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4912 Midway Drive
Post Office Box 6130
Temple, TX 76503-6130

www.carehealthplan.com

A. PLEASE INDICATE WHICH PLAN YOU WISH TO ENROLL IN:

<input type="checkbox"/> Plan #4000 - Supplement to Medicare Parts A & B with Express Scripts Medicare - Prescription Drug Plan ** \$267.00 monthly (\$801.00 quarterly).	Please check box that pertains to you: <input type="checkbox"/> Retired Employee (ATSF / BNSF) <input type="checkbox"/> Spouse of Retired Employee <input type="checkbox"/> Surviving Spouse of Deceased Employee
<input type="checkbox"/> Plan #4100 - Supplement to Medicare Parts A & B Only \$142.00 monthly (\$426.00 quarterly)	

B. COMPLETE THE FOLLOWING INFORMATION:

First Name _____ Middle Initial _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

E-mail _____ Date of Birth _____ Sex: ___ Male ___ Female

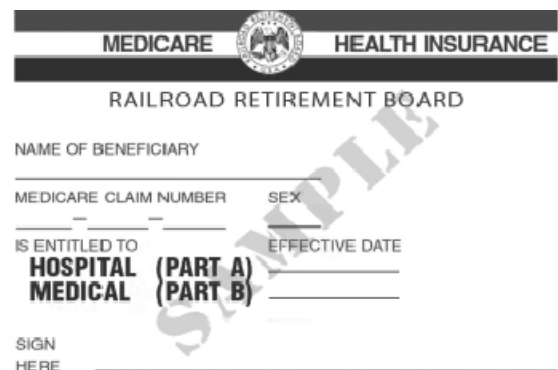
Home Telephone (_____) _____ Cell Phone (_____) _____

Please provide us with the following information located on your Medicare card or a copy of your card.

Medicare Claim Number: _____

Hospital (Part A) Effective Date: _____

Medical (Part B) Effective Date: _____



****If you are a new enrollee in Plan #4000 and have had a period of 63 or more days in a row when you did not have Part D or other creditable prescription drug coverage, you may incur a late enrollment penalty.**

Your application must be received at least 30 days prior to your requested effective date. The effective date of enrollment must be the first day of a month.

I wish my Medicare supplemental plan to become effective: _____

Please list any other health insurance policies that provide benefits which this Medicare supplement would duplicate:

Release of information: *By joining this plan, I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the plan. I hereby authorize the Social Security Administration and/or the Railroad Retirement Board to furnish information to the Consolidated Associations of Railroad Employees (CARE) regarding Hospital Insurance benefits (Part A) and Medical Insurance benefits (Part B) under Title XVIII of the Social Security Act. I hereby authorize the Social Security Administration and/or the Railroad Retirement Board to furnish CARE information as to Part B benefits received and information regarding Part B termination and the effective month of such termination, for its use in connection with the operation of CARE. I also hereby authorize CARE and/or Express Scripts Medicare (PDP) to release information, including my prescription drug event data, to CMS, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.*

CARE does not exclude or limit membership based on your health condition.

I understand that my signature on this application means that I have read and understand the contents of this application.

Applicant's Signature: _____ Date: _____

Name of person or persons authorized to receive my protected health information (PHI).
Please include relationship to applicant and contact phone number.

Benefit Overview

Express Scripts Medicare® (PDP)

Express Scripts Medicare® (PDP)
for Consolidated Associations
of Railroad Employees (CARE)



YOUR 2015 PRESCRIPTION DRUG PLAN BENEFIT

The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by CARE. The following table provides a summary of your benefit, including copayment/coinsurance information. This plan provides coverage across all stages of your benefit.

Initial Coverage stage	You will pay the following until your total annual drug costs (what you and the plan pay) reach \$2,960:			
	Retail One-Month (34-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply	
Tier 1:				
Generic Drugs	\$15 copayment	\$15 copayment	\$15 copayment	
Tier 2:				
Preferred Brand Drugs	\$30 copayment	\$50 copayment	\$50 copayment	
Tier 3:				
Non-Preferred Brand Drugs	\$45 copayment	\$120 copayment	\$120 copayment	
Tier 4:				
Specialty Tier Drugs	33% coinsurance (\$150 maximum)	33% coinsurance (\$450 maximum)	33% coinsurance (\$450 maximum)	
<p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. Example: If the cost of the generic drug is \$7.50, you will ONLY pay \$7.50, NOT the \$15 copayment. If the cost of the generic drug is \$25, you will ONLY pay the \$15 copayment.</p>				
<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p>				
<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through our home delivery service. There is no charge for standard shipping.</p>				
<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>				

Coverage Gap stage	After your total annual drug costs reach \$2,960, you will continue to pay the same copayment/coinsurance amount as in the Initial Coverage stage until your annual out-of-pocket drug costs reach \$4,700.
Catastrophic Coverage stage	<p>After your annual out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,700, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$2.65 copayment for covered generic drugs (including brand drugs treated as generics), • a \$6.60 copayment for all other covered drugs. The plan will pay the rest.

Long-Term Care (LTC) Pharmacy

If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact **Express Scripts Medicare Customer Service** if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, and Puerto Rico. You must live in one of these areas to participate in this plan. Express Scripts Medicare may reduce the service area and no longer offer services in the area in which you reside.
- You may get your drugs at network retail pharmacies and our home delivery pharmacy.
- Your plan uses a formulary—a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Brand Drug cost-share for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

Who is eligible for this plan?

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, and are eligible for benefits from CARE.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan.

Note: If you are an existing CARE member, this may not impact you.

Do I qualify for Extra Help to pay for my prescription drug premiums and costs?

To see if you qualify for Extra Help, call 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); the Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

Will my income affect my Medicare Part D premium?

Most people will pay their plan's standard Medicare Part D premium. However, some people may have to pay an extra amount because of their yearly income. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is more than \$85,000 for individuals and married individuals filing separately or \$170,000 for married individuals filing jointly, you'll have to pay extra for your Medicare prescription drug coverage. This extra amount is called the income-related monthly adjustment amount. If you have to pay an extra amount, Social Security—not your Medicare plan—will send a letter telling you what the extra amount will be and how to pay it. Most people have the extra amount taken from their Social Security check. If the amount isn't taken from your check, you'll get a bill from Medicare or the Railroad Retirement Board. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly plan premium.* If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Other Coverage Provided by This Plan

This plan also covers drugs that are not normally covered by a Medicare prescription drug plan and are not listed in the formulary. The amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Express Scripts Customer Service for additional information about specific drug coverage and your cost-sharing amount.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer to help you manage your medications. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Express Scripts Medicare for more details.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact Express Scripts Medicare. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

Express Scripts Medicare Customer Service

1.866.725.2511

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **www.Express-Scripts.com**.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

For questions about premiums, enrollment and eligibility, please contact Berenice Hensley at CARE Customer Service at **1.800.334.1330, ext. 310**. Hours of operation are Monday through Friday, 8:00 a.m. to 4:30 p.m., Central Time.

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

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Facts about your Medicare Part D Prescription Drug Coverage

Express Scripts Medicare[®] (PDP) for Consolidated Associations of Railroad Employees (CARE) is offered by Medco Containment Life Insurance Company, Medco Containment Insurance Company of New York and Express Scripts Insurance Company, which contract 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 your former employer of any other prescription drug coverage you may have.

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 or Puerto Rico to participate in this plan. It is your responsibility to inform your former employer 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. Your former employer 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.

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 your former employer choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

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