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**Benefit Overview**

**Express Scripts Medicare**® (PDP) for **the State of Delaware**

**YOUR 2015 PRESCRIPTION DRUG PLAN BENEFIT**

The benefit described in this document is your final benefit after combining the standard Medicare   
Part D benefit with additional coverage being provided by the State of Delaware. The following table provides a summary of your benefit, including final cost-sharing information. This plan provides coverage across all stages of your benefit.

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| **Initial**  **Coverage**  **stage** | You will pay the following until your total yearly drug costs (what you and the plan pay) reach $2,960:   |  |  |  |  | | --- | --- | --- | --- | | **Tier** | **Retail**  **One-Month**  **(31-day) Supply** | **Retail**  **Three-Month**  **(90-day) Supply** | **Home Delivery**  **Three-Month**  **(90-day) Supply** | | Tier 1:  **Generic Drugs** | $8.50 copayment | $17 copayment | $17 copayment | | Tier 2:  **Preferred Brand**  **Drugs** | $20 copayment | $40 copayment | $40 copayment | | Tier 3:  **Non-Preferred Brand Drugs** | $45 copayment | $90 copayment | $90 copayment | |
|  | 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.  You may fill 90-day maintenance prescriptions (medications taken on a long-term basis) at a participating retail pharmacy. You may also receive up to a 90-day supply of certain maintenance drugs by mail through our home delivery service. There is no charge for standard shipping.  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. |
|  |  |
| **Coverage Gap stage** | After your total yearly drug costs reach $2,960, you will continue to pay the same  copayment amount as in the Initial Coverage stage until your yearly out-of-pocket  drug costs reach $4,700. |

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| **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 $4,700, you will pay **the greater of**  **5% coinsurance or:**   * a $2.65 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 * a $6.60 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 a long-term care facility, you pay the same as at a network retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply 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 Medicarenetwork 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 may have to pay additional costs for drugs received at an out-of-network pharmacy. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more details.

**IMPORTANT PLAN INFORMATION**

* Your plan uses a formulary—a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.
* You may get your drugs at network retail pharmacies and our home delivery pharmacy.
* The formulary lists many of the drugs covered by your plan. If you do not see your drug on the list, please call Express Scripts Medicare Customer Service to confirm coverage of your medication.
* 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 fromExpress Scripts Medicarefor   
  certain drugs.
* If the actual cost of a drug is less than the normal copayment 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 Medicareapproves   
  the exception, you will pay the Non-Preferred Brand Drug cost-share for that drug.
* The service area for this plan is all 50 states, the District of Columbia, and Puerto Rico. You must live in one of these areas to participate in this plan. We may reduce our service area and no longer offer services in the area in which you reside.
* You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
* State of Delaware Diabetic Program – Diabetic supplies are available through in-network pharmacies at a $0 copayment. In addition, if you fill more than one diabetic medication at the same time, you will be charged only a single copayment. For more information, please visit the Statewide Benefits Office website at http://ben.omb.delaware.gov/script/diabetic.shtml.

**Who is eligible for this plan?**

You are eligible for this plan if you are enrolled in Medicare Part A and Part B, are eligible for benefits from the State of Delaware and enrolled in the State of Delaware Medicare supplement plan, and live in the plan’s service area.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage,** your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan. You may, however, be enrolled in this plan and an MA-only plan if it has been coordinated through your employer. Please contact the State of Delaware Office of Pensions if you have questions about other plan types and the impact your enrollment in this plan may have.

**Important:** If you choose a prescription drug plan outside your former employer/retiree group’s offering, this decision may impact other benefits, such as medical coverage. Please contact the State of Delaware Office of Pensions or your former employer group for more information before making a decision to leave this plan, or for information about other options that may be available to you.

**Do I qualify for Extra Help to pay for my prescription drug premiums and costs?**

To see if you qualify for Extra Help, call Medicare at 1.800.MEDICARE (1.800.633.4227),   
24 hours a day, 7 days a week (TTY users should call 1.877.486.2048); the Social Security Office   
at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

**Will my income affect my Medicare Part D premium?**

Most people will pay their plan’s standard Medicare Part D premium. However, some people may have to pay an extra amount because of their yearly income. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is more than $85,000 for individuals and married individuals filing separately or $170,000 for married individuals filing jointly, you will have to pay extra for your Medicare prescription drug coverage. This extra amount is called the income-related monthly adjustment amount. If you have to pay an extra amount, Social Security—not your Medicare plan—will send a letter telling you what the extra amount will be and how to pay it. No matter how your plan premium is paid, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check is not enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly plan premium.* If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

**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 amounts 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.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact Express Scripts Medicare. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.

**Express Scripts Medicare Customer Service**

**1.877.680.4883**

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 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 State of Delaware Office of Pensions at **1.800.722.7300.** Hours of operation are 8:00 a.m. to 4:30 p.m., Eastern Time, Monday through Friday.

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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