



HEWT Benefits News & Views for Retiree

February-March
2007

Issue #8

Medication Management - Does this Affect YOUR Prescriptions?

If you have **Express Scripts Prescription coverage**, this information concerning “Step Therapy” (medication management) may be of interest to you.

First of all, if you are already taking maintenance medications for certain conditions—high blood pressure, high cholesterol, and stomach acid reduction, for example, that requires regular prescriptions, you are not required to participate in the Step Therapy program.

However, Express Scripts’ Step Therapy program is all about value—about getting the most for your money. It simply means getting a tried-and-true medication that is proven safe and effective for certain conditions, as mentioned in previous communications, and getting it at the lowest possible cost. For more information on how Step Therapy works and how it benefits you, login to Express Scripts at <http://www.express-scripts.com>. Then either enter your password or register to activate an account and click on the links to Step Therapy information.

Todd A. Beyers, Sr. Manager
FH—Benefits Administration

Are you aware...

If your spouse or disabled dependent child is under age 65 and on Medicare due to disability, the secondary insurance premium rate could be reduced to the over age 65 rate with verification of coverage with Medicare. If this is your situation, send a copy of your spouse’s or dependent child’s Medicare card to:

Fluor Hanford, Inc.
Attn: Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352

NOTE: Be sure to include the retiree’s name and social security number for review.

Inside this issue:

Medication Management— Express Scripts - Step Therapy Program Are you Aware...	1 1
Did You Know?? - Is it normal memory loss or Alzheimer’s disease? — Optum	2
Free Workshop on New Tax Savings (United Way)	3
Hanford Retiree Association Spring Luncheon—April 19 HRA Membership Application	4 4
HERO Happenings—2007	5
Is Your Beneficiary Designation Up-to-date?	5
UHC—New “Health Statement”	6
Getting a Head Start with Breakfast—Group Health	6
Healthy Ages Upcoming Information Sessions Take your Health to Heart	7 7
Deferral of Post-Retirement Medical Benefits	8
Eligibility Criteria-Under/Over Age 65 Retirees Help for Insomnia	9- 10 10
Contact Information	11- 12
Address Change Form Espress Scripts Rx Reimbursement Form Instructions and Form	13 13- 15



EXPRESS SCRIPTS®



GroupHealth
OPTIONS, INC.

Did you know??



Is it normal memory loss or Alzheimer's disease?



Alzheimer's disease is often one of the biggest concerns facing older adults and their loved ones. In fact, as many as 4.5 million older Americans are thought to have Alzheimer's disease. And millions more are indirectly affected.

But not all memory loss is due to Alzheimer's disease or other forms of dementia. Many instances of memory loss can be attributed to aging or normal changes in a person's brain function. Learn to tell the difference.

Normal Effects of Aging

Years ago, many of the symptoms we now associate with Alzheimer's disease were diagnosed as senile dementia. Today, researchers have recognized that not all memory loss is due to dementia.

For example, normal wear and tear on the brain may eventually cause a decline in your short-term memory. You may find that it takes a little longer to recall a face, name or date. You may also find it more challenging to divide your attention -- for example, to have a conversation while listening to background music.

Keep in mind that the effects of aging on the brain vary widely. Most people experience only minor, annoying episodes of forgetfulness as they get older. Often, wisdom and experience make up for these age-related changes.

Also, research supports the idea that you can keep your brain fit by staying mentally engaged and challenged. Choose mentally stimulating activities, such as reading, crossword puzzles or balancing your checkbook without a calculator.

More Serious Symptoms

Alzheimer's disease and other types of dementia cause a gradual decline in mental function. Eventually the decline becomes severe enough to interfere with daily activities and social relationships.

Many of the early symptoms of Alzheimer's disease are similar to the memory loss that occurs with normal aging, such as forgetting something you said earlier in the day. More troubling symptoms may include:

- forgetting information you've just learned
- difficulty remembering the names of familiar objects
- worsening confusion
- changes in behavior and personality
- a gradual inability to perform basic tasks

Of course, even symptoms characteristic of Alzheimer's disease may have other causes, such as a prescription medication. As you get older, your ability to metabolize medication changes. The dosage of a medication that was prescribed even a year ago may no longer be appropriate, resulting in symptoms such as confusion.

