

## 2025 – Town of Farmington Express Scripts Medicare Prescription Drug Plan (PDP)



## Frequently Asked Questions

### Plan Design

#### Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	90-day Mail Order You pay up to
Annual Deductible: \$0			
Tier 1 Generic	\$0	\$0	\$0
Tier 2 Preferred Brand	\$0	\$0	\$0
Tier 3 Non-Preferred Brand	\$0	\$0	\$0
Tier 4 Specialty	\$0	N/A	N/A

## Plan Questions

**1. Will I be automatically enrolled in the new plan, or do I need to do anything to enroll?**

All retirees and/or dependents currently enrolled in the Town of Farmington or Farmington Board of Education prescription plans will be automatically enrolled into the new prescription drug plan. There is nothing you need to do to be enrolled.

**2. Can I stay with the current plan?**

No, all Medicare-eligible retirees and/or dependents will change over to this prescription plan. Your current plan will no longer be available.

**3. Can I opt-out of this plan?**

We are required by law to give you the choice of opting out of the new plan. Since you are enrolled in either the Town of Farmington or Farmington Board of Education prescription drug plan it is unlikely that you would not want to participate in this new plan. However, you have the option to opt-out and decline this prescription drug coverage. If you would like to opt-out, please call Kris Ziegler at 860-675-2339 by June 18, 2025.

**4. Are there any plan changes?**

The Town of Farmington and Farmington Board of Education did their best to match or enhance your current benefits. Below are a few highlights of your new plan:

- \$0 Copays at participating pharmacies
- \$0 Deductible
- Coverage for many Non-Part D drugs
- Access to RetireeFirst Advocates for assistance with understanding and using your benefits

**5. When will I receive my ID card and welcome kit?**

Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

**6. Will I have 2 separate ID cards, one for the medical plan and one for the prescription plan?**

Yes, you will continue to use your current Medicare plan ID card for medical providers. The new card you receive will be used for your prescription plan.

**7. What do I do if I lose my card?**

Please call RetireeFirst at **(860) 269-7343 (TTY 711) or toll free (855) 274-1907 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

**8. If I leave the plan, will it affect any of my other benefits?**

Yes, it may.

**9. How much do I have to pay for the plan?**

Please contact Kris Ziegler at the Town of Farmington 860-675-2339 with any billing questions.

**10. Who do I call if I need assistance with the plan?**

Please call RetireeFirst at **(860) 269-7343 (TTY 711) or toll free (855) 274-1907 (TTY 711)** to reach your dedicated Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Prescription Questions

**11. Is there a prescription deductible?**

No, there is no prescription deductible.

## **12. Are there co-insurance or copays?**

Generally, no. Please refer to the prescription benefit chart on page 1 of this document to better understand the prescription co-pays.

## **13. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. You will receive an abridged formulary from Express Scripts which will provide you commonly covered drugs. Please call RetireeFirst at **(860) 269-7343 (TTY 711) or toll free (855) 274-1907 (TTY 711)** if you need help looking up your prescriptions.

## **14. Can I go to the same retail pharmacy?**

Most likely, yes. There should be little to no pharmacy disruption. Express Scripts has over 68,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills.

## **15. Is there a mail order pharmacy?**

There is a mail order pharmacy called Express Scripts Pharmacy which can be reached at (888) 345-2560. You can also call RetireeFirst at **(860) 269-7343 (TTY 711) or toll free (855) 274-1907 (TTY 711)** with questions about mail order prescriptions.

## **16. Will my prescriptions transfer from the old plan?**

If you use a retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

## **17. Can I still go to the Veterans Affairs (VA) for my prescriptions?**



Yes, if you obtain some prescriptions from the VA, you may continue to do so.

## **18. Do I need prior authorizations for certain prescription medicines?**

Some prescriptions, such as but not limited to: Ofev, Jakafi, Ubrovelvy, Skyrizi, and Enbrel, may require a prior authorization. Please contact RetireeFirst at **(860) 269-7343 (TTY 711) or toll free (855) 274-1907 (TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

## Express Scripts Card Sample:

Front:

	<b>EXPRESS SCRIPTS®</b> Medicare (PDP)
Prescription ID Card	
<b>RxBIN</b>	610014
<b>RxPCN</b>	MEDDPRIME
<b>RxGrp</b>	XXXXXXX
<b>Issuer</b>	9151014609
<b>(80840)</b>	
<b>ID No.</b>	AZZA27012308
<b>Name</b>	JOHN Q. SAMPLE
<b>Issued</b>	XX/XX/XXXX
 Prescription Drug Coverage	
CMS-S5660-801	

Back:

<b>BENISTAR Retiree Customer Service: 1.800.236.4782</b>	
<hr/>	
Patient Customer Service:	1.888.345.2560
TDD:	1.800.716.3231
<hr/>	
Pharmacist Use Only:	1.800.922.1557
<hr/>	
SUBMIT PHARMACY CLAIMS TO:	
Express Scripts	
ATTN: Medicare Part D	
P.O. Box 14718	
Lexington, KY 40512-4718	

Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.