

## Your Prescription Drug Plan Materials

We are pleased to provide you with your **Express Scripts Medicare®** (PDP) plan materials for the 2026 plan year. These materials are for coverage through the Medicare Part D program, which UT System refers to as the UT CARE™ Part D plan. Please promptly review the enclosed materials to become familiar with your benefit. The following plan materials are enclosed in this package:

- **Quick Reference Guide**  
Use this document to find important contact information for your plan and instructions on how to fill a prescription at a network retail pharmacy or by using our home delivery pharmacy.
- **Prescription ID Card (Member ID Card)**  
Detach and use your member ID card to fill prescriptions beginning with the effective date of your coverage listed on the enclosed Welcome Letter.
- **Benefit Overview**  
This document provides a summary of your benefits and costs for this plan.
- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**  
If you qualify for a low-income subsidy through the Extra Help program, this document will help you understand the amount of assistance you will be receiving for the 2026 plan year.
- **Notice of Privacy Practices**  
We care about your privacy. We follow applicable state and federal rules relating to the protection of health information. This notice explains how we use information about your health.

<b>Express Scripts Medicare Customer Service</b>	
Call here to find out in advance if a drug is covered or to ask other general questions.*	
<b>Call:</b>	1.800.860.7849
<b>TTY:</b>	1.800.716.3231
<b>Hours:</b>	24 hours a day, 7 days a week

\*Please note: You may opt out of receiving phone calls from this plan.

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## Quick Reference Guide

<b>Grievance Contact Information</b> Use this contact information to file a grievance.	
<b>Write:</b> Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 5003 Hartford, CT 06102	<b>Call:</b> 1.800.860.7849 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.800.293.2192 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Initial Coverage Reviews</b> Use this contact information if you need an initial coverage decision for a medication that must be approved before the prescription can be filled at a participating retail or home delivery pharmacy, or you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's formulary.	
<b>Write:</b> Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.251.5896 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Appeals Contact Information</b> Use this contact information if you need to file an appeal because your coverage review was denied or because your request to remove or change a restriction on a specific medication, to lower the cost-sharing amount or to cover a medication that is not on your plan's formulary was denied.	
<b>Write:</b> Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.852.4070 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Paper Claim Submission</b> You can receive reimbursement for medications purchased without your member ID card by submitting your receipts and a request through mail, fax, or online.	
A Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.	
<b>To obtain a Direct Claim Form:</b> Download from our website, <b>express-scripts.com</b> , in the Medicare Resources Center found in the Benefits menu, or call Customer Service.	
<b>Submit by Mail:</b>	Express Scripts Attn: Medicare Part D P.O. Box 52023 Phoenix, AZ 85082
<b>Submit by Fax:</b>	You can fax us your request for payment 24 hours a day, 7 days a week to <b>1.608.741.5483</b> .
<b>Submit Online:</b>	Log in to <b>express-scripts.com</b> and select <b>Benefits &gt; Forms &amp; Cards</b>

## UT System Contact Information

UT Institution	Benefits Contact Information	Premium Billing Information
UT Arlington	Phone: 1.817.272.5554 Fax: 1.817.272.6271	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Austin	Phone: 1.512.471.4772 Toll Free: 1.800.687.4178 Fax: 1.512.232.3524	Phone: 1.512.471.4772 Toll Free: 1.800.687.4178 Fax: 1.512.232.3524
UT Dallas	Phone: 1.972.883.2221 Fax: 1.972.883.2156	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT El Paso	Phone: 1.915.747.5202 Fax: 1.915.747.5815	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Health Science Center Houston	Phone: 1.713.500.3935 Fax: 1.713.500.0342	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT MD Anderson Cancer Center	Phone: 1.713.745.myHR (6947) Fax: 1.713.745.7160	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Medical Branch at Galveston	Phone: 1.409.772.2630, Option '0' Toll Free: 1.866.996.8862 Fax: 1.409.772.2754	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Permian Basin	Phone: 1.432.552.2753 Fax: 1.432.552.3747	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Rio Grande Valley - Edinburg	Phone: 1.956.665.2451 Fax: 1.956.665.3289	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Rio Grande Valley - Brownsville	Phone: 1.956.882.8205 Fax: 1.956.882.7476	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338

Hours of operation are 8:00 a.m. to 5:00 p.m.

## UT System Contact Information

UT Institution	Benefits Contact Information	Premium Billing Information
UT Rio Grande Valley - Harlingen	Phone: 1.956.665.2451 Fax: 1.956.882.6599	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT San Antonio	Phone: 1.210.458.4250 Fax: 1.210.458.4287	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Health Science Center San Antonio	Phone: 1.210.567.2600 Fax: 1.210.567.6791	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT Southwestern Medical Center	Phone: 1.214.648.9830 Fax: 1.214.648.9881	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
UT System Administration	Phone: 1.512.499.4587 Fax: 1.512.499.4395	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4380
UT Tyler Main & Health Campuses	Phone: 1.903.566.7234 Fax: 1.903.565.5690	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338
Stephen F. Austin State University	Phone: 1.936.458.2304 Fax: 1.936.468.1104	Phone: 1.855.6UT.BILL 1.855.688.2455 Fax: 1.512.499.4338

Hours of operation are 8:00 a.m. to 5:00 p.m.

