

Retiree RxCare (PDP) offered by MG Insurance Company

Annual Notice of Changes for 2025

You are currently enrolled as a member of Retiree RxCare. Next year, there will be changes to the plan's costs and benefits. **Please see page 4 for a Summary of Important Costs, including Premium.**

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the Evidence of Coverage, which is located on our website at <https://retireerxcarepdp.com>. **You may also call Customer Care to ask us to mail you an Evidence of Coverage.**

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
 - **You do not have to fill out any paperwork or make any changes if you plan on remaining in the Retiree RxCare prescription benefit program unless additional instructions have been provided by School District of Indian River.**
-

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to our drug coverage, including coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2025 “Drug List” to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 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 2025.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your

Medicare & You 2025 handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Retiree RxCare.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Retiree RxCare

Additional Resources

- Please contact our Customer Care number at 855-693-3921 for additional information. (TTY users should call 711.) 24 hours a day, 7 days a week.
- You can call Customer Care and ask us to make a note in our system that you would like this document in Spanish, large print, Braille, or audio now and in the future.

About Retiree RxCare

- Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.
 - When this document says “we,” “us,” or “our,” it means MG Insurance Company. When it says “plan” or “our plan,” it means Retiree RxCare.
-

**Annual Notice of Changes for 2025
Table of Contents**

Summary of Important Costs for 2025	4
SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Retiree RxCare in 2025	5
SECTION 2 Changes to Benefits and Costs for Next Year	5
Section 2.1 – Changes to the Monthly Premium	5
Section 2.2 – Changes to the Pharmacy Network.....	5
Section 2.3 – Changes to Part D Prescription Drug Coverage	6
SECTION 3 Administrative Changes	9
SECTION 4 Deciding Which Plan to Choose.....	10
Section 4.1 – If You Want to Stay in Retiree RxCare	10
Section 4.2 – If You Want to Change Plans	10
SECTION 5 Deadline for Changing Plans	11
SECTION 6 Programs That Offer Free Counseling about Medicare	12
SECTION 7 Programs That Help Pay for Prescription Drugs	12
SECTION 8 Questions?.....	13
Section 8.1 – Getting Help from Retiree RxCare	13
Section 8.2 – Getting Help from Medicare	14

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Retiree RxCare in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 2.1 for details.</p>	<p>Contact your benefit administrator</p>	<p>Contact your benefit administrator</p>
<p>Part D prescription drug coverage (See Section 2.3 for details.)</p>	<p>Copays during the Initial Coverage Stage:</p> <p>Tier 1: You pay \$15.00 per prescription.</p> <p>Tier 2: You pay \$30.00 per prescription.</p> <p>Tier 3: You pay \$60.00 per prescription.</p> <p>Tier 4: You pay \$30.00 per prescription.</p> <p>Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</p>	<p>Copays during the Initial Coverage Stage:</p> <p>Tier 1: You pay \$15.00 per prescription.</p> <p>Tier 2: You pay \$30.00 per prescription.</p> <p>Tier 3: You pay \$60.00 per prescription.</p> <p>Tier 4: You pay \$30.00 per prescription.</p> <p>Catastrophic Coverage: During this payment stage, the plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit. You pay nothing.</p>

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Retiree RxCare in 2025

If you do nothing by December 7, 2024, we will automatically enroll you in our Retiree RxCare. This means starting January 1, 2025, you will be getting your prescription drug coverage through Retiree RxCare. If you want to change plans or switch to Original Medicare, you must do so between October 15 and December 7. If you are eligible for “Extra Help,” you may be able to change plans during other times.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	Contact your benefit administrator	Contact your benefit administrator

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- 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.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

Section 2.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at <https://retireerxcarepdp.com>. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2025 Pharmacy Directory to see which pharmacies are in our network.**

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 Care so we may assist.

Section 2.3 – Changes to Part D Prescription Drug Coverage

<h3>Changes to Our Drug List</h3>

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically. The “Drug List” includes many—but not all—of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete Drug List** by calling Customer Care (see the back cover) or visiting our website <https://retireerxcarepdp.com>.

