

# Express Scripts Medicare (PDP) for Carpenters Health and Welfare Trust Fund for California

## Annual Notice of Changes Plan Materials for 2026

Enclosed are your **Express Scripts Medicare®** (PDP) renewal materials for the 2026 plan year. Please remember that your renewal in this plan is automatic—no action is required to continue your membership for 2026. 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 2026 plan year.

<b>Express Scripts Medicare Customer Service</b>	
Call here to find out in advance if a drug is covered or to ask other general questions.	
<b>Call:</b>	1.800.311.2757
<b>TTY:</b>	1.800.716.3231
<b>Hours:</b>	24 hours a day, 7 days a week

<b>Carpenters Health and Welfare Trust Fund for California Benefit Office</b>	
For questions about premiums, enrollment and eligibility:	
<b>Call:</b>	1.888.547.2054
<b>Hours:</b>	Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time

## Quick Reference Guide

<b>Grievance Contact Information</b> Use this contact information to file a grievance.	
<b>Write:</b> Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 5003 Hartford, CT 06102	<b>Call:</b> 1.800.311.2757 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.800.293.2192 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Initial Coverage Reviews</b> 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 you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's formulary.	
<b>Write:</b> Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.251.5896 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Appeals Contact Information</b> 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 specific medication, to lower the cost-sharing amount or to cover a medication that is not on your plan's formulary was denied.	
<b>Write:</b> Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.852.4070 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Paper Claim Submission</b> You can receive reimbursement for medications purchased without your member ID card by submitting your receipts and a request through mail, fax, or online.	
A 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.	
<b>To obtain a Direct Claim Form:</b> Download from our website, <b>express-scripts.com</b> , in the Medicare Resources Center found in the Benefits menu, or call Customer Service.	
<b>Submit by Mail:</b>	Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85082
<b>Submit by Fax:</b>	You can fax us your request for payment 24 hours a day, 7 days a week to <b>1.608.741.5483</b> .
<b>Submit Online:</b>	Log in to <b>express-scripts.com</b> and select <b>Benefits &gt; Forms &amp; Cards</b>



## **Express Scripts Medicare (PDP) for Carpenters Health and Welfare Trust Fund for California**

### **Annual Notice of Changes for 2026**

You're 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 additional coverage being provided by Carpenters Health and Welfare Trust Fund for California. This document describes changes to the plan's costs and benefits for next year.

Remember that you can generally enroll in and disenroll from a Medicare prescription drug plan outside of our offerings 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, 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.

#### **Additional Resources**

- This document is available for free in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service toll-free at **1.800.311.2757** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers. Please note: You may opt out of receiving phone calls from this plan.
- This information is also available in braille. 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 document says "we," "us" or "our," it means *Medco Containment Life Insurance Company*. When it says "plan" or "our plan," it means Express Scripts Medicare.
- Note this is only a summary of changes. Call Express Scripts Medicare at the phone numbers above for more information or log into your account to view a copy of this plan's *Evidence of Coverage* at [express-scripts.com/documents](https://www.express-scripts.com/documents).
- 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.

## Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year. Please see **Section 3** for more information about deadlines for changing plans.

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. 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.** 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.
- ☐ **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?
- ☐ **Compare your plans.** Compare the 2025 and 2026 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2026.
- ☐ **Check if you qualify for help paying for prescription drugs.** People with limited incomes may qualify for Extra Help from Medicare. Look in **Section 4** for information about Extra Help.

### If you decide to stay with Express Scripts Medicare:

If you want to stay with us next year, it's easy – you don't need to do anything. You will automatically stay enrolled in our plan.

### If you decide to change plans:

If you decide another carrier option available under the Carpenters Health and Welfare Trust Fund will better meet your needs, you may qualify to switch plans if you have remained in your current elected carrier choice for at least 12 months and you live in a service area covered by the other carrier option. If you change carriers, your newly opted coverage will begin the first day of the second calendar month following the date your enrollment form is received by the Fund Office.

For Medicare prescription drug plans outside of our offerings, remember that you can generally only enroll, disenroll or switch plans between October 15 and December 7. Look in **Section 2.2** to learn more about your choices.

## SECTION 1 Changes to Benefits and Costs for Next Year

### Section 1.1 – Changes to the Monthly Premium

If you have questions regarding your coverage self-payment rate, please call the Carpenters Health and Welfare Trust Fund for California Benefit Office at 1.888.547.2054. Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m., Pacific Time.