## Useful Information

### **Visit Express Scripts on the Web at [express-scripts.com](https://www.express-scripts.com)**

If you have not already registered on our website, we encourage you to do so. The information you will need to complete registration can be found on your member ID card.

Our website provides a number of resources and tools, including the ability to:

- View a list of the medications you take
- Refill your prescriptions with just a click
- Find network pharmacies near you
- Request prescription renewals
- View a financial summary of your prescription expenses
- View up-to-date coverage information
- View/print plan forms

You can also view similar information on our mobile app, which you can download for free by searching for “Express Scripts” in your mobile device’s app store. Log in to view your virtual ID card and other tools, similar to what you can find on our website.

### **How to fill a prescription at a network pharmacy, including a participating UT pharmacy**

To fill your prescription at a network retail pharmacy (including a participating UT pharmacy), you must show your member ID card. If you do not have your member ID card with you when you are at the pharmacy, you should ask the pharmacist to use Medicare’s inquiry system to check your eligibility and membership status with your plan. If the pharmacy is unable to confirm your eligibility, you will have to pay the full cost of the prescription (rather than just paying your copayment or coinsurance). You can request reimbursement of the plan’s share of the cost by submitting a paper claim to Express Scripts Medicare. You can get a paper claim form by visiting our website or by calling Customer Service.

### **How to fill a prescription through our home delivery pharmacy service, Express Scripts Pharmacy by Evernorth®**

You can use Express Scripts Pharmacy by Evernorth, our home delivery pharmacy service, to fill prescriptions for most drugs on the Drug List. Home delivery is most appropriate for drugs that you take on a regular basis for a chronic or long-term medical condition. Usually, a home delivery pharmacy order from Express Scripts Pharmacy by Evernorth will get to you within 10 days. Some drugs that cannot be purchased through our home delivery service include medications with limited distribution and compound medications. It’s also more appropriate to use a network retail pharmacy for drugs used for a short period of time (1 month or less) and drugs needed immediately for the treatment of a severe medical condition. Other home delivery pharmacies are available in our network and they may have their own policies regarding prescriptions by mail. We suggest that you contact those pharmacies directly for any requirements they may have.

This plan may also provide coverage for specialty medications. If you require specialty medications to treat complex conditions, such as cancer, hepatitis C, hemophilia and multiple sclerosis, and want to use home delivery, consider asking your prescriber to send those prescriptions directly to Accredo by Evernorth®, the Express Scripts by Evernorth specialty pharmacy. For more information, please have your prescriber visit [www.accredo.com](https://www.accredo.com) for referral forms, contact information by therapy and e-prescribing instructions.

See below for instructions for filling a prescription using our home delivery service by mail, electronically and fax. To get order forms and information, please visit our website or call Customer Service. Please note that you must use an in-network home delivery pharmacy. Prescription drugs that you get through any out-of-network home delivery pharmacies may not be covered. If your doctor sends us a prescription on your behalf, Express Scripts Medicare may contact you to see if you want the medication filled and shipped immediately. If you receive a prescription by mail that you don't want, and you weren't contacted to see if you wanted it before it shipped, contact Customer Service because you may be eligible for a refund.

**To fill a prescription through Express Scripts Pharmacy by Evernorth by mail:**

1. Ask your doctor to write a new prescription for more than a one-month supply of medication, plus refills (as appropriate).
2. Complete a home delivery order form. Choose a convenient payment method. You may pay by check, money order, major credit or debit card, MasterPass or PayPal. If you prefer to pay by credit or debit card, you may also want to join our automatic payment program by simply keeping your credit or debit card information on file with us.
3. Mail the new prescription(s), along with a completed home delivery order form and the appropriate payment.
4. To obtain home delivery forms, or if you have questions, please call Customer Service. You can also access home delivery order forms online at **[express-scripts.com](https://www.express-scripts.com)**.

**To fill a prescription through Express Scripts Pharmacy by Evernorth electronically or by fax:**

1. Ask your doctor to write a new prescription for more than a one-month supply of medication, plus refills (as appropriate). Give your doctor your member ID number, which is located on the front of your member ID card.
2. If your doctor needs instructions on faxing your prescription to our home delivery pharmacy, ask him/her to call **1.888.327.9791**.
3. Your doctor can send your prescription electronically to Express Scripts Pharmacy by Evernorth or fax it to **1.800.837.0959**.