Reaching a Diagnosis

If memory lapses or related symptoms begin to interfere with your daily life, consult your doctor. Often, input from loved ones and other close contacts can help the doctor determine the severity of your memory loss and other symptoms.

Diagnosing Alzheimer's disease can be stressful and time-consuming for both patients and their families. Proper diagnosis is the key to treatment and planning, however. And the sooner the better. Treatment is most effective when it begins in the early stages of the disease.



Free Workshop: New Tax Savings For Charitable Giving

Would you like to save on your taxes in 2007?

Are you, or someone you know, 70 ½ or older?

Do you have a desire to give to local charities?

Are you interested in leaving a living legacy?

Due to recent tax law changes, individuals 70½ or older are able to give to charities directly from their IRAs with opportunities for significant savings never seen before!

“When I heard of this opportunity, I learned I could benefit United Way and my pocketbook while realizing significant tax savings.”

—Dale Bartholomew, Retired Hanford Executive

Thursday, March 15, 2007

Noon—1:30 pm

United Way Office

401 North Young Street

Kennewick, WA

Lunch provided by Presenter

Refreshments provided by Fluor

Seating is limited

RSVP to Gail Greager at 783-4102

Or ggreager@unitedway-bfco.com



**United Way
of Benton and Franklin Counties**



HRA Spring Luncheon

Thursday, April 19, 11:00 a.m. to 1:30 p.m.

O'Callahan's Restaurant – Rivershore – Shilo Inn -- Richland

We will have guest speakers from the CHREST Museum and from the Hanford Reach Monument Interpretative Center

Reservations: Ila Buchanan – 946-7455; Hal Lindberg – 946-1538; Gene VanLiew - 946-7738;
or Will Walker – 946-0102 – (Please leave a message if no answer.)



HRA MEMBERSHIP APPLICATION

Count me in for all the fun, activities and friendships, plus copies of the HRA newsletter, "*The Hanford Retiree*." I understand that membership is open to all retirees from prior Hanford contractors. Spouses and surviving spouses of retirees are also welcome to join. Enclosed is my membership application and check payable to **HRA**.

DUES: \$10.00 per membership for the current calendar year. Membership year is from January 1 through December 31, and includes the HRA newsletter.

Retiree's Name:		Spouse's Name:	
Street/PO Box Mailing Address:			
City:	State:	Zip Code:	
E-mail:			
Telephone:		Prior Company Affiliation:	
Circle One:	Renewal Membership	New Membership	

**Please mail this application with payment to: Hanford Retirees Association
PO Box 768
Richland, WA 99352**

HRA BOARD MEMBERS	
Paul Vinther, President	943-1747
Hal Lindberg, Vice President	946-1538
Jan Larkin, Secretary	586-3489
Harlan Anderson, Treasurer	783-6486
Ila Buchanan	946-7455
Wilbur Bunch	946-6451
Roy Dunn	946-5089
Fred Porter	375-1950
Gordon Rogers	547-7403
Norvin Sasser	946-8129
Warren Sevier	627-5605
Roger Thiede	943-1905
Dolores Tillson	582-5503
Gene Van Liew	946-7738
Will Walker	946-0102
Jayne Robbins, Fluor Hanford Liaison	376-0623



HERO HAPPENINGS – 2007

Amazing Bavaria - Depart on June 18, 2007 for this 9-day tour. Cost is \$2,949 pp based on double occupancy, which includes roundtrip airfare from Pasco and 11 meals. Highlights include Würzburg, Weikersheim, Rothenburg, Regensburg, Nuremberg, a Winery Visit, and Bamberg. Contact Marta Caballero on 373-9898.

Ireland in Depth - Depart on July 14, 2007 for a 13-day tour to Ireland. Cost is \$3,045 pp based on double occupancy. This tour includes roundtrip airfare from Seattle, 19 meals, and 11 night's accommodations. Explore Ireland on 7 included tours of Dublin, Glendalough, Waterford Crystal Centre, Cobh, Blarney, Ring of Kerry, and Burren & Cliffs of Moher. Add an optional 5-night pre-trip extension tour to Northern Ireland for \$725, or an optional 3-night post-trip extension to Dublin for \$395. Contact Phyllis Roha on 376-6413.