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, please review Chapter 7 of your Evidence of Coverage and talk to your doctor 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 Care for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 10 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website:

<https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Care or ask your health care provider, prescriber, or pharmacist for more information.

This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month’s supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription may not apply to you.** We have included a separate insert, called the Evidence of Coverage Rider for People Who Get “Extra Help” Paying for Prescription Drugs (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Care and ask for the LIS Rider.

Beginning in 2025, 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 will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be 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.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn’t apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month 30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs for a long-term supply; or at a network pharmacy that offers preferred cost sharing, look in Chapter 4, Section 5 of your Evidence of Coverage.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay \$15.00 per prescription.</p> <p>Tier 2: You pay \$30.00 per prescription.</p> <p>Tier 3: You pay \$60.00 per prescription.</p> <p>Tier 4: You pay \$30.00 per prescription.</p> <p>Once your total drug costs have reached \$5,030 you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p>Tier 1: You pay \$15.00 per prescription.</p> <p>Tier 2: You pay \$30.00 per prescription.</p> <p>Tier 3: You pay \$60.00 per prescription.</p> <p>Tier 4: You pay \$30.00 per prescription.</p> <p>Once you have paid \$2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Section 6 in your Evidence of Coverage.

SECTION 3 Administrative Changes

Below is information on Administrative Changes that were made to your plan. Please review the information below regarding our new Contract ID, PBP, and information on receiving your new ID card. Please contact Customer Care at 855-693-3921 if you have any questions.

Description	2024 (this year)	2025 (next year)
Contract ID Change	S7694	S3285
PBP	805	812
New ID Card		New ID cards will be mailed to members for 2025. If you do not receive a new ID card by December 15th, please contact Customer Care at -855-693-3921.

Below is information on Administrative Changes that were made to your plan. Please review the information below regarding our new Contract ID, PBP, and information on receiving your new ID card. Please contact Customer Care at 855-693-3921 if you have any questions.

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 855-693-3921 or visit Medicare.gov.</p>

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If You Want to Stay in Retiree RxCare

To stay in our plan, you don’t need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our Retiree RxCare.

Section 4.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare prescription drug plan,
- – OR – You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- – OR – You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the Medicare & You 2025 handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

Step 2: Change your coverage.

- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Retiree RxCare.
- To **change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Retiree RxCare.
 - You will automatically be disenrolled from Retiree RxCare if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), even if that plan does not include prescription drug coverage.
 - If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan and keep Retiree RxCare for your drug coverage. Enrolling in one of these plan types will not automatically disenroll you from Retiree RxCare. If you are enrolling in this plan type and want to leave our plan, you must ask to be disenrolled from Retiree RxCare. To ask to be disenrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Care at 855-693-3921 if you need more information on how to do so.
 - – OR – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline 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 do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

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

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

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 (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 6 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program 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. Please reference page 15 for a complete listing of SHIPs that are available nationally.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week.
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Your State has a program called SPAP that 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 Health Insurance Assistance Program. Please reference page 15 for a complete listing of SPAPs that are available.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-

insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, please reference Exhibit D of your Evidence of Coverage for a complete listing of ADAPs that are available nationally. Be sure, when calling, 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 new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **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 this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 855-693-3921 or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 8 Questions?

Section 8.1 – Getting Help from Retiree RxCare

Questions? We're here to help. Please call Customer Care at 855-693-3921. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to this number are free.

Read your 2025 Evidence of Coverage (it has details about next year's benefits and costs)

This Annual Notice of Changes gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 Evidence of Coverage for Retiree RxCare. The 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. A copy of the Evidence of Coverage is located on our website at <https://retireerxcaredp.com>. You may also call Customer Care to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at <https://retireerxcaredp.com>. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our List of Covered Drugs (Formulary/Drug List).

