# Express Scripts Medicare Prescription Drug Benefits

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

## Your Prescription Drug Plan Benefit – January 1, 2020 – December 31, 2020

The drug benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional drug coverage being provided by the State of Delaware. The following table provides 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 any participating retail network pharmacy or by mail through the Express Scripts Pharmacy℠. Some network retail pharmacies in your plan will only dispense a one-month supply, while Walgreens as well as select local retail pharmacies (including some grocery store chains) will provide up to a 90-day supply. Please visit our website at express-scripts.com or call Express Scripts Medicare Customer Service at 1.877.680.4883 for more information.

<table>
<tr><td>Plan Premium</td><td colspan="4">Your actual premium will be determined by the portion of the State contribution for which you are eligible, according to your years of service and retirement date.</td></tr>
<tr><td rowspan="5">Initial Coverage stage</td><td colspan="4">You will pay the following copayments:</td></tr>
<tr><td>Tier</td><td>Retail One-Month (31-day) Supply</td><td>Retail Three-Month (90-day) Supply</td><td>Home Delivery Three-Month (90-day) Supply</td></tr>
<tr><td>Tier 1: Generic Drugs</td><td>$8 copayment</td><td>$16 copayment*</td><td>$16 copayment</td></tr>
<tr><td>Tier 2: Preferred Brand Drugs</td><td>$28 copayment</td><td>$56 copayment*</td><td>$56 copayment</td></tr>
<tr><td>Tier 3: Non-Preferred Brand/Generic Drugs</td><td>$50 copayment</td><td>$100 copayment*</td><td>$100 copayment</td></tr>
<tr><td></td><td colspan="4">*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost-share.<br><br>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 the Express Scripts Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply.</td></tr>
<tr><td>Catastrophic Coverage stage</td><td colspan="4">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 $6,350 you will pay the greater of 5% coinsurance <u>or</u>:<br>▪ a $3.60 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<br>▪ a $8.95 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.</td></tr>
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## Three Copay/Coinsurance Levels/Tiers

The prescription drug program has three copay levels (tiers) for covered prescriptions. The amount you pay for your prescription depends on whether the drug is:

- A generic drug or a brand name drug, and
- On the Express Scripts Medicare Formulary (a list of preferred drugs).