

# Benefit Overview



## Express Scripts Medicare® (PDP) for PRISM

### YOUR 2023 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.

<b>Plan Premium</b>	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.																								
<b>Initial Coverage stage</b>	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$4,660:</p> <table border="1" data-bbox="378 766 1422 1501"> <thead> <tr> <th data-bbox="378 955 451 987">Tier</th> <th data-bbox="641 850 803 987">Retail One-Month (31-day) Supply</th> <th data-bbox="820 850 982 987">Retail Two-Month (60-day) Supply</th> <th data-bbox="1031 808 1153 987">Retail Three-Month (90-day) Supply</th> <th data-bbox="1193 766 1422 987">Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="378 1060 592 1123">Tier 1: <b>Generic Drugs</b></td> <td data-bbox="641 1060 803 1123">\$5 copayment</td> <td data-bbox="820 1060 982 1123">\$10 copayment</td> <td data-bbox="1031 1060 1153 1123">\$15 copayment</td> <td data-bbox="1193 1060 1422 1123">\$10 copayment</td> </tr> <tr> <td data-bbox="378 1186 625 1291">Tier 2: <b>Preferred Brand Drugs</b></td> <td data-bbox="641 1207 803 1270">\$20 copayment</td> <td data-bbox="820 1207 982 1270">\$40 copayment</td> <td data-bbox="1031 1207 1153 1270">\$60 copayment</td> <td data-bbox="1193 1207 1422 1270">\$40 copayment</td> </tr> <tr> <td data-bbox="378 1354 592 1459">Tier 3: <b>Non-Preferred Drugs</b></td> <td data-bbox="641 1375 803 1438">\$50 copayment</td> <td data-bbox="820 1375 982 1438">\$100 copayment</td> <td data-bbox="1031 1375 1153 1438">\$150 copayment</td> <td data-bbox="1193 1375 1422 1438">\$100 copayment</td> </tr> </tbody> </table> <p data-bbox="378 1522 1422 1627">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="378 1669 1422 1774">*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.</p>					Tier	Retail One-Month (31-day) Supply	Retail Two-Month (60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply	Tier 1: <b>Generic Drugs</b>	\$5 copayment	\$10 copayment	\$15 copayment	\$10 copayment	Tier 2: <b>Preferred Brand Drugs</b>	\$20 copayment	\$40 copayment	\$60 copayment	\$40 copayment	Tier 3: <b>Non-Preferred Drugs</b>	\$50 copayment	\$100 copayment	\$150 copayment	\$100 copayment
Tier	Retail One-Month (31-day) Supply	Retail Two-Month (60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts® Pharmacy Home Delivery* Three-Month (90-day) Supply																					
Tier 1: <b>Generic Drugs</b>	\$5 copayment	\$10 copayment	\$15 copayment	\$10 copayment																					
Tier 2: <b>Preferred Brand Drugs</b>	\$20 copayment	\$40 copayment	\$60 copayment	\$40 copayment																					
Tier 3: <b>Non-Preferred Drugs</b>	\$50 copayment	\$100 copayment	\$150 copayment	\$100 copayment																					

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.</p> <p>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>
<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$4,660, 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 \$7,400.
<b>Catastrophic Coverage stage</b>	<p>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 \$7,400, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$4.15 copayment for covered generic drugs (including drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage</li> <li>• a \$10.35 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.</li> </ul>

### **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 PRISM.

- 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 **[express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies)**.
- 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.
- A PDF of our printed drug list for 2023 will be available by logging into **[express-scripts.com/documents](https://www.express-scripts.com/documents)** beginning on October 15, 2022.
- 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 cost-sharing amount set by your plan 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.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an Explanation of Benefits (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **[express-scripts.com](https://www.express-scripts.com)**, or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan’s rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, **[express-scripts.com/documents](https://www.express-scripts.com/documents)**. You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

### **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.

### **Will my income affect my cost for Medicare Part D coverage?**

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. 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. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

**Read the *Medicare & You* 2023 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 **[express-scripts.com](https://www.express-scripts.com)**.

This information is not a complete description of benefits Call Express Scripts Medicare at the phone numbers above for more information.

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

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.

© 2022 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc. All other trademarks are the property of their respective owners.