

**Your Dedicated Advocacy Phone Number(s)**  
 (703) 991-4152(TTY 711) or toll free (855) 755-3795(TTY 711)

## 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: \$100			
Tier 1 Generic	\$0	\$0	\$0
Tier 2 Preferred Brand	\$30	\$60	\$60
Tier 3 Non-Preferred Brand	\$60	\$120	\$120
Tier 4 Specialty	\$60	N/A	N/A
<b>Note:</b> CMS caps the 30-day supply cost for Insulin medication at \$35. Costs for a 30-day supply may be less but will not exceed \$35 for 2026.			

## Plan Questions

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

All Medicare-eligible retirees and/or dependents will be automatically enrolled into the 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 must change over to this 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 the current prescription drug plan it is unlikely that you would not want to participate in this new robust plan. However, you have the option to opt-out and decline this prescription drug coverage. Nevertheless, if you would like to opt-out, please call RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (TTY 711)**, Monday-Friday, 8am-5pm EST.

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

Town of Leesburg did their best to match your current benefits. Below are a few highlights of your new plan:

- \$100 prescription deductible
- \$0 copay for Generic drugs
- 2 times cost share for 90-day retail and mail order for Tiers 2 and 3
- Lifestyle Drugs, including medications for weight loss, and Non-Part D Drugs will no longer be covered
- Continued 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. What do I do if I lose my card?**

Please call RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (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.

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

Yes, it may.

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

Town of Leesburg can be reached at (703) 737-7178 to answer any billing questions.

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

Please call RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (TTY 711)** to reach your dedicated Town of Leesburg Retiree Advocacy Team, Monday-Friday, 8am-5pm, EST.

## Prescription Questions

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

Yes, there is a prescription deductible of \$100.

**11. Is there co-insurance or copays?**

Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 1 of this document to better understand the prescription co-pays.

**12. Are my prescriptions covered?**

Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (TTY 711)** if you need help looking up your prescriptions.

**13. 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.

**14. Is there a mail order pharmacy?**

There is a mail order pharmacy called Express Scripts Pharmacy which can be reached at (888) 345-2560 (EST). You can also call RetireeFirst at **(703) 991-**

**4152 (TTY 711) or toll free (855) 755-3795 (TTY 711)** with questions about mail order prescriptions.

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

Express Scripts has a specialty pharmacy called Accredo which can be reached at (877) 222-7336 (EST). You can also call RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (TTY 711)** with questions about specialty prescriptions.

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

If you use the 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 may require a prior authorization. Please contact RetireeFirst at **(703) 991-4152 (TTY 711) or toll free (855) 755-3795 (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.

**19. What is the catastrophic phase and is there coverage?**

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be \$0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of \$2,100 for prescription drugs.

**20. What is the annual maximum out-of-pocket (MOOP) and how does it work?**

Once your out-of-pocket costs for prescription drugs reaches \$2,100, your copays will be \$0. You will remain in this phase of coverage for the rest of the plan year.

## Express Scripts Medicare® Prescription Drug Plan (PDP)

### 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> <b>(80840)</b>	9151014609
<b>ID No.</b>	AZZA27012308
<b>Name</b>	JOHN Q. SAMPLE
<b>Issued</b>	XX/XX/XXXX
<b>MedicareRx</b> 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
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Pharmacist Use Only:	1.800.922.1557
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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.