

Express Scripts Medicare® (PDP) for the State of Delaware
Medicare Retiree Prescription Plan
Frequently Asked Questions

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SECTION 1 - GENERAL INFORMATION

1. What is the State of Delaware's prescription drug plan for Medicare eligible retirees?

This is an enhanced Medicare Part D plan administered by Express Scripts and called ***Express Scripts Medicare® (PDP) for the State of Delaware.***

2. Is this different from standard Medicare Part D plans?

Yes, the State's Express Scripts Medicare (PDP) plan is an enhanced Medicare Part D plan which provides additional coverage for certain prescription drugs and ***eliminates the deductible and coverage gap*** which are normally part of a standard Medicare Part D plan.

3. Since this is a Medicare Part D plan, am I responsible for drug costs in the deductible and the coverage gap (donut hole) stages?

No. The State's enhanced prescription drug plan provides coverage during the deductible and coverage gap stages. You will continue to pay the applicable copays. Please refer to the prescription copay rates available online from the State of Delaware Benefits Office website at, <https://dhr.delaware.gov/benefits/prescription/medicare/>. The State's enhanced prescription drug plan will pay the remaining costs.

4. What is the additional coverage provided under the State of Delaware's Express Scripts Medicare (PDP) plan?

Some drugs that are not covered in a standard Medicare Part D Plan will be covered as part of the State's enhanced drug benefit plan. 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. Plus, some prescription drugs in Medicare Part D's "non-preferred" category will be covered in a lower tier as "preferred" under the State plan. The additional coverage information is available online from the State of Delaware Benefits Office website at, <https://dhr.delaware.gov/benefits/prescription/medicare/formulary.shtml>.

5. How and/or where can I receive my medications?

You must use Express Scripts Medicare in-network pharmacy to fill your prescriptions. You can fill 90-day maintenance medications at certain 90-day retail pharmacies that participate in the Express Scripts network or through the Express Scripts Pharmacy (home delivery). Veterans Administration (VA) pharmacies and Military Base Pharmacies (such as Dover Air Force Base) are not included in the network – see also Q&A's 18 and 19. There are network pharmacies in all 50 states. To locate a network pharmacy please visit the Express Scripts website at, www.express-scripts.com. You can also contact Express Scripts Medicare Customer Service at 1-877-680-4883 for additional information.

SECTION 2 – ENROLLMENT INFORMATION

6. I am retired and will be turning 65 soon. What do I need to do to enroll in this prescription plan?

About 4 months before you turn 65, you will receive a letter from the Office of Pensions advising you to enroll with the Social Security Administration in Medicare Part A and Part B for your medical coverage. If you currently collect Social Security benefits, you should automatically receive a Medicare card in the mail three to four months prior to your 65th birth month. Otherwise, you are required to contact the Social Security Administration either online or in person at a local field office three months prior to your birth

month in order to apply and enroll in Medicare Part A and Part B insurance. The effective date of Medicare coverage is typically the first day of your birth month, unless your birth date is the first of the month. If your birthday falls on the first of a month, then your Medicare coverage would become effective on the first day of the previous month.

Once enrolled in Medicare Part A and Part B, the State of Delaware provides the Special Medicfill with prescription plan, which is an enhanced, qualified Medicare Part D plan. You will need to provide a signed copy of your Medicare card or Social Security Administration benefit verification letter showing your Medicare Part A and Part B enrollment dates to the Office of Pensions as soon as possible. Once received the Office of Pensions will automatically process your enrollment in the Special Medicfill with prescription plan. The Special Medicfill with prescription plan includes Medicare supplemental coverage with the Highmark of Delaware Medigap plan and qualified Medicare Part D coverage with the Express Scripts Medicare (PDP) for the State of Delaware prescription drug plan. Please note that you cannot enroll in prescription coverage only, it must be in combination with the Highmark of Delaware Medigap plan. Please contact the Office of Pensions at 1-800-722-7300 for assistance if you are unable to obtain verification of your Medicare Part A and Part B enrollment in advance of your Medicare effective date. Late enrollment in Medicare may result in lifetime penalties from the Social Security Administration and/or other coverage problems. All pensioners and their eligible healthcare covered dependents must enroll in Medicare Part A and Part B when initially eligible due to obtaining the age of 65 or after 24 months of receiving disability payments from the Social Security Administration in order to receive coverage through the State of Delaware.

