Express Scripts
P.O. Box 66562
St. Louis, MO 63166-6562

November 23, 2021

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Dear

This letter is to confirm your disenrollment from **Express Scripts Medicare**® (PDP). Beginning 01/01/2022, Express Scripts Medicare will not cover your prescription drugs. **By disenrolling from Express Scripts Medicare, you may also be disenrolling from medical coverage under your former employer or retiree group.**

What should I do now?
If you have already joined another Medicare prescription drug plan (or a Medicare Advantage Plan with prescription drug coverage), you should have received a confirmation letter. If you have **not** joined another Medicare plan, you should think about doing so. **If you do not enroll in a new plan at this time or you do not have or obtain creditable prescription drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.**

General Medicare enrollment/disenrollment guidelines
Remember that you can generally enroll in and disenroll from a Medicare prescription drug plan only at certain times during the year. If you meet certain special exceptions, such as if you qualify for Extra Help in paying for your prescription drug costs (see below), you may enroll in a new plan at any time during the year. Otherwise, you can only enroll in a plan, disenroll from a plan or switch plans between **October 15 and December 7** of each year. Please reference your former employer's or retiree group's plan materials for specific enrollment dates, as its enrollment dates may vary.

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What is Extra Help?
People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this 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.

Where can I get more information?
For information about the Medicare plans available in your area, call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours per day, 7 days per week. TTY users should call 1.877.486.2048.

If you think you did not disenroll from Express Scripts Medicare and you want to stay a member of our plan, or if you have any questions, please call Express Scripts Medicare Customer Service at **1.888.345.2560.** Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231.**

Thank you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

It's important we treat you fairly

Our goal is to treat you fairly. We do not view or treat people differently because of their race, color, national origin, sex, age or if they have a disability. If you need our help with any of the information we send you, please let us know. We have services that may help you. These can include aids, interpreters and information written in other languages. These are free at no charge to you. If you are in need of any of these services, please call us. You can reach us at the number on the back of your member ID card. If you feel we didn't offer you these services, please let us know. If you feel we didn't treat you fairly because of your race, color, national origin, sex, age or disability, let's talk about it. We are here for you. You can also file a grievance. This is also known as a complaint. To file a complaint, please contact:
Civil Rights Coordinator at Express Scripts Medicare, P.O. Box 4083, Dublin, OH 43016.

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- Mail: U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F, HHH Building
  Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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Multi-language Interpreter Services

Albanian:

Shqip: Kemi shërbime përkthyesi falas për t'ju përgjigjur çdo pyetje që mund të keni mbi planin tonë shëndetësor ose të ilaçeve. Për të marrë një përkthyes, thjesht na telefononi në numrat në pjesën e pasme të kartës suaj Identifikuese të Anëtarit. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim falas.

Arabic:ربية: لد إنّنا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على الأرقام الموجودة على ظهر بطاقة هوية العضو. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Bengali:

বাংলা: আমাদের স্বাস্থ্য বা ওষুধ সংক্রান্ত পরিকল্পনার বিষয়ে আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্য দোভাষী পরিষেবা আছে। একজন দোভাষী পেতে, আপনার সদস্য আই-ডি কার্ডের পিছনে দেওয়া নম্বরগুলিতে আমাদের ফোন করুন। বাংলাভাষী কোনো ব্যক্তি আপনাকে সাহায্য করতে পারে। এটি একটি বিনামূল্য পরিষেবা।

Cambodian-Mon-Khmer:

ខ្មែរ: យើងមានផ្តល់ជូនឧបករណ៍បកប្រែ ដាល់មាត់ឥតគិតថ្លៃ លើមធ្យោបាយ ... ...

Greek:
Ελληνικά: Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας για να απαντήσουμε σε οποιεσδήποτε ερωτήσεις που μπορεί να έχετε σχετικά με την υγεία σας ή με το φαρμακευτικό μας πρόγραμμα. Για να συνδεθείτε με κάποιον διερμηνέα, απλά καλέστε μας στους αριθμούς που βρίσκονται στο πίσω μέρος της κάρτας μέλους σας (Member ID). Κάποιος που μιλάει Ελληνικά θα μπορέσει να σας βοηθήσει. Αυτό αποτελεί δωρεάν υπηρεσία.

Gujarati:
ગુજરાતી: અમે તમારા આરોગ્ અથવા દવાની યોજના વવશેતમારા કોઈપણ પ્રશ્નોનાં જવાબ આપવા માટે મફત દુભાષિયાની સેવાઓ આપીએ છીએ. દુભાષિયાની સેવા મેળવવા માટે તમારા મેમ્બ ID કાડની પાછળ આપેલા નંબરો પર અમને કોલ કરો. કોઈ ગુજરાતી બોલી શકતી વ્યક્ત તમારી મદદ કરી શકે છે. આ મફત સેવા છે.

French Creole:
Creole Ayisyen: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo yo dèyè ka ID Manm ou. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Italian:
Italiano: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare i numeri sul retro della vostra tessera identificativa di socio. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Korean:
한국어: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 가입자 ID 카드 뒷면의 전화번호로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는무료로 운영됩니다.

Pennsylvania Dutch:
Deitsch: Mir hen free Iwwersetzer Services um dei Frooge zu andwatte, die du vielleicht iwwer dei Gsundheit odder Drug Blan hoscht. Um en Iwwersetzer zu griege, ruf uns um die Nummer uff die Rickseit vun dei Member ID Kaarde aa. Epper der Deitsch schwetzt, kann dir helfe. Des iss en Free Service.

Polish:
Język polski: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numery znajdujące się na odwrocie członkowskiej karty identyfikacyjnej. Ta usługa jest bezpłatna.

Portuguese:
Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através dos números no verso do seu cartão de ID de membro. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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Russian:

Русский: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по номерам телефонов на оборотной стороне идентификационной карточки участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Spanish:

Español: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame a los números que figuran en el dorso de su tarjeta de identificación. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Tagalog:

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numerong nasa likod ng iyong Miyembrong ID card. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Urdu:

اردو: صحت یا دوا سے متعلق ہمارےم نصوبے کے بارے میں آپ کے کسی بھی مکمنہ سوال کا جواب دینے کے لئے
ہما ےر یہاں ترجنمای کی مفت خدمات دستیاب ہیں ک۔ سی ترجامن کی خدمات حاصل کرنے کے لیے، آ پ بس ا پنے ممبر
شنتایخ کارڈ کی پش تپر درج نمبرو نپر ہمیں کال کریں۔ اردوب ولنے والا کوئی شخص آ پکی مدد کرسکتا ہے۔ یہ ا یک
مفت خدمت ہے۔

Vietnamese:

Tiếng Việt: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi các số điện thoại ở mặt sau thẻ ID Hội Viên của quý vị. Sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

Yiddish:ידיש: א מיר האָבן אומזיסטע בעל־פה איבערזעצונג דינסט כדי צו ענטפערן אבי וועלכע פראגעס וואָס איר האָט וועגן אונדזער געזונט־ אָדער מעדיקאמענטן־פלאן. כדי צו באקומען א בעל־פה איבערזעצער, קלינגט אונדז ביי די נומערן אויפן רוקן פון אייער מיטגליד איי־די קארטל. עמעצער וואָס רעדט אידיש קען אייך העלפן. דאָז איז אן אומזיסטע דינסט.