1) **Why is the USG utilizing a Medicare part D plan as part of their pharmacy coverage?**

Due to Health Care Reform, Pharmaceutical companies are offering discounts to Medicare Part D vendors. By using a Medicare Part D plan as part of the pharmacy coverage, the University System of Georgia (USG) can take advantage of some of these discounts. This helps to keep medical premium increases to minimum. The discounts were used when setting the premiums for 2013.

2) **When will this change take place?**

January 1, 2013

3) **How will this change benefit me, as a retiree?**

This change allows the USG to continue to provide you with a valuable medical and pharmacy benefit while at the same time keep premium increases to a minimum.

4) **Will switching to the new Express Scripts plan cost me additional money with the current drugs I am taking?**

This will depend on which drug(s) you are currently taking. Because we must follow a Medicare Part D approved formulary, some medications that were in the *preferred* tier in 2012, will be in the *non-preferred* tier in 2013. Beginning November 1st, you can call the Express Scripts customer service number at 1-877-681-9875 and Express Scripts will be able to tell you what tier your drug will fall under in 2013. If your drug was covered at the *preferred* tier in 2012 and will be covered at the *non-preferred* tier in 2013, you may pay more out-of-pocket for your drug in 2013. If this is the case, you may want to look at alternative medications to see if you are able to use a drug in the *preferred or generic* tiers.

5) **Who is “Express Scripts”? I thought the USG utilized “Medco” in the past.**

Medco was purchased by Express Scripts in the first part of 2012. As of September 1, 2012, Medco changed its name to Express Scripts.

6) **Why does the letter say I have 21 days to notify the USG that I do not want to be enrolled in the plan? Don’t I have until November 9th, the end of Open Enrollment?**

The letter says 21 days because this is the time required by Centers for Medicaid or Medicare Services (CMS). You have until the end of Open Enrollment to make a change and you are allowed to drop your coverage under this plan at any time.

7) **Do I have to fill out a separate enrollment form to enroll in the Express Scripts Medicare Part D plan for the USG?**

No, if you choose to enroll or remain enrolled in the Open Access POS plan during Open Enrollment, you will automatically be enrolled in the Express Scripts Medicare Part D.

8) **I am getting information from other Medicare Part D providers; should I sign up with them?**

No, you should not sign up with another Medicare Part D plan. You will be automatically enrolled in the USG Express Scripts Medicare Part D plan if you enroll in the Open Access POS plan for 2013. You cannot be enrolled in this plan and another Medicare Part D plan. If you
enroll in another Medicare Part D plan, this coverage will be cancelled when Express Scripts
enrolls you in the Express Scripts Medicare Part D plan through the USG.

9) What if I don’t want to be enrolled in the Express Scripts Medicare Part D plan; can I
stay enrolled in the Open Access POS plan without enrolling in this coverage?

No, if you are Medicare eligible, you must be enrolled in the Express Scripts Medicare Part D
plan as part of your coverage under the Open Access POS plan. If you do not want to be
enrolled in this coverage, you must enroll in another plan during Open Enrollment or drop your
health coverage through USG. Remember, if you drop your health coverage through the
University System of Georgia, you will not be allowed to re-enroll at a later date.

10) What other Medical options do I have if I don’t want to enroll in the Express Scripts
Medicare Part D plan?

If you are Medicare Eligible, you have the choice to enroll in the HSA Open Access POS plan
(High Deductible Health Plan) or the Kaiser HMO plan. If you enroll in the HSA Open Access
POS plan, you are not allowed to contribute to the HSA if you are Medicare Eligible. The Kaiser
HMO plan coordinates with Medicare A, B, & D.

11) How does the HSA Open Access POS plan work?

For more information about other health coverage options available, please visit the USG
website Benefits page at www.usg.edu/hr/benefits or contact your institution’s HR
department.

12) Is there a deadline if I want to opt out or cancel out of Express Scripts?

There is no deadline to opt out or cancel out of the Express Scripts Medicare Part D plan. You
can cancel this plan at any time and change to another plan option or drop health coverage
through USG. Remember, if you drop your health coverage through the University
System of Georgia, you will not be allowed to re-enroll at a later date.

13) I don’t have time to make a decision; what should I do?

If you are not sure what you want to do, you may want to remain enrolled in the Open Access
POS plan for 2013. If you decide at a later date you do not want to remain enrolled in this
coverage, you can drop this plan at any time and change to another health plan. You must
enroll in Medicare Part D creditable coverage or a Medicare Part D plan within 63 days or you
may be subject to a penalty when you enroll.

