

Benefit Overview

Express Scripts Medicare® (PDP) for the South Carolina Public Employee Benefit Authority (PEBA) administered by Express Scripts

YOUR 2016 PRESCRIPTION DRUG PLAN BENEFIT

The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by PEBA. The following table provides a summary of your benefit, including final cost-sharing information. This Plan provides coverage across all stages of your benefit, including the initial coverage stage, coverage gap stage and catastrophic coverage stage.

Member Out-of-Pocket Maximum	This Plan has a yearly member out-of-pocket maximum (costs paid by yourself only) of \$2,500. Once you reach this amount, you will pay \$0 for your covered prescription drugs for the remainder of the plan year.			
Initial Coverage stage	You will pay the following until you reach the member out-of-pocket maximum of \$2,500, or until your total yearly drug costs (what you and the Plan pay) reach \$3,310, whichever comes first.			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Home Delivery Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$9 copayment	\$27 copayment	\$22 copayment
	Tier 2: Preferred Brand Drugs	\$38 copayment	\$114 copayment	\$95 copayment
	Tier 3: Non-Preferred Brand Drugs	\$63 copayment	\$189 copayment	\$158 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.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through our home delivery service. 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. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.				

Coverage Gap stage	If you have not met the member out-of-pocket maximum of \$2,500, but your total yearly drug costs reach \$3,310, 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 \$4,850.
Catastrophic Coverage stage	<p>If you have not met your member out-of-pocket maximum of \$2,500, but your yearly out-of-pocket drug costs—including manufacturer discounts—exceed \$4,850, you will pay the greater of 5 percent coinsurance <u>or</u>:</p> <ul style="list-style-type: none"> • a \$2.95 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; or • a \$7.40 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.

Long-Term Care (LTC) Pharmacy

If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply 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 may have to pay additional costs for drugs received at an out-of-network pharmacy. 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 includes all 50 states, the District of Columbia and Puerto Rico. You must live in one of these areas to participate in this Plan. We may reduce our service area and no longer offer services in the area in which you reside.
- You may get your drugs at network retail pharmacies and through our home delivery pharmacy.
- Your Plan uses a formulary, a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.
- 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 Non-Preferred Brand Drug cost-share 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.

FREQUENTLY ASKED QUESTIONS

Who is eligible for this Plan?

You are eligible for this Plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the Plan's service area, and are eligible for benefits through PEBA.

You can only be enrolled in one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this Plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan. You may, however, be enrolled in this Plan and an MA-only plan if it has been coordinated through your plan sponsor, which is PEBA. Please contact PEBA if you have questions about other plan types and the impact your enrollment in this Plan may have.

Important: If you choose a prescription drug plan outside of your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact PEBA for more information before making a decision to leave this Plan, or for information about other options that may be available to you.

Do I qualify for Extra Help to pay for my prescription drug premiums and costs?

To see if you qualify for Extra Help, call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week (Text telephone (TTY) users should call 1.877.486.2048); the Social Security Office at 1.800.772.1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your state's Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this Plan.

Will my income affect my Medicare Part D premium?

Most people will pay their plan's standard Medicare Part D premium. However, some people may have to pay an extra amount because of their yearly income. If your modified adjusted gross income as reported on your Internal Revenue Service (IRS) tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is more than \$85,000 for individuals and married individuals filing separately or \$170,000 for married individuals filing jointly, you will have to pay extra for your Medicare prescription drug coverage. This extra amount is called the Part D income-related monthly adjustment amount. 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. No matter how your plan premium is paid, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly State Health Plan premium.* If you have any questions about this extra amount,

contact Social Security at 1.800.772.1213 between 7:00 a.m. and 7:00 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

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 amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Please call Express Scripts Medicare Customer Service for additional information about specific drug coverage and your cost-sharing amount.

This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments may change on January 1 of each year. The formulary (list of covered drugs) and/or pharmacy network may change at any time. You will receive notice when necessary.

Express Scripts Medicare Customer Service

1.855.612.3128

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 **www.Express-Scripts.com**.

This document may be available in braille. Please call Express Scripts Medicare Customer Service at the phone numbers listed above for assistance.

For general benefit questions and questions about enrollment and eligibility, please contact the PEBA Customer Contact Center at **1.888.260.9430**. Hours of operation are Monday through Friday, 8:30 a.m. to 5:00 p.m., Eastern Time. For questions about your Plan premium, please contact the Accounting Department at 1.803.734.1696, Monday through Friday from 8:30 a.m. to 5:00 p.m., Eastern Time.

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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*PDP stands for prescription drug plan.



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