Discover Scotland - Depart on July 16, 2007 for this 10-day tour of Scotland. Cost is \$3,499 pp based on double occupancy, which includes roundtrip airfare from Pasco and 15 meals. Highlights include Edinburgh Castle, St. Andrews, Dunrobin Castle, Orkney Islands, Loch Ness, Isle of Skye, and Stirling Castle. Contact Marta Caballero on 373-9898.

China Cultural Capitals - Join HERO for a 14-day escorted tour for \$2,195 pp plus taxes, departing on September 4, 2007. This tour includes roundtrip airfare from Seattle, 6 tours, 23 meals, and 12 nights' accommodations. You will visit Shanghai, Suzhou, Xian, Beijing, Forbidden City, Terra Cotta Army, Ming Tombs, and the Great Wall. Plus, enjoy an optional extension to Tokyo, Japan for 3 nights from only \$545. Contact Marta Caballero on 373-9898. Space will fill FAST!

Reflections of Italy - Depart on September 17, 2007 for this 10-day tour. Cost is \$3,499 pp based on double occupancy, and includes roundtrip airfare from Pasco, 8 buffet breakfasts and 5 dinners. This grand vacation takes you to the must-sees of Rome, Florence, and Venice, and through the Tuscan countryside. Your two-night stay in Rome includes visits to the fabulous landmarks of Rome, including the Coliseum and the Trevi Fountain. You will also visit the towns of Assisi, Siena, and San Gimignano. In Florence, you will see Michelangelo's Statue of David and the Uffizi Museum. You will enjoy a visit to San Marino while on the way to romantic Venice. You'll conclude your memorable adventure in the picturesque Italian Lake District with a stay in the beautiful resort of Como. Contact Marta Caballero on 373-9898.

New England Back Roads - This tour departs October 10, 2007 for eight days. The trip includes airfare from Pasco, 12 meals, 7 nights' accommodations, all tours, transfers, and taxes for \$1,799 pp based on double occupancy. Give your deposit by April 1, and receive a \$100 discount. See the spectacular fall foliage on an escorted tour winding through Massachusetts, Vermont, New Hampshire, and Maine. Highlights include the Revolutionary War landmarks, the Public Gardens, Faneuil Hall market place, Beacon Hill, Robert Frost's gravesite, maple syrup and textile production, Shelburne Museum complex, cruise on Lake Champlain, cider-making, and tour the Ben & Jerry's Ice Cream Factory. End the tour with a traditional New England lobster dinner. Contact Phyllis Roha on 376-6413.

Is Your Beneficiary Designation Current?

Although thinking about passing away is not pleasant, it is critical that you have your Beneficiary Designation in place and up-to-date. You can obtain a Beneficiary Designation form by going to the HR Homepage at <http://www.hanford.gov/hr> and click on "Benefits," then on the left column under "Retirees," click on "Forms for Retired Participants."

You can also obtain a form by mail request to:

Fluor Hanford, Inc.
Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352



New “Health Statement” Now in Use

You may have noticed the new “Health Statement” (Explanation of Benefits) is now in use. UHC has created this new statement to help you get the most from your benefits information. This easy-to-read statement of your claims gives a more complete view of your health care expenses. It shows spending and account information for each covered individual in your household for each month that has claims activity, and provides year-to-date deductible and out-of-pocket balances.

If you don’t want to wait for statements to arrive by mail, access to your most up-to-date balance and account information is available online at www.myuhc.com under the “Claims Center” menu. Go to the “What’s New” menu to find more information about the new statement.

Note: Health Statements are not the same as an Explanation of Benefits (EOB). If you need an EOB, it can be turned “on” on the web, or by calling customer service at 1-866-249-7606.

MY GROUP HEALTH

ghc.org

Getting a Head Start with Breakfast!

Hot or cold, a meal in the morning energizes your whole day.

Incredibly, millions of Americans skip breakfast. “Don’t have time,” they complain. “It’s too much work!” Breakfast sets the pace for both your energy *and* your metabolism. When you miss breakfast, your body is forced to draw on its energy reserves. This slows your metabolism, may compromise your health, and can leave you feeling tired and depleted.