14) How do I opt out of this plan and/or change my health coverage for 2013?

Please use the specific contact information for:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>UGA</td>
<td>706-542-2222</td>
<td><a href="mailto:benefits@uga.edu">benefits@uga.edu</a></td>
</tr>
<tr>
<td>GA Tech</td>
<td>404-894-8627</td>
<td></td>
</tr>
<tr>
<td>Georgia Health Sciences</td>
<td>706-721-7899</td>
<td>Contact: Dawn Cone</td>
</tr>
</tbody>
</table>

If you are a retiree from any other USG institution, you will need to login to the ADP Portal
and change your coverage on-line or complete your enrollment worksheet you received in the
mail choosing a new option. Sign and date the enrollment worksheet and return it to your
institution by November 9th.

15) With this new Express Scripts pharmacy coverage, will I receive a new ID card?
Yes, a Welcome Kit containing new ID cards and plan information will be mailed to you and
you should receive it sometime in December.

16) What will be the difference between the pharmacy benefits in 2013 with Express
Scripts and my current 2012 Open Access POS plan?
• You will be enrolled in a Medicare Part D pharmacy plan.
• Some drugs that were covered at the preferred brand tier in 2012 will be covered at the
non-preferred tier in 2013. If you are taking one of these drugs, you may have to pay
more for the drug in 2013.
• You may have to get a pre-authorization for drugs that have already been pre-authorized.
You can start the pre-authorization process beginning January 1, 2013 or the first time
you fill a prescription in 2013, your pharmacist will tell you if you need to get your
drug pre-authorized. (If you are within 90 days from your effective date in the plan,
you will receive a transitional supply of your drug at the pharmacy to allow you time to
get the drug pre-authorized.)

17) How will I know if I will be affected by the changes?
You can call the Express Scripts customer service number at 1-877-681-9875 on or after
November 1st to find out what tier your drug will fall into for 2013 and to find out if your drug
will require pre-authorization in 2013.

18) What do I do if my drug needs to be pre-authorized?
If your drug needs to be pre-authorized, your pharmacist will notify you the first time you go
to re-fill your prescription in 2013. You may be given a one month transitional supply of your
medication to allow you time to get your pre-authorization completed (if you are within 90
days from your enrollment date). You or your physician may start the pre-authorization
process by calling Express Scripts at 1-877-681-9875.

19) What should I do if I am affected by the changes?
If your drug was in the preferred brand tier in 2012 and will be in the non-preferred brand tier
in 2013, you can:
• Talk with your physician to find out if there is an alternative drug that you can use that
would fall in the preferred tier or if you can switch to a generic brand.
• If you have tried other alternative drugs and they do not work for you, you may file an
appeal with Express Scripts to get the drug covered at the preferred brand tier. After
January 1, 2013, you may call the Express Scripts Customer Service number to start
the appeal process.
• Continue to use your drug; however, it may cost you more out-of-pocket.

See question above regarding pre-authorization.
20) What will I have to pay to get my drug if it changes tiers or requires pre-authorization?
   
The co-pays for each tier will remain the same in 2013 as they are in 2012 (your drug may change tiers which would require you to pay more out-of-pocket). At a retail pharmacy you will pay:
   
   • $10 copayment for a one month supply of a generic drug.
   • $30 copayment for a one month supply of a preferred brand drug.
   • 20% coinsurance for a non-preferred brand drug with a $45 minimum co-payment up to a $100 maximum at a retail pharmacy for a one month supply.

21) What does “formulary” mean and how does this affect me with the new Express Scripts plan?
   
   A formulary is a list of medications covered under the plan and it indicates the tier that the drug is covered at, i.e. generic, preferred, non-preferred, specialty. Medicare requires certain drugs to be covered at certain tiers. Some drugs not covered under a standard Medicare Part D plan were added to the Express Scripts Medicare Part D plan for the USG. You will receive a copy of the formulary for this plan sometime in December.

22) Will all of my current drugs be included in the formulary list for Express Scripts? How do I check to make certain?
   
   Beginning November 1st, Express Scripts will be able to give you detailed information regarding which tier your drug will be covered in the new formulary.

23) What can I do if my drugs are covered at the non-preferred level under the formulary? Can I appeal this?
   
   Yes, if you would like to appeal how your drug is covered under the plan, you may file an appeal with Express Scripts beginning January 1, 2013. Express Scripts will notify you of the documentation needed from you and your physician in order to process the appeal and will respond to all appeals in writing.