Section 8.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2025

Read the Medicare & You 2025 handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

State Health Insurance Assistance Program (SHIP)

State	Contact Information
Alabama	Toll Free: (800) 243-5463
Alaska	Toll Free: (800) 478-6065 TTY: (800) 770-8973
Arizona	Toll Free: (800) 432-4040
Arkansas	Toll Free: (800) 224-6330
California	Toll Free: (800) 434-0222
Colorado	Toll Free: (888) 696-7213
Connecticut	Toll Free: (800) 994-9422
Delaware	Toll Free: (800) 336-9500
Florida	Toll Free: (800) 963-5337 TTY: (800) 955-8770
Georgia	Toll Free: (866) 552-4464
Guam	Local: (671) 735-7421
Hawaii	Toll Free: (888) 875-9229 TTY: (866) 810-4379
Idaho	Toll Free: (800) 247-4422
Illinois	Toll Free: (800) 252-8966
Indiana	Toll Free: (800) 452-4800 TTY: (866) 846-0139
Iowa	Toll Free: (800) 351-4664 TTY: (800) 735-2942
Kansas	Toll Free: (800) 860-5260
Kentucky	Toll Free: (877) 293-7447
Louisiana	Toll Free: (800) 259-5300
Maine	Toll Free: (800) 262-2232
Maryland	Toll Free: (800) 243-3425
Massachusetts	Toll Free: (800) 243-4636 TTY: (877) 610-0241
Michigan	Toll Free: (800) 803-7174
Minnesota	Toll Free: (800) 333-2433
Mississippi	Tel#: (844) 822-4622
Missouri	Toll Free: (800) 390-3330
Montana	Toll Free: (800) 551-3191
Nebraska	Toll Free: (800) 234-7119
Nevada	Toll Free: (800) 307-4444
New Hampshire	Toll Free: (866) 634-9412
New Jersey	Toll Free: (800) 792-8820
New Mexico	Toll Free: (800) 432-2080
New York	Toll Free: (800) 701-0501
North Carolina	Tel#: (855) 408-1212
North Dakota	Toll Free: (888) 575-6611 TTY: (800) 336-6888

State	Contact Information
Ohio	Toll Free: (800) 686-1578
Oklahoma	Toll Free: (800) 763-2828
Oregon	Toll Free: (800) 722-4134
Pennsylvania	Toll Free: (800) 783-7067
Puerto Rico	Toll Free: (877) 725-4300 TTY: (787) 919-7291
Rhode Island	Toll Free: (888) 884-8721 TTY: (401) 462-0740
South Carolina	Toll Free: (800) 868-9095
South Dakota	Toll Free: (800) 536-8197
Tennessee	Toll Free: (877) 801-0044 TTY: (800) 848-0299
Texas	Toll Free: (800) 252-9240
Utah	Toll Free: (877) 541-7735
Vermont	Toll Free: (800) 642-5119
Virgin Islands	Local: (340) 772-7368
Virginia	Toll Free: (800) 552-3402
Washington	Toll Free: (800) 562-6900 TTY: (360) 586-0241
Washington D.C.	Local: (202) 739-0668 TTY: (202) 973-1079
West Virginia	Toll Free: (877) 987-4463
Wisconsin	Toll Free: (800) 242-1060 TTY: 711
Wyoming	Toll Free: (800) 856-4398



Non-Discrimination Notice

Retiree RxCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Retiree RxCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Retiree RxCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services: 1-855-693-3921 (TTY/711).

If you believe that Retiree RxCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator, Compliance

50 Whitecap Drive

North Kingstown, RI 02852

[Email: section1557coordinator@amwins.com](mailto:section1557coordinator@amwins.com)

T: 401.372.3403

If you need help filing a grievance, Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Avenue SW.,

Room 509F, HHH Building,

Washington, DC 20201,

1-800-368-1019

1-800-537- 7697 (TDD).

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

Multi-Language Insert**Multi-language Interpreter Services**

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-693-3921. Someone who speaks English/Language can help you. This is a free service.

Spanish: 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 al 1-855-693-3921. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-693-3921。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-693-3921。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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 1-855-693-3921. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-693-3921. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: 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 quý vị cần thông dịch viên xin gọi 1-855-693-3921 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-693-3921. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-693-3921 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-693-3921. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-xxx-xxx-xxxx]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-693-3921 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-693-3921. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 do número 1-855-693-3921. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: 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 1-855-693-3921. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: 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 numer 1-855-693-3921. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがあります。通訳をご用命になるには、1-855-693-3921 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

