

Medicare Prescription Drug Plan (PDP) Enrollment Form for  
Express Scripts Medicare for California Schools VEBA

To enroll in **Express Scripts Medicare™** (PDP) for California Schools VEBA please fill out the information below. The applicant's name must match the name on your red, white, and blue Medicare card. **Bolded information is required in order to complete your enrollment.**

This application must accompany the UHC Senior Supplement enrollment form.

APPLICANT INFORMATION		
<b>Required Information</b>		
<b>LAST Name:</b>	<b>FIRST Name:</b>	<b>MIDDLE Initial:</b>
<b>Health Insurance Claim Number*:</b>		<b>Date of Birth:</b>
<b>Permanent Residence Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Signature and Date:</b>		
<b>Optional Information</b>		
Home Phone Number:	Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address (if different from Permanent Residence Street Address):		
City:	State:	ZIP Code:

\*Your Health Insurance Claim Number can be found on your red, white, and blue Medicare card.

## **Facts About Your Medicare Part D Prescription Drug Coverage**

**Express Scripts Medicare™** (PDP) for California Schools VEBA is offered by Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York, who contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform California Schools VEBA of any other prescription drug coverage you may have.

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage plan with prescription drug coverage or an individual Medicare Advantage plan, your enrollment in Express Scripts Medicare will end that coverage.

Generally Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan during the Annual Enrollment Period (October 15 – December 7), unless you qualify for certain special circumstances. California Schools VEBA may have an annual enrollment period which varies from the Medicare timeframe. If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you decide to not participate in this coverage, you can contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for assistance with selecting another Part D plan. TTY users should call 1-877-486-2048.

Network pharmacies must be used except in cases of an emergency.

As a Medicare beneficiary you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of your Member ID card or review your *Evidence of Coverage*.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and California Schools VEBA choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

The benefit information included in this package is a brief summary, not a comprehensive description of benefits. For more information about this plan, contact Express Scripts Medicare. Limitations, copayments, and restrictions may apply. Benefits, formulary, premium, pharmacy network, and/or copayments/coinsurance may change on January 1 of each year.

A Medicare-approved Part D sponsor

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