24) Why do I need to obtain pre-authorization of medicines that I have been taking for years?
   
   Medicare does not allow prior authorizations from another plan to be transferred to a Medicare Part D plan. Because this is a new plan, pre-authorizations must be obtained.

25) Will having to get pre-authorization of medicines from my doctor cause a delay in getting my actual medicine?
   
   You can call Express Scripts beginning November 1st to find out if your drug will require pre-authorization. If it does, this process can be started January 1, 2013. Otherwise, the first time you go to the pharmacy, you will be notified your drug needs to be pre-authorized. If you are within 90 days from your enrollment date, you may receive a one month transitional supply at the pharmacy. Then you will need to start the pre-authorization process by contacting Express Scripts or by having your physician contact Express Scripts.
26) **What information should I be on the lookout for in the coming weeks concerning USG’s change in Pharmacy Coverage for retirees?**

The USG will be sending a letter to the retirees providing detailed plan information. Express Scripts will send you a Notification and Benefits Summary. Once you are enrolled in the plan, Express Scripts will send you a Welcome Kit which will include a network directory, the plan formulary, and your ID card. The Welcome Kit will arrive sometime in December.

27) **What is the new group number? What is the BIN#?**

The New group number is **BORGRXC BIN: 610014**. You will also be assigned a member ID. This will be on your ID card from Express Scripts.

28) **I am not Medicare Eligible, but my spouse is, will he/she be enrolled in this plan?**

Yes, as a retiree (even if you are not Medicare Eligible) your spouse will be enrolled in the Express Scripts Medicare Part D plan if he/she is Medicare Eligible and you are enrolled in the Open Access POS plan.

29) **How will I know if I am eligible for premium help or a premium subsidy? How will I receive it?**

You may call Medicare to find out if you qualify at 1-800-633-4227, 24 hours a day/7 days a week. If you do qualify, you will receive a notice in the mail from Express Scripts and Express Scripts will mail you a check each month.

30) **How will I know if I will have to pay extra?**

Certain high income retirees will have to pay an extra surcharge. Generally, if you are an individual earning more than $85,000 per year or married earning more than $170,000 per year, Social Security will charge you an extra premium for being enrolled in Medicare Part D. This surcharge will be deducted directly from your Social Security check. For more information, contact Social Security at 1-800-772-1213 between 7:00 a.m. – 7:00 p.m. Monday - Friday.

31) **Who can I appeal to if I do not want to pay the extra surcharge?**

This is required by the Federal Government and cannot be waived. If you do not pay the surcharge, you will be dropped from the Express Scripts Medicare Part D plan and from the Open Access POS plan. You will then be able to enroll in another medical plan option through the USG.

32) **Who can I call if I need help understanding this new plan?**

For General questions about how the plan works, call the Express Scripts Customer Service number at 1-877-681-9875.

For questions related to how your drugs are covered under the plan, call the Express Scripts Customer Service number at 1-877-681-9875 beginning November 1st.

To find out if you are eligible for “Extra Help” (low income subsidy), contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day/7 days a week.

To find out if you will have to pay an extra surcharge because you earn a high income, you
may contact Social Security at 1-800-772-1213 between 7:00 a.m. – 7:00 p.m. Monday – Friday.

33) **When will Welcome Kits for Pharmacy Coverage be sent to retirees who turn 65 during the year?**  
Since you are enrolled in the Open Access POS Plan, you will be automatically enrolled in the Express Scripts Medicare Part D plan when you turn 65 and will receive your Welcome Kit.

34) **What are the Coverage Gap Stage and the Catastrophic Coverage Stage?**  
These are different stages defined by Medicare based on your total drug costs; The USG has added extra coverage to Standard Medicare Part D coverage so your out-of-pocket costs for drugs should be the same as you move through the tiers, until you reach your out-of-pocket maximum of $1,000 (per member). The out-of-pocket maximum is the most a member will pay in a year for drug coverage.

35) **What if I live outside of the United States?**  
Since Medicare Part D does not have out of the country coverage except for emergencies; you will remain enrolled in the regular pharmacy program for non-Medicare eligible employees and retirees.

36) **If I want to complain about this change, who should I send my complaint to?**  
You may send your complaint to the:  
Board of Regents of the University System of Georgia  
Attn: Karin Elliott  
270 Washington Street, SE  
Atlanta, GA 30334

**REVIEW/APPROVAL**  
This Reference Aid should be reviewed annually by the Departmental Designee and approved by the Departmental Manager.