

Quick Reference Guide for Electric Boat Express Scripts Plan Members

Express Scripts Medicare Customer Service
Call: 1.888.345.2560 TTY Users Call: 1.800.716.3231 Hours of Operation: 24 hours a day, 7 days a week
Retiree Customer Service Center
Beacon Retiree Benefits Group LLC 710 Main Street, Suite #10 Plantsville, CT 06479 Call: 1.888.484.0414 Hours of Operation: Monday through Friday, 8:30am to 4:30pm Eastern Time
Grievance Contact Information
To file a grievance: Write to: Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307 Call: 1.888.345.2560 TTY Users Call: 1.800.716.3231 Fax: 1.614.907.8547 Hours of Operation: 24 hours a day, 7 days a week
Administrative Coverage Reviews and Appeals Contact Information
If you need a decision about whether a medication is covered: Write to: Express Scripts Attn: Medicare Administrative Appeals P.O. Box 66587 St. Louis, MO 63166-6587 If you need help right away: Call: 1.800.413.1328 TTY Users Call: 1.800.716.3231 Fax: 1.877.328.9660 Hours of Operation: Monday through Friday, 8:00am to 6:00pm, Central Time

*These fax numbers are effective January 1, 2018. For fax inquiries through December 31, 2017, fax 1.877.328.9799 for Initial Clinical Coverage Reviews and 1.877.852.4070 for Clinical Appeals Contact Information.

Initial Clinical Coverage Reviews (Including Prior Authorization Requests) Contact Information
To request a Prior Authorization: Write to: Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571 If you need help right away: Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY Users Call: 1.800.716.3231 Fax: 1.877.251.5896* Hours of Operation: 24 hours a day, 7 days a week
Clinical Appeals Contact Information
If you need to appeal an adverse determination: Write to: Express Scripts Attn: Medicare Clinical Appeals P.O. Box 66588 St. Louis, MO 63166-6588 If you need help right away: Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY Users Call: 1.800.716.3231 Fax: 1.877.251.5896* Hours of Operation: Monday through Friday, 8:00am to 8:00pm, Central Time
Paper Claim Submission
Mail request for payment with receipts to: Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718 To obtain a Direct Claim Form: <ul style="list-style-type: none"> • Download from our website, www.Express-Scripts.com • Call Customer Service (The Direct Claim Form is not required, but it will help us process the information faster.) It's a good idea to make a copy of all of your receipts for your records.