

Benefit Overview

Express Scripts Medicare® (PDP) for EIA

YOUR 2018 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your group benefits administrator.																								
Initial Coverage stage	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,750:</p> <table border="1" data-bbox="349 808 1485 1438"> <thead> <tr> <th data-bbox="349 808 511 955">Tier</th> <th data-bbox="511 808 738 955">Retail One-Month (31-day) Supply</th> <th data-bbox="738 808 966 955">Retail Two-Month (60-day) Supply</th> <th data-bbox="966 808 1193 955">Retail Three-Month (90-day) Supply</th> <th data-bbox="1193 808 1485 955">Home Delivery Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="349 955 511 1102">Tier 1: Generic Drugs</td> <td data-bbox="511 955 738 1102">\$5 copayment</td> <td data-bbox="738 955 966 1102">\$10 copayment</td> <td data-bbox="966 955 1193 1102">\$15 copayment</td> <td data-bbox="1193 955 1485 1102">\$10 copayment</td> </tr> <tr> <td data-bbox="349 1102 511 1249">Tier 2: Preferred Brand Drugs</td> <td data-bbox="511 1102 738 1249">\$20 copayment</td> <td data-bbox="738 1102 966 1249">\$40 copayment</td> <td data-bbox="966 1102 1193 1249">\$60 copayment</td> <td data-bbox="1193 1102 1485 1249">\$40 copayment</td> </tr> <tr> <td data-bbox="349 1249 511 1438">Tier 3: Non-Preferred Drugs</td> <td data-bbox="511 1249 738 1438">\$50 copayment</td> <td data-bbox="738 1249 966 1438">\$100 copayment</td> <td data-bbox="966 1249 1193 1438">\$150 copayment</td> <td data-bbox="1193 1249 1485 1438">\$100 copayment</td> </tr> </tbody> </table> <p data-bbox="349 1470 1485 1585">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</p> <p data-bbox="349 1596 1485 1711">You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping.</p> <p data-bbox="349 1722 1485 1837">Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.</p>					Tier	Retail One-Month (31-day) Supply	Retail Two-Month (60-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply	Tier 1: Generic Drugs	\$5 copayment	\$10 copayment	\$15 copayment	\$10 copayment	Tier 2: Preferred Brand Drugs	\$20 copayment	\$40 copayment	\$60 copayment	\$40 copayment	Tier 3: Non-Preferred Drugs	\$50 copayment	\$100 copayment	\$150 copayment	\$100 copayment
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Coverage Gap stage	After your total yearly drug costs reach \$3,750, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$5,000.
Catastrophic Coverage stage	After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$5,000, you will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage • an \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more details.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from EIA.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.express-scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.

- To access your plan's list of covered drugs, visit our website at **www.express-scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Drug cost-share for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

For a complete explanation of your plan benefits, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or check your *Evidence of Coverage*, when you receive it. If you have not yet received an *Evidence of Coverage*, please contact Express Scripts Medicare Customer Service at the numbers on the back of this document to request one.

Does my plan cover Medicare Part B or non-Part D drugs?

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some other non-Part D medications that are not normally covered by a Medicare prescription drug plan. The amount paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

Read the *Medicare & You 2018 handbook*.

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Express Scripts Medicare Customer Service

1.844.468.0428

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **www.express-scripts.com**.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

For questions about premiums, enrollment and eligibility, please contact the Benefits Office at the Organization from which you retired.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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