Suggestions for making breakfast appealing and nutritious:

- **Don’t eat before bedtime.** It dulls the breakfast appetite.
- **Plan ahead.** Before going to bed, set out a measured, covered bowl of dry cereal and a banana. In the morning, just add low-fat milk.
- **Have a no-effort breakfast.** Grab a breakfast bar, a hard-boiled egg, or a carton of low-fat yogurt from the refrigerator.
- **Blend it up!** Mix fruit and yogurt in the blender for a quick, delicious fruit smoothie.
- **Enjoy eggs.** Eaten as part of a normal, healthy low-fat diet, eggs will not make your serum cholesterol go up.
- **Make healthy substitutions.** Substitute turkey or chicken sausage, Canadian bacon, or lean ham for fatty bacon and fatty meats.
- **Make healthy menu choices.** Most pancake houses offer low-cholesterol egg substitutes, oatmeal, fresh fruit, yogurt, and skim milk.
- **Check the labels.** Not all cereals are created equal. Choose products made from whole grains. Also, check nutrition labels for folic acid, which is an important cell-building B vitamin.



HealthyAges

Janet Artzer, Coordinator (509) 942-2700

Monday-Thursday – 8:00 am to 4:00 pm

Online, go to <http://www.kadlecmed.org>, click on “Programs” then go to “Healthy Ages After Fifty.”

UPCOMING HEALTHLY AGES-SPONSORED MEDICARE WORKSHOP AND INFORMATION SESSIONS

Note: Registration is required for all sessions as class size is limited.

March 7—9:00 am to 11:00 am, “Monthly Medicare Workshop.” This workshop is held the 1st Wednesday of each month, and is free for anyone wanting to learn more about Medicare benefits; how Medicare coordinates with Medigap and other retiree medical plans. Medicare D will also be discussed. Register by calling Healthy Ages at (509) 942-2700.

**Location: Healthy Ages Office
1305 Mansfield, Suite 4
Richland, WA 99352**

FREE SCREENING AVAILABLE FOR COLORECTAL CANCER

Colorectal cancer doesn't discriminate. It kills both men and women. Early detection is essential since early stages of this type of cancer can go undetected. You need to check **EVERY YEAR**. Kadlec Foundation and Healthy Ages are offering **FREE** home screening kits again this year, as in the past three years. If you are over 40 years of age, please take this test. You do it at home. It's simple and clean, and it may save your life. To get a free test kit, call (509) 942-2039, or email Healthy Ages at healthyages@kadlecmed.org.

Take Your Health to Heart...

Taking care of your heart is more important than you might know. Too few people realize that heart disease is the **No. 1 killer of American women—and of men!** Using the simple phrase, “Love Your Heart,” the *Go Red for Women* movement is mobilizing women, men, celebrities, health care providers and politicians to embrace and elevate the cause for women and heart disease. February 3 was National “wear red” day, but any day is “think healthy heart” day. The good news is that heart disease can largely be prevented. Your heart is in your hands—see your healthcare provider, and find out what your individual risk for developing cardiovascular disease is, and what measures you can take to prevent and/or reduce damage.

Log on to <http://www.americanheart.org> to learn more about reducing the risk of heart disease for women and men.



Deferral of Post-Retirement Medical Benefits

If you are eligible for post-retirement medical benefits, you have the option to waive (defer) this coverage *one time* with the right to re-enroll *one time* at some future date. Eligible dependents are only those who were enrolled in the medical plan at the time of the participant's retirement. In addition, they must meet eligibility requirements on the date the participant may choose to re-enroll (i.e., age, status, etc.). **No new dependents may be added at any time.**

To defer coverage, send a written request to the address on the below example letter response.