Medicare does not permit individuals to enroll in more than one Medicare Part D plan at a time. If you are enrolled or enrolling in another qualified Part D prescription drug plan and do not want to enroll with the State of Delaware Express Scripts Medicare (PDP) prescription drug plan, you must submit an application selecting enrollment with the Special Medicfill without prescription plan. When a completed healthcare application is required, it can be obtained from the Office of Pensions website at, <https://open.omb.delaware.gov/> within the *Retiree Forms* section.

If you select Special Medicfill without prescription coverage or decline the Special Medicfill coverage in its entirety, you must wait until the next annual open enrollment period for the Special Medicfill supplement plan, which is usually held in October for coverage beginning the following January. Please contact the Office of Pensions for enrollment assistance if you or a dependent is within 30-days of a qualifying event.

After enrolling for the first time, you should receive welcome kits containing new ID cards from Highmark of Delaware and Express Scripts Medicare (PDP) (not applicable if application was submitted for the Special Medicfill without prescription plan) before your Medicare Part B eligibility date. The new ID cards would be used beginning with the effective date of your Medicare Part B coverage.

7. My spouse's former employer offers Medicare retiree benefits. Is my spouse required to enroll in coverage? Does the spousal coordination of benefits policy still apply?

Yes, the State of Delaware spousal coordination of benefits policy still applies to healthcare coverage of Medicare-eligible spouses. If your spouse's former employer covers at least 50% of the cost of the least expensive plan available for your spouse only, he or she must enroll in their former employer's coverage. Please refer to the State of Delaware Spousal Coordination of Benefits policy located at, <https://dhr.delaware.gov/benefits/cob/pensioners.shtml>.

If the former employer offers stand-alone prescription drug coverage, your spouse is not required to enroll in prescription drug coverage through the former employer. If the prescription coverage is not offered as a stand-alone plan, you would need to submit a healthcare application to the Office of Pensions for spousal enrollment in the State of Delaware Special Medicfill without prescription plan.

8. If I pay more for my Medicare Part B coverage because I am a high-income earner, will I also pay more for my Medicare Part D Prescription Drug Plan?

Yes. Please see next question for details.

9. What is a high-income earner and how does it affect what I pay for Medicare Part D?

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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

10. My spouse’s former employer has elected to outsource Medicare retiree benefits. The employer will no longer cover my spouse directly, but provides a set amount per year toward enrolling in coverage through another Medicare retiree benefits vendor. Is my spouse required to enroll in this medical and/or prescription coverage, since it is no longer provided directly from the former employer?

Yes, unless the amount provided by your former employer covers less than 50% of the cost of the least expensive plan available for your spouse only, he or she must enroll in their former employer’s coverage. However, your spouse is not required to enroll in prescription drug coverage through the employer if the former employer offers stand-alone prescription coverage. Please refer to the State of Delaware Spousal Coordination of Benefits policy located at: delaware.gov/benefits/cob/pensioners.shtml.

11. Does enrollment in Express Scripts Medicare (PDP) Prescription Drug Plan impact any other coverage my spouse and I may have?

The Centers for Medicare & Medicaid Services (CMS) only allows enrollment in one qualified Part D prescription drug plan. Please contact the State of Delaware Office of Pensions at 1-800-722-7300 if you have questions about other plan types and the impact your enrollment in this plan may have.

SECTION 3 – USING THE EXPRESS SCRIPTS MEDICARE PLAN

12. What are the copays for my medications under this plan?

Copay amounts are available online from the State of Delaware Benefits Office website at, de.gov/statewidebenefits. Select your group, then the “Express Scripts Prescription Plan” tile, under I WANT TO, select “Review Copays”. You may call the Express Scripts Medicare dedicated information line at 1-877-680-4883 should you require further assistance.

13. Does the Express Scripts Medicare list of covered drugs change each year?

Yes. The list of covered drugs can change each year. You can review the Formulary (list of covered drugs) including a separate list of drug exclusions available online from the State of Delaware Benefits Office website at, de.gov/statewidebenefits. Select your group, then choose the “Prescription Plan” tile, under INFORMATION. You can check the price of any medication after January 1, 2021 by calling 1-877-680-4883.

14. Are Erectile Dysfunction medications, (examples; Viagra, Cialis etc.) covered under the State's Express Scripts Medicare (PDP) Prescription Drug Plan?

No, erectile dysfunction medications are not covered, unless medically necessary for a condition other than erectile dysfunction. Coverage of erectile dysfunction medications for medical necessity requires coverage review for a prior authorization (PA).

