

Express Scripts
P.O. Box 66562
St. Louis, MO 63166-6562

November 5, 2021

040428901341//6032//6656//Cyc1041787//2021-11-03//ECA//ECA22//
PHOSEGWP//PC10303EGWPSTD

2021208654 - 2 CID PCM-MEXL



RAY W. SAWYER
195 Wyndham Place Dr
Fuquay Varina, NC 27526



EXPRESS SCRIPTS®
Medicare (PDP)

Nutrien™
Feeding the Future™

Dear RAY W. SAWYER:

Nutrien (for former PotashCorp retirees & eligible dependents) has requested your disenrollment from **Express Scripts Medicare®** (PDP) for Nutrien (for former PotashCorp retirees & eligible dependents) because Nutrien (for former PotashCorp retirees & eligible dependents) has chosen a new prescription drug benefit provider and they will be sending you information about this new coverage, including any new coverage options being provided by Nutrien (for former PotashCorp retirees & eligible dependents), in a separate letter or package.

Your disenrollment from Express Scripts Medicare (PDP) for Nutrien will be effective 01/01/2022. As of 01/01/2022, Express Scripts Medicare (PDP) for Nutrien will not cover your prescription drugs.

This letter applies only to your Express Scripts Medicare (PDP) for Nutrien prescription drug benefits.

Express Scripts Medicare (PDP) for Nutrien made this decision. Contact your group benefits administrator if you have any questions or for more information.

ECA

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Please remember, if you do not have or get other coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) within 63 days of your disenrollment from Express Scripts Medicare (PDP) for Nutrien, you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

Medicare enrollment/disenrollment guidelines

Generally, you can only enroll in and disenroll from a Medicare prescription drug plan between October 15 and December 7 of each year. However, Medicare allows for special exception periods under certain circumstances. Because your coverage from your former employer or retiree group is ending effective 01/01/2022, you may be eligible to enroll in an individual Medicare prescription drug plan not sponsored by Nutrien (for former PotashCorp retirees & eligible dependents). You will have a Special Enrollment Period (lasting up to 2 months from when your coverage with Nutrien (for former PotashCorp retirees & eligible dependents) ends) during which you can enroll in another Medicare prescription drug plan. You can contact a new plan directly for more information on your plan options, coverage and corresponding costs.

What is Extra Help?

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to a late enrollment penalty. Many people are eligible for these savings and do not even know it. For more information about this Extra Help, contact your local Social Security office or call 1.800.MEDICARE (1.800.633.4227), 24 hours per day, 7 days per week. TTY users should call 1.877.486.2048.

If you think there has been a mistake, or if you have any questions, please contact your group benefits administrator.

Thank you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

***** 下表為藥單簡化版的databinding練習 *****

Date of Service	Rx Number	Drug Name	Patient responsibility change
12/05/2021	000007527071	LOSARTAN POTASSIUM	-6.43
12/05/2021	000007542128	METOPROLOL SUCCINATE	-2.59
12/06/2021	000002919769	GABAPENTIN	\$-5.14
12/11/2021	000003348453	OMEPRazole	\$-1.62
12/11/2021	000003348463	ATORVASTATIN CALCIUM	\$-2.31
12/11/2021	000003348464	DOXAZOSIN MESYLATE	\$-4.29
12/13/2021	000001119304	ELIQUIS	\$9.39
12/13/2021	000001119304	ELIQUIS	-\$9.39
00/00/0000	000000000000	Test	\$0.00

下方為綁定答案的版型樣貌

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