

# Express Scripts Medicare Prescription Drug Benefits

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

### Your Prescription Drug Plan Benefit – January 1, 2021 – December 31, 2021

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<sup>SM</sup>. 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](http://express-scripts.com) or call Express Scripts Medicare Customer Service at 1.877.680.4883 for more information.

<b>Plan Premium</b>	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.			
<b>Initial Coverage stage</b>	You will pay the following copayments:			
	Tier	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$8 copayment	\$16 copayment*	\$16 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$28 copayment	\$56 copayment*	\$56 copayment
	Tier 3: <b>Non-Preferred Brand/Generic Drugs</b>	\$50 copayment	\$100 copayment*	\$100 copayment
	<p>*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost-share.</p> <p>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. <b>Not all drugs are available at a 90-day supply.</b></p>			
<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 \$6,550 you will pay the greater of <b>5% coinsurance or</b>:</p> <ul style="list-style-type: none"> <li>▪ a \$3.70 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</li> <li>▪ a \$9.20 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.</li> </ul>			

### 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).