You or your doctor may contact the Express Scripts Medicare (PDP) dedicated coverage review information line at 1-800-413-1328 for further coverage review assistance. Erectile Dysfunction medications can be obtained at the pharmacy with a prescription, paying 100% of Express Scripts discounted price.

15. If I am new to this plan, do I need to have my doctor write new prescriptions for my medications after my effective date even if I have refills left?

Yes, a new prescription is required. Your prescriptions that have a Prior Authorization (PA) in place in a non-Medicare drug plan will require approval under the Express Scripts Medicare (PDP). Please refer to Q&A #15 that follows.

16. How do I know if a medication requires a Prior Authorization (PA)?

After January 1, 2021, you or your doctor may contact the Express Scripts Medicare (PDP) dedicated coverage review information line at 1-800-413-1328. Express Scripts will be able to tell you if your medication requires a Prior Authorization. If you do not obtain a prior authorization, the drugs may not be covered. These drugs are noted with "PA" next to them on the formulary.

Some drugs may be covered under Medicare Part B or under Medicare Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly. You will be able to get a 31-day supply of medication at the pharmacy while the PA approval is being established.

17. I am enrolling in Express Scripts Medicare (PDP) and am currently taking a specialty medication which I fill through the specialty pharmacy (either Accredo or Rx Biotech). Will the specialty pharmacy get my new information?

If you are new to the plan, the specialty pharmacy will have your new ID information effective January 1, 2021 and you are not required to obtain new prescriptions. The special services provided by Accredo and Rx Biotech will also remain the same.

18. I am a military retiree. How does this plan work with Tricare?

Please contact Express Scripts Medicare (PDP) for the State of Delaware at 1-877-680-4883 to help you determine whether Express Scripts Medicare (PDP) or Tricare will be your primary prescription drug plan coverage.

19. Can I fill my prescriptions at a U.S. military base pharmacy, such as Dover Air Force Base?

Since the military bases are federal institutions, your Express Scripts Medicare (PDP) for the State of Delaware coverage cannot be processed at the base pharmacy. For more information about using your coverage through Express Scripts Medicare (PDP) for the State of Delaware refer to Q&A #5.

20. Am I required to use the Express Scripts mail order pharmacy? Is there any difference in cost if I use the Express Scripts mail order pharmacy instead of a retail pharmacy?

No, you may use participating 90-day retail pharmacies and/or the Express Scripts Pharmacy for home

delivery, with no difference in copay.

21. Can I use a manufacturer’s discount card when I fill a brand medication?

No. The prescription processes through your State of Delaware coverage, but the discount does not. Some manufacturer’s discount cards cannot be used along with any Medicare Part D plan. You should call the phone number on the discount card to inquire.

22. I see that my copayments may go down if I reach the Catastrophic stage when out-of-pocket drug costs have reached the \$6,550 limit that Medicare has set for the 2021 calendar year. Is there a maximum amount that the plan will pay – will my coverage end if my costs are too high?

No. Once you are in the Catastrophic Coverage stage, you will stay in this payment stage until the end of the calendar year. The plan will continue to cover your drugs through the 2021 plan year at the same cost-sharing amount as you paid in the Initial coverage stage, or you may pay less. You will not pay more than what you have already been paying in the Initial Coverage stage.

23. How are the drug costs calculated toward the Catastrophic Phase, and how will I know if I reach that amount?

When your out-of-pocket costs have reached the \$6,550 limit for the 2021 calendar year, you will move on to the Catastrophic Coverage stage. Copays for medications covered under the enhanced portion of your benefit (see Q&A #4); do not count toward this total. You will receive the Part D Explanation of Benefits (Part D EOB) summary from Express Scripts Medicare that will help you keep track of how much you and the plan, as well as any third parties, have spent on your behalf for your prescription drugs during the plan year. When you reach a total of \$6,550 in out-of-pocket costs for the 2021 plan year, this report will tell you when you have moved to the Catastrophic Coverage stage.

24. Where can I find information to learn more about my Medicare prescription drug benefits?

Express Scripts digital member user guides and video provide useful information to help you manage and learn more about your Medicare prescription drug benefits. The member guides and video are located on the Statewide Benefits Office website at, de.gov/statewidebenefits. Select your group, and then choose the “Prescription Plan” tile, under INFORMATION. Here you will find:

- Member Guides
- Member Experience (Video)

Contacts: Express Scripts Medicare Member Services: 1-877-680-4883

State of Delaware Office of Pensions: 1-800-722-7300

Social Security Administration: 1-800-772-1213

Medicare: 1-800-MEDICARE (1-800-633-4227)