<p style="text-align: right;"><i>Hanford Employee Welfare Trust</i></p> <p style="text-align: right;">2425 Stevens Center P.O. Box 1000, H2-23 Richland, WA 99352</p> <p>Dear Mr/Ms:</p> <p>Per your request, I have enclosed the two forms required to waive (defer) current post-retirement medical coverage for you and your spouse, if you are married, and covering your spouse. Both forms must be completed and returned. An envelope is included for your convenience. I recommend that you make a copy for your future reference prior to returning the forms.</p> <p>This provision, effective November 1, 2003, allows the retiree to waive (defer) coverage, one time, for themselves and spouse, and/or dependents. However, dropping a spouse, and/or dependent(s) only, permanently drops the spouse/dependent(s) from future coverage.</p> <p>Your request will be effective the first of the month following receipt of your forms. If your forms are received after the 10th of the month, it may not be possible to stop the deduction of any applicable medical premiums from the following month's annuity payment, due to the processing time needed for monthly annuity distributions. In these cases, you will be reimbursed after the fact. Please note that reimbursement is not immediate and could take up to four weeks to process. <u>To avoid this inconvenience, it is recommended that your request be received by the 10th of the month, if possible.</u></p> <p>Should you have questions, please contact me at (509) 376-0623.</p> <p>Sincerely,</p> <p>s/s</p> <p>Jayne K. Robbins, Sr. HR Specialist Fluor Hanford Benefits Administration</p> <hr/> <p>Sponsors: * Advanced Technologies and Laboratories International, Inc. * American Electric, Inc. * CH2MHILL Hanford Group, Inc. * Eberline Services Hanford, Inc. * Energy Northwest * EnergySolutions Federal Services of Hanford, Inc. * Fluor Hanford, Inc. * Johnson Controls, Inc. * Numatec Hanford Corporation * Parsons Hanford Fabricators, Inc.</p>
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To re-enroll, the following applies.

- If participant lost coverage due to a life event, participant must re-enroll within 31 days, by providing a certificate of coverage. Enrollment will be effective the first of the following month.
- Participant can re-enroll during any open enrollment, effective January 1 of the following calendar year.
- It is the participant's responsibility to contact HEWT (Benefits Administration) to request re-enrollment either by e-mail to Benefits_-_PHMC@rl.gov, or to the HEWT address in above letter.



Dependent Eligibility Criteria - Under and Over Age 65 Retirees

Under Age 65 Retiree Dependent Eligibility Criteria

Eligible dependents include:

- Your legal **spouse** (as recognized by Washington State laws), unless he or she is enrolled in one of the Plans as an employee or retiree.
- An **unmarried child** or **children**, as defined below:
 - a stepchild residing in your home, and primarily dependent upon you for support and maintenance,
 - a legally adopted child,
 - a child placed for adoption,
 - a child for whom legal guardianship, custody, or conservatorship has been awarded to you or your spouse,
 - not regularly employed on a full-time basis, and
 - primarily dependent upon you for support and maintenance,
 - under the age of 23;
 - 23 or more years old, coverage can be continued if the child is a full-time student, as defined below:
 - √A full-time student is a person who is enrolled in and attending, full-time, a recognized course of study or training at one of the following:
 - an accredited high school,
 - an accredited college or university,
 - a licensed vocational school, technical school, beautician school, automotive school, or similar training school.
 - Full-time student status as determined in accordance with the standards set forth by the educational institution. Full-time student status ceases upon graduation or if you are no longer enrolled and attending on a full-time basis. Full-time student status continues during periods of regular vacation.
 - 23 or more years old, coverage can be continued if the child is not able to be self-supporting by reason of mental retardation or a physical handicap, provided:
 - √the handicap existed before age 23, and
 - √the child was covered as a dependent prior to reaching age 23, and
 - √the child is principally dependent on you for support, and
 - √proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.
 - √We may require that the child be examined by a physician chosen by us at our cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If you do not provide proof of the child's incapacity and dependency within 30 days of request, coverage for the child will end.

A child will cease to be a dependent upon their marriage, enlistment in the military service, full-time employment with another company, or if they are eligible for any other group medical plan.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Administration, Attn: COBRA Administrator, Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352-1000.

Continued next page.





