

Benefit Overview

Express Scripts Medicare® (PDP)



EXPRESS SCRIPTS®
Medicare (PDP)

YOUR 2018 PRESCRIPTION DRUG PLAN BENEFIT

Manchester School District

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. For maintenance medications, you have the choice of filling prescriptions for more than a one-month supply at pharmacies with preferred cost-sharing, including CVS and select independent local pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

Deductible stage	You do not pay a yearly deductible.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,750:			
		Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply
	Tier 1: Preferred Generic Drugs	\$0 copayment	\$0 copayment	\$0 copayment
	Tier 2: Generic Drugs	\$0 copayment	\$0 copayment	\$0 copayment
	Tier 3: Preferred Brand Drugs	\$20 copayment	Preferred cost-sharing \$40 copayment Standard cost-sharing \$60 copayment	\$40 copayment
	Tier 4: Non-Preferred Drugs	\$40 copayment	Preferred cost-sharing \$80 copayment Standard cost-sharing \$120 copayment	\$80 copayment
	Tier 5: Specialty Tier Drugs	\$40 copayment	Preferred cost-sharing \$80 copayment Standard cost-sharing \$120 copayment	\$80 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.			

	<p>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. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>
Non Part D	Covered; including Lifestyle drugs
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 you qualify for the Catastrophic Coverage stage.
Catastrophic Coverage stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <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 cost-sharing amount during the Initial Coverage stage • an \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

IMPORTANT PLAN INFORMATION

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 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 the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- 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.
- 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.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.

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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How Voluntary Smart90 Works

Preferred 90 day Network

Client enrolls in Voluntary Smart90 for all
maintenance medications

Members may receive 3-month supplies at a lower
copayment through

the Express Scripts Pharmacysm

or a

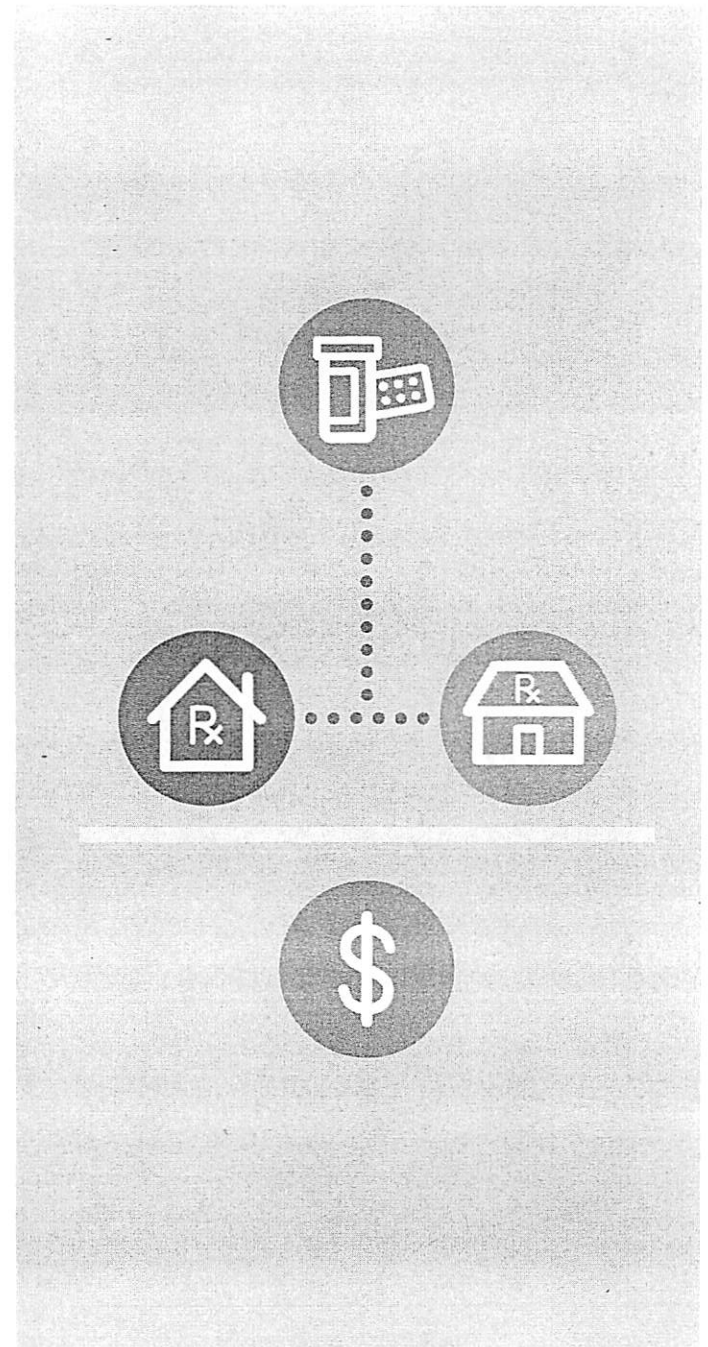
CVS Pharmacy¹

or continue to get a 3-month supply at any other in-network
pharmacy for the cost of three 1-month supplies

Members who continue to use 1-month supplies or fill for a
3-month supply at a non-preferred pharmacies
**are targeted to receive multichannel
communications to move to a 3-month supply²**

¹ Independent pharmacies can be added to the 90 day network to meet access needs,
but Smart90 retail pricing does not apply at these locations

² For select long-term medications. Acute and other long-term medications may be filled at
any participating pharmacy.



Voluntary Smart90SM

- Engages members by presenting savings opportunities with 90-day supplies
- Members have a choice of home delivery or retail for their 90-day maintenance medications
- Offers the convenience of the Smart90 network or home delivery from the Express Scripts PharmacySM



Fill 1
Eugene gets a 30-day supply at retail



Communication 1
Is informed of savings opportunity with 90-day supplies



MEET EUGENE

Eugene is a 70-year-old member with epilepsy who is taking a long-term medicine to treat his condition.

\$\$\$
NO ACTION



Fill 2
Continues getting a 30-day supply at standard copayment**



Communication 2
Is informed of savings opportunity with 90-day supplies



EUGENE'S CHOICE

\$
HOME DELIVERY



Transfers Rx to the Express Scripts Pharmacy



Fill 2
Gets a 90-day supply delivered right to his door

\$
RETAIL



Prescription is changed to a 90-day supply



Fill 2
Gets a 90-day supply* at retail for the same low copayment as home delivery



*Not all pharmacies in member's network will be able to fill a 90-day supply
** One 90-day supply copay is often less than three 30-day supply copays
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SMART90 PHARMACY LIST

BARTELL DRUG

HEB GROCERY

SAFEWAY

DISCOUNT DRUG MART

KINNEY DRUGS

ALBERTSONS

RALEYS

WAKEFERN

MEIJER

WEIS MARKET INC

SHOPKO

SUPERVALU

AHOLD

BI-LO HOLDINGS LLC

COSTCO

ALBERTSONS

PUBLIX

SAVE MART

SUPERMARKETS

BI-LO HOLDINGS LLC

FREDS

SAFEWAY

SUPERVALU

RITZMAN PHARMACIES INC

ARETE

PRICE CHOPPER PHARMACY

AMERISOURCE-BERGEN

AMERISOURCE-BERGEN

COBORNS

ARETE

ARETE

INGLES MARKETS

ALBERTSONS

CVS