

### Medicare Supplement & Prescription Plan Enrollment Form

PLEASE PRINT

#### PARTICIPANT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Last First MI Email \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Medicare Number \_\_\_\_\_ (Located on Medicare Card)

**Please include photocopy of your Medicare Part A & B card for verification of coverage.**

CHECK ONE BOX BELOW:

#### SCHOOLCARE 65<sup>+</sup> Traditional Plan

- Medicare supplement  
\$194.00/month
- Medicare supplemental & prescription  
\$424.57/month

#### SCHOOLCARE 65<sup>+</sup> Consumer Driven Plan

*Issued in all states except FL, MD, MN, VT and WA*

- Medicare supplement  
\$139.00/month
- Medicare supplemental & prescription  
\$296.64/month

I hereby enroll in the New Hampshire School Health Care Coalition – SCHOOLCARE 65<sup>+</sup> Retiree Health Benefit Plan. I am enrolled in Medicare Parts A & B. Furthermore, I understand that I cannot be enrolled in other prescription drug coverage unless I have elected Medicare supplement coverage only above. I understand that this insurance will be effective on the date shown on the certificate schedule and that I can only change my selected plan during annual Open Enrollment (October 15 – December 15) for a January 1 effective date.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

**Policy Effective Date:**

**Former Employer:**

Your application must be received at least 15 days prior to your requested effective date. The effective date of enrollment must be the first day of a month.

RETURN COMPLETED APPLICATION TO:

SCHOOLCARE  
370 Harvey Road, Suite 4  
Manchester, NH 03103  
800-562-5254

## Facts about your Medicare Part D Prescription Drug Coverage

**Express Scripts Medicare**® (PDP) for SCHOOLCARE 65+ Retiree Plan is offered by Medco Containment Life Insurance Company, which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform SCHOOLCARE of any other prescription drug coverage you may have.

### Enrollment Requirements

You can only be in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare prescription drug plan, a Medicare Advantage Plan with prescription drug coverage or an individual Medicare Advantage Plan, your enrollment in Express Scripts Medicare will end that coverage.

You must live within the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands or American Samoa, and be a U.S. citizen or lawfully present in the United States to participate in this plan. It is your responsibility to inform SCHOOLCARE of any address changes.

Generally, Medicare limits when you can make changes to your coverage. You can join a new Medicare prescription drug plan only during the Annual Enrollment Period (October 15 to December 7), unless you qualify for certain special circumstances. SCHOOLCARE may have an annual enrollment period that differs from the Medicare time frame.

If you leave this plan and don't get other creditable prescription drug coverage (coverage that is at least as good as Medicare's coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future. If you decide not to participate in this coverage, you can contact Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1.877.486.2048.

### Plan Rules and Limitations

Express Scripts Medicare has formed a network of pharmacies. You may get your drugs at network retail pharmacies and our home delivery pharmacy. Network pharmacies must generally be used except in cases of an emergency. As a Medicare beneficiary, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of your member ID card or review your *Evidence of Coverage*.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and SCHOOLCARE choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

### Extra Help Program

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums and costs, as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

### Annual Income and Extra Part D amount

Some people may have to pay an extra amount for this coverage because of their yearly income. If you have to pay an extra amount, the Social Security Administration – not your Medicare plan – will send you a letter telling you what that extra amount will be and how to pay it. If you have any questions about this extra amount, contact the Social Security Administration at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

### Release of Information

By joining this Medicare prescription drug plan, you acknowledge that Express Scripts Medicare will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations. The information on the enclosed enrollment form is correct to the best of your knowledge. If you intentionally provide false information as part of your enrollment, you may be disenrolled from the plan.

This information is not a complete description of benefits. For more information about this plan, contact Express Scripts Medicare Customer Service at 1.866.838.3932, 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.