Dependent Eligibility Criteria - Under and Over Age 65 Retirees (Continued)

Over Age 65 Retiree Dependent Eligibility Criteria

Eligible dependents include:

- Your legal **spouse** (as recognized by Washington State laws), unless he or she is enrolled in one of the Plans as an employee or retiree.
- An **unmarried child** or **children**, as defined below:
 - 23 or more years old, coverage can be continued if the child is not able to be self-supporting by reason of mental retardation or a physical handicap, provided:
 - √the handicap existed before age 23, and
 - √the child was covered as a dependent prior to reaching age 23, and
 - √the child is principally dependent on you for support, and
 - √proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.
 - √We may require that the child be examined by a physician chosen by us at our cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If you do not provide proof of the child's incapacity and dependency within 30 days of request, coverage for the child will end.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Benefits Administration, Attn: COBRA Administrator, Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352-1000.

Help for Insomnia



While many people simply don't allow themselves adequate sleep time, others—up to 35 percent of a national sample—have difficulty sleeping. **Insomnia**—the inability to sleep or to sleep satisfactorily—can be occasional, frequent, or chronic. It usually worsens with age. Initial treatment, unless your sleep disruption is caused by pain or illness, focuses on improving sleep habits.

Getting to sleep: Tips that work.

- Lie down, intending to go to sleep, only when you are sleepy.
- Make sure the bedroom is dark and quiet, with a comfortable temperature.
- If you find yourself unable to sleep, get up and go to another room. Do something relaxing, and return to bed only when you feel drowsy. The goal is to associate your bed with falling asleep quickly.
- Set the alarm and get up at the same time every morning, no matter how you slept. That helps maintain your internal sleep cycle.
- Curtail your intake of caffeine, alcohol, and nicotine.
- Increase exercise and aerobic fitness (except close to bedtime).



Hanford Employee Welfare Trust (HEWT) Contact Information

UnitedHealthcare Medical PPO

UnitedHealthcare Customer Service and Claims Center: **1-866-249-7606**

Address: UnitedHealthcare Customer Service
& Claims Center
PO Box 30555
Salt Lake City, UT 84130-0555

General Internet Address: <http://www.unitedhealthcare.com>
Provider Search Internet Address: <http://www.provider.uhc.com/hewt>

Express Scripts, Inc. Pharmaceutical Services

Retail & Mail Order Prescription Drugs—PPO Plan **1-800-796-7518**
<http://www.express-scripts.com>

Group Health Options Point-of-Service

Group Health Customer Service, Claims, and Vision **1-888-901-4636**

Addresses: Kennewick Yakima
1009 N. Center Parkway 2010 W. Lincoln Avenue
Kennewick, WA 99336 Yakima, WA 98902

Internet Address: <http://www.ghc.org>

Fluor Hanford Benefits Administration

Internet Address <http://www.hanford.gov/hr>

E-Mail: (Off-site) Benefits_-_PHMC@rl.gov
E-Mail: (On-Site) ***Benefits – PHMC**
Benefits Help Line: **1-509-376-6962**

Mailing Address: Fluor Hanford, Inc.
Benefits Administration
PO Box 1000, H2-23
Richland, WA 99352

ADDRESS CHANGE RECORD FORM

Instructions: If your address changes, it is imperative that you provide this updated information to Fluor Hanford, Inc. It is necessary to ensure proper distribution of benefits changes, communications, the W-4P form, pension, savings and other essential information. Please complete the form below and mail to Fluor Hanford, Inc., PO Box 1000, H2-23, Richland, WA 99352.

For Benefits information, login to the Human Resources web site at <http://www.hanford.gov/hr>.

NAME: (Last, First, M.I.) _____

PAYROLL NO: _____ OR SOCIAL SECURITY NO.: _____

Mailing Address: (Fill in all mailing address information.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NO.: () _____ COUNTRY: _____

SIGNATURE: _____ DATE: _____

Express Scripts, Inc. Prescription Reimbursement

If your prescription coverage is through Express Scripts, and you have been paying out-of-pocket for your prescriptions this past year, complete the attached form, sign it, date it, attach all applicable receipts, and send to:

Express Scripts, Inc.

PO Box 390873

Bloomington, MN 55439

Be sure to keep a copy for your records.



Express Scripts, Inc. - Reimbursement Form Instructions

PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY AND COMPLETE FORM

Cardholder's Information (The Cardholder is the insured member whose employer provides this benefit.)

