Express Scripts Medicare (PDP) for Suffolk County Employee Medical Health Plan (EMHP) Opt-out/Cancellation Information

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Express Scripts Medicare (PDP) is the administrator for the Suffolk County Employee Medical Health Plan (EMHP) Prescription Drug Program coverage for Medicare-primary EMHP enrollees and Medicare-primary dependents. You will automatically be enrolled in Express Scripts Medicare (PDP) when you enroll in Medicare unless you complete and return this form.

IMPORTANT NOTE: If you currently are Medicare primary, you must maintain prescription drug coverage under Express Scripts Medicare (PDP) to keep your prescription coverage in the EMHP. However, under Medicare rules, you must be allowed to decline Express Scripts Medicare (PDP). If you decide you do not want to be enrolled in Express Scripts Medicare (PDP), you must submit a Cancellation Form. Please be advised that if you decline the Express Scripts Medicare (PDP) through the EMHP, then you will **no longer** have prescription benefits coverage from Suffolk County.

If you want to keep your prescription drug coverage under EMHP's Medicare PDP, then do NOT submit a Cancellation form. You will automatically be enrolled in Express Scripts Medicare (PDP) and your medical and prescription drug coverage under the EMHP will remain in effect.

WARNING! If you submit a Cancellation Form:

- You will **no longer** have EMHP prescription coverage.
- If you cancel your current EMHP prescription drug coverage all other EMHP coverage; such as hospital, medical/surgical and mental health/substance use disorder benefits, will remain intact. Please be aware that you and any of your affected dependents will be able to re-enroll in EMHP prescription plan on a going forward basis only.

No action is required if you want to keep your EMHP Express Scripts Medicare (PDP) coverage.

If you have carefully reviewed your coverage options, you currently are Medicare-primary and you do **NOT** want to participate in Express Scripts Medicare (PDP), please complete the Opt-Out/Cancellation Form on the reverse of this notice, sign and date the form, and return it to Suffolk County Employee Benefits Unit at the address on the reverse side. Please keep a copy of the completed form for your files.

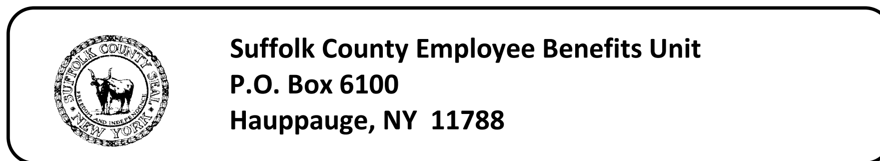
12/2020

SUFFOLK COUNTY EMHP
Employee Medical Health Plan of Suffolk County

Express Scripts Medicare (PDP)
for Suffolk County Employee Medical Health Plan (EMHP)
Opt-Out/Cancellation Information

If you do **NOT** want to participate in Express Scripts Medicare (PDP) for Suffolk County EMHP, please review the information in this Opt-Out/Cancellation Form, sign and date the form below, and return it to Suffolk County Employee Benefits Unit at the address shown below. Incomplete forms will be returned and no action will be taken.

We must receive this Cancellation Form as soon as possible. If we do not receive this form in a timely manner, you will automatically be enrolled in Express Scripts Medicare (PDP).



Suffolk County Employee Benefits Unit
P.O. Box 6100
Hauppauge, NY 11788

PLEASE READ THE IMPORTANT INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

Last Name *(print)*	First Name *(print)*	Birth Date (MM/DD/YYYY)	Medicare ID Number

I understand that, by signing this Opt-Out/Cancellation Form, I elect NOT to participate in Express Scripts Medicare (PDP) for Suffolk County EMHP and I am hereby canceling prescription coverage under the Suffolk County EMHP, on a going forward basis only.

By signing below, I verify that the information provided by me is accurate and complete.

xxx-xx-___________

Enrollee Signature | Last Four Digits of SSN# | Date

If you have Power of Attorney for the enrollee and you helped the enrollee complete this form, please provide the information requested and sign here:

Representative Name *(print)* | Date

Representative Signature | Date

My signature above certified that I have Power of Attorney authorization to complete this election on behalf of the enrollee and documentation of that authority being in full force and effect is attached.