- **Late Enrollment Penalty:** Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty.
- **Higher Income Surcharge:** 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.
- **Extra Help:** Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see **Section 4** regarding “Extra Help” from Medicare.
- **Medicare Part B:** You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid or another party.

### Section 1.2 – Changes to Part D Prescription Drug Coverage

#### Changes to Your Prescription Drug Costs

#### Do you get Extra Help to pay for your drug coverage 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 document.

#### Drug payment stages

There are three drug payment stages: the Yearly Deductible stage, the Initial Coverage stage, and the Catastrophic Coverage stage. The Coverage Gap stage and the Coverage Gap Discount Program no longer exist in the Part D benefit. The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand-name drugs and biologics during the Initial Coverage stage and the Catastrophic Coverage stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**This plan has three drug payment stages. Which “Drug Payment Stage” you are in may 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, 2026 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 be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

	2025 (this year)	2026 (next year)
<b>Medicare Prescription Payment Plan</b>	<p>The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket Part D drug costs by spreading them across the calendar year (January – December). You may be participating in this payment option today.</p> <p>Note: If your plan covers additional drugs not normally covered by Medicare Part D, those drugs will not be eligible for the Medicare Prescription Payment Plan.</p> <p>To learn more about this payment option, please contact us at <b>1.866.845.1803</b> 24 hours a day, 7 days a week (TTY users call <b>1.800.716.3231</b>) or visit <a href="http://www.medicare.gov">www.medicare.gov</a>.</p>	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option please contact us at <b>1.866.845.1803</b> 24 hours a day, 7 days a week (TTY users call <b>1.800.716.3231</b>) or visit <a href="http://www.medicare.gov">www.medicare.gov</a>.</p>

	2025 (this year)	2026 (next year)
<p><b>YEARLY DEDUCTIBLE STAGE</b></p> <p>You start in this payment stage each plan year. During this stage, <b>you pay the full cost</b> of your Part D drugs, except for covered insulin products and most adult vaccines. You stay in this stage until you have paid your yearly deductible amount.</p> <p>The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.</p> <p>Once you meet your deductible, you move on to the Initial Coverage stage.</p>	<p>\$360</p> <p>This is how much you must pay for your Part D drugs before the plan will pay its share.</p>	<p>\$360</p> <p>This is how much you must pay for your Part D drugs before the plan will pay its share.</p>
<p><b>INITIAL COVERAGE STAGE</b></p> <p>In this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost</b>. Most adult Part D vaccines are covered at no cost to you.</p>	<p>The table below shows your costs for drugs in each of our four drug tiers. We changed the tier of some of the drugs on the drug list. To see if any of your drugs have been moved to different tiers, look them up online at <b><a href="https://www.express-scripts.com/documents">express-scripts.com/documents</a></b> starting on October 15, 2025, or call Express Scripts Medicare Customer Service.</p> <p>For 2026, you will stay in this stage until the total cost of your Part D drugs reaches \$2,100 (in 2025, the limit is \$2,000). Once you reach this limit, you move on to the Catastrophic Coverage stage. Most members will not reach the Catastrophic Coverage stage.</p>	

	2025 (this year)	2026 (next year)
<p><b>Drugs in Tier 1</b> (<i>Generic Drugs</i>)</p> <p>Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled through our Express Scripts Pharmacy by Evernorth® home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>You pay \$10 per prescription.</p> <p>You pay \$20 per prescription.</p>	<p>You pay \$10 per prescription.</p> <p>You pay \$20 per prescription.</p>
<p><b>Drugs in Tier 2</b> (<i>Preferred Brand Drugs</i>)</p> <p>31-day supply filled at a network retail pharmacy</p> <p>90-day supply filled through our Express Scripts Pharmacy by Evernorth home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>You pay \$40 per prescription.</p> <p>You pay \$80 per prescription.</p>	<p>You pay \$40 per prescription.</p> <p>You pay \$80 per prescription.</p>
<p><b>Drugs in Tier 3</b> (<i>Non-Preferred Drugs</i>)</p> <p>31-day supply filled at a network retail pharmacy</p> <p>90-day supply filled through our Express Scripts Pharmacy by Evernorth home delivery service. Your cost share may differ at other home delivery pharmacies.</p>	<p>You pay \$60 per prescription.</p> <p>You pay \$120 per prescription.</p>	<p>You pay \$60 per prescription.</p> <p>You pay \$120 per prescription.</p>