1. Print Cardholder's name (last, first, middle initial)
2. Print Cardholder's date of birth.
3. Circle the correct letter to indicate if Cardholder is male or female
4. Print Cardholder's ID number (found on prescription drug or Health Insurance card)
5. Print Cardholder's mailing address and telephone numbers. Check box if this is a new address.
6. Indicate Cardholder's employer, insurance carrier and group number (refer to drug card)

IMPORTANT: CLAIM FORM MUST BE SIGNED.

UNSIGNED CLAIM FORMS CANNOT BE PROCESSED AND WILL BE RETURNED

Patient Information (Complete a section for each family member who is submitting prescriptions.)

1. Print Patient's name
2. Identify relationship to cardholder, gender, date of birth, and number of prescriptions submitted for each patient
3. Print Pharmacy name and address and the prescribing Doctor and DEA number used by each patient.

Specific Claim Information

1. Answer each question by checking correct box. Use the space provided for special notes if necessary.

Prescription Information Each submission must include:

Prescription receipts/labels or a patient history printout from your pharmacy, **signed** by the dispensing pharmacist, which include all information listed below:

- Pharmacy name and address
- Date filled
- Drug name, strength and NDC number
- Rx Number
- Quantity
- Days Supply
- Price
- Patient's name

(Please note that Claims received missing any of the following information may be returned or payment may be denied.)

It is preferable to have receipts unattached or taped to a separate piece of paper. *Please DO NOT* staple or glue.

Reason for claim submission or special notes

This section can be used for special notes or comments.

Questions? Call Customer Service Department at **1-800-796-7518**

Please return this claim to: Express Scripts Inc.
PO Box 390873
Bloomington, MN 55439

Express Scripts, Inc. - Reimbursement Form



EXPRESS SCRIPTS
Charting the Future of Pharmacy

PRESCRIPTION DRUG CLAIM FORM

DIV WHC

Cardholder's Name (last, first, MI)	Date Of Birth	Gender M F	Cardholder ID Number
<input type="checkbox"/> Check if new address Address Street _____ City/State _____ Zip Code _____ Daytime Telephone () _____			
Employer	Insurance Carrier Leave Blank	Group Number Leave Blank	

PLEASE SIGN AND DATE HERE: I certify that all information provided is correct and that the prescription(s) submitted are for me or members of my family who are eligible. The patient(s) listed below has (have) received the medication, and I authorize release of all information contained on this claim to Express Scripts, Inc. and my Plan Sponsor.



Cardholder's Signature

Date

Patient Information (please list information for each patient submitting claims)

1	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	How many prescriptions attached?
Pharmacy Name and Address:				Physician Name (name of prescribing Doctor) and DEA#:	

2	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	How many prescriptions attached?
Pharmacy Name and Address:				Physician Name (name of prescribing Doctor) and DEA#:	

3	Patient's Name	Relationship to Cardholder?(circle) Self, Spouse, Child, Domestic Partner	Gender (circle) M F	Date of Birth	How many prescriptions attached?
Pharmacy Name and Address				Physician Name (name of prescribing Doctor) and DEA#:	

Is claim for Diabetic Supply? yes no. If **Yes**, Patient's name _____
 Type of supply (lancets, syringe, etc.) _____ Quantity _____ Days Supply _____
 Does the patient reside in an assisted living facility? yes no Is this claim for allergy serum? yes no
 Does the patient have primary prescription drug coverage through another insurance carrier? yes no
 Did the patient submit this claim to the other carrier? yes no *If yes, please attach an explanation of benefits from your primary carrier.*

Prescription Information

→ IMPORTANT ← All prescription claims must have prescriptions receipts/labels which include:
 • Pharmacy Name/Address • Date Filled • Drug Name, Strength and NDC • Rx Number • Quantity • Days Supply • Price • Patient's Name
Claims received missing any of the above information may be returned or payment may be denied or delayed

Please tape receipts to separate piece of paper
 Patient history print outs from the pharmacy are also acceptable but **MUST** be signed by the Pharmacist.
 CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE FOR ANY PRESCRIPTIONS.
 (With the exception of diabetic supplies)

REASON FOR CLAIM SUBMISSION OR SPECIAL NOTES:

ESI USE ONLY