**Open Enrollment is October 13 – 24, 2014**

**for Highmark Delaware Special Medicfill and**

**Express Scripts Medicare (PDP) for the State of Delaware**

**Plan Year January 1 – December 31, 2015**

\*Special Medicfill is the State of Delaware Medicare Supplement Plan

\*Express Scripts Medicare (PDP) is the State of Delaware Medicare Prescription Plan

* **If you have Medicare plus the State’s supplement and prescription plan and want to keep it, you do not need to do anything unless your spouse’s employment status or coverage has changed.**
* **Do you cover a spouse?** Complete a new Spousal Coordination of Benefits Form only if your spouse’s employment status or coverage has changed since you last completed this form.
* **Take action if:**
1. You are enrolled in Special Medicfill without prescription coverage and wish to enroll now in the State’s Medicare Retiree prescription plan, Express Scripts Medicare (PDP) for the State of Delaware, for an effective date of January 1, 2015.
2. You are eligible for, but not enrolled in, Special Medicfill now. You may enroll now for an effective date of January 1, 2015. You may select Special Medicfill with prescription coverage or Special Medicfill without prescription coverage.
3. You want to drop prescription coverage or Special Medicfill with prescription coverage.
* **Important Notes:**
* Coverage through another Medicare Part D prescription drug plan is not allowed if you wish to keep your prescription coverage through Express Scripts. If you enroll in another Medicare prescription drug plan, prescription drug coverage through the State of Delaware for you will terminate.
* Retirees and/or their dependents must enroll in Medicare A and B when eligible due to age or disability, and a signed copy of the Medicare card must be submitted to the Office of Pensions or to the non-State participating group's benefits office prior to enrollment in the Highmark Delaware Special Medicfill with or without Prescription Coverage Plan.
* When your enrollment is submitted for Express Scripts Medicare prescription coverage, you will first receive a pre-notification letter from Express Scripts, and you will receive new identification cards in the Welcome Kit a few weeks later.
* **Special Medicfill Rates Beginning January 1, 2015:**

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| --- | --- |
| **Plan** | **2015 Monthly Rate** |
| Special Medicfill with Prescription | $362.98 |
| Special Medicfill without Prescription | $205.80 |

**Contacts: Express Scripts Medicare Member Services: 1-877-680-4883**

 **State of Delaware Office of Pensions: 1-800-722-7300**

 **Statewide Benefits Office: 1-800-489-8933**