	2025 (this year)	2026 (next year)
<b>Drugs in Tier 4</b> <i>(Specialty Tier Drugs)</i> 31-day supply filled at a network retail pharmacy  90-day supply filled through our Express Scripts Pharmacy by Evernorth home delivery service. Your cost share may differ at other home delivery pharmacies.	You pay 25% of the total cost.  You pay 25% of the total cost.	You pay 25% of the total cost.  You pay 25% of the total cost.
<b>COVERAGE GAP STAGE</b>	For 2025, the Coverage Gap stage is eliminated.	There is no Coverage Gap in 2026.
<b>CATASTROPHIC COVERAGE STAGE</b>  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.	If you reach the Catastrophic Coverage stage, you pay nothing for your covered Part D drugs.  You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if your plan covers additional drugs not normally covered by Medicare Part D.	

### Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” A PDF of our printed drug list for 2026 will be available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents) beginning on October 15, 2025. 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.

We made changes to our drug list, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the drug list to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the drug list are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online drug list at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

We may immediately remove brand-name drugs or original biological products on our drug list if we replace them with new generics or certain biosimilar versions of the brand-name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand-name drug or original biological product on our drug list but immediately move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand-name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand-name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](http://www.FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

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## Section 1.3 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs can 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](http://express-scripts.com)** or call Express Scripts Medicare Customer Service for more information.

Our network of pharmacies has changed for next year. However, the majority of pharmacies that participate in our network in 2025 will continue to participate in 2026.

You can access information about what pharmacies are in our network by logging into **[express-scripts.com/pharmacies](http://express-scripts.com/pharmacies)** or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

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## SECTION 2 Deciding Which Plan to Choose

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### Section 2.1 – If You Want to Stay in Express Scripts Medicare

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**To stay in this plan, you don't need to do anything.** You will automatically stay enrolled as a member of our plan for 2026.

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## Section 2.2 – If You Want to Change Plans

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We hope to keep you as a member for next year, but if you are considering changing prescription drug plans, please contact your group benefits administrator for specific information about your group benefit. There may be additional implications to other benefits, such as loss of medical and/or dental coverage if you choose a plan outside your former employer's or your retiree group's offering. Your group benefits administrator will also be able to instruct you on how to terminate your current coverage.

Once you have discussed your options regarding coverage with your group benefits administrator, you may find more information about plans available in your area by contacting Medicare. You may visit [www.medicare.gov/plan-compare](http://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. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

## SECTION 3 Deadlines for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can generally make changes from **October 15 through December 7**. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information. Your change in coverage will take effect on January 1, 2026.

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

In certain situations, you may have other chances to change your coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for prescription drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare prescription drug coverage) or switch to Original Medicare (with or without separate Medicare prescription drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out. **However, please speak with your former employer or your retiree group to understand your options and consequences of choosing another plan before you make a change.**

## SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 monthly prescription drug

plan premiums, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:

- 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048, 24 hours a day, 7 days a week;
  - Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1.800.325.0778; or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you are currently enrolled how to continue receiving assistance, check with your state AIDS Drug Assistance Program. Be sure, when calling your state's ADAP organization, to inform them of your Medicare Part D plan name or policy number.
  - **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at **1.866.845.1803** (TTY users call 1.800.716.3231) or visit [www.medicare.gov](http://www.medicare.gov).

## SECTION 5 Get Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program (not connected with any insurance company or health plan) with trained counselors in every state. 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 or by visiting [www.shiphelp.org](http://www.shiphelp.org).

## SECTION 6 Questions?

### Get Help from Express Scripts Medicare

We're here to help. Please call Customer Service at **1.800.311.2757**. 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 2026. The 2026 *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)**. You may also call Customer Service to ask us to mail you a copy.

#### 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 – Get Help From Medicare

- **Call 1.800.MEDICARE (1.800.633.4227)**  
You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users can call 1.877.486.2048.
- **Chat live with [www.medicare.gov](https://www.medicare.gov)**  
You can chat live at [www.medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).
- **Write to Medicare**  
You can write to Medicare at P.O. Box 1270, Lawrence, KS 66044
- **Visit [www.medicare.gov](https://www.medicare.gov)**  
The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.
- **Read *Medicare & You* 2026**  
The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.medicare.gov](https://www.medicare.gov) or by calling 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.

