy is unable to confirm your eligibility, you will have to pay the full cost of the prescription (rather than paying just your copayment or coinsurance). You can request reimbursement of the plan's share of the cost by submitting a paper claim to Express Scripts Medicare. You can get a paper claim form by visiting our website or by calling Customer Service.

How to fill a prescription through our home delivery pharmacy service

You can use a home delivery pharmacy to fill prescriptions for most drugs on the Drug List. Home delivery is most appropriate for drugs that you take on a regular basis for a chronic or long-term medical condition. Usually, a home delivery pharmacy order will get to you within 10 days. Some drugs that cannot be purchased through home delivery include medications with limited distribution and compound medications. It's also more appropriate to use a network retail pharmacy for drugs used for a short period of time (1 month or less) and drugs needed immediately for the treatment of a severe medical condition.

This plan may also provide coverage for specialty medications. If you require specialty medications to treat complex conditions, such as cancer, hepatitis C, hemophilia and multiple sclerosis, and want to use home delivery, consider asking your prescriber to send those prescriptions directly to Accredo, the Express Scripts specialty pharmacy. For more information, please have your prescriber visit www.accredo.com for referral forms, contact information by therapy and e-prescribing instructions.

See the following page for instructions for filling a prescription using our home delivery service by mail, electronically and fax. To get order forms and information, please visit our website or call Customer Service. Please note that you must use an in-network home delivery pharmacy. Prescription drugs that you get through any out-of-network home delivery pharmacies may not be covered. If your doctor sends us a prescription on your behalf, Express Scripts Medicare may contact you to see if you want the medication filled and shipped immediately. If you receive a prescription by mail that you don't want, and you weren't contacted to see if you wanted it before it shipped, contact Customer Service because you may be eligible for a refund.

To fill a prescription through our home delivery pharmacy service by mail:

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate).
2. Complete a home delivery order form. Choose a convenient payment method. You may pay by check, money order or major credit card. If you prefer to pay by credit card, you may also want to join our automatic payment program by simply keeping your credit card information on file with us.
3. Mail the new prescription(s), along with a completed home delivery order form and the appropriate payment.
4. To obtain home delivery forms, or if you have questions, please call Customer Service. You can also access home delivery order forms online at www.express-scripts.com.

To fill a prescription through our home delivery pharmacy service electronically or by fax:

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate). Give your doctor your member ID number, which is located on the front of your member ID card.
2. If your doctor needs instructions on faxing your prescription to our home delivery pharmacy, ask him/her to call **1.888.327.9791**.
3. Your doctor can send in a new prescription electronically for delivery from the Express Scripts PharmacySM or fax it to **1.800.837.0959**.

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