



## **2020 SUMMARY OF BENEFITS**

January 1, 2020 – December 31, 2020



**MEDICARE PRESCRIPTION DRUG PLANS  
THAT FIT YOUR NEEDS AND BUDGET**

This document is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

## 2020 SUMMARY OF BENEFITS

January 1, 2020 – December 31, 2020

This booklet gives you a summary of what **Express Scripts Medicare®** (PDP) Value, Saver and Choice plans cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion.

To get a complete list of services we cover, you can view our *Evidence of Coverage* online at [express-scriptsmedicare.com/2020documents](http://express-scriptsmedicare.com/2020documents), or call Customer Service for more information or to request an *Evidence of Coverage*.

### CONTACT INFORMATION



#### How can I contact Express Scripts Medicare?

**If you are not a member of this plan:**

Call toll-free **1.866.477.5704**; TTY: **1.800.716.3231**,  
24 hours a day, 7 days a week, except Thanksgiving and Christmas.  
Website: [express-scriptsmedicare.com](http://express-scriptsmedicare.com)

**If you are a member of this plan:**

Call toll-free **1.800.758.4574** (New York State residents: **1.800.758.4570**);  
TTY: **1.800.716.3231**, 24 hours a day, 7 days a week.  
Website: [express-scripts.com](http://express-scripts.com)

### ABOUT EXPRESS SCRIPTS MEDICARE (PDP)



#### Who can join our plan?

To join Express Scripts Medicare (PDP), you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B and live in our service area. Our service area includes:

- Value plan: All 50 states, the District of Columbia and Puerto Rico.
- Saver plan: All 50 states, the District of Columbia and Puerto Rico.
- Choice plan: All 50 states and the District of Columbia.



#### Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy, and other plan rules are followed.

You can see the complete 2020 formulary online for each of our plans, as well as any restrictions, at [express-scriptsmedicare.com/2020formulary](http://express-scriptsmedicare.com/2020formulary).



## Which pharmacies can I use?

We have a network of pharmacies (both standard and preferred), and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at [express-scriptsmedicare.com/2020network](https://www.express-scriptsmedicare.com/2020network).

## USING A PART D PLAN

### How are drug costs determined?

Cost may vary, depending on:

- **The drug's tier**  
Our plans group each medication into one of five "tiers."
- **The type of pharmacy you use**  
Our plans offer standard and preferred retail network pharmacies, home delivery from the Express Scripts Pharmacy<sup>SM</sup>, as well as long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.
- **The number of days the prescription is written for**  
Our plans typically offer a 30-day supply, a 90-day supply, or both, depending on the drug tier.
- **Which stage of the benefit you have reached**  
See information on benefit stages below.

## WHAT ARE THE MEDICARE PART D BENEFIT STAGES?

- **Annual Deductible Stage**  
In this stage, you pay a set amount before your plan begins to pay its share of the cost.
- **Initial Coverage Stage**  
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$4,020. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.)
- **Coverage Gap (or Donut Hole) Stage**  
This stage begins after your total yearly drug costs exceed \$4,020.  
**Most members do not reach the Coverage Gap.**
- **Catastrophic Coverage Stage**  
This stage begins after your year-to-date out-of-pocket costs exceed \$6,350.

## VALUE PLAN BENEFIT OVERVIEW

**MONTHLY PREMIUM: RANGES FROM \$29.20 – \$57.70**

*Please refer to page 5 for the premium amount in your state.*

**Annual Deductible: \$435**

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$9 copay	\$27 copay	\$0 copay
<b>Tier 2</b> Generic Drugs	\$3 copay	\$9 copay	\$12 copay	\$36 copay	\$6 copay
<b>Tier 3</b> Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 5 – 6.				
<b>Tier 4</b> Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 7 – 8. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

## SAVER PLAN BENEFIT OVERVIEW

**MONTHLY PREMIUM: RANGES FROM \$18.30 – \$32.10**

*Please refer to page 9 for the premium amount in your state.*

**Annual Deductible: \$0 for Tiers 1 & 2; \$435 for Tiers 3, 4 5**

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$1 copay	\$3 copay	\$9 copay	\$27 copay	\$0 copay
<b>Tier 2</b> Generic Drugs	\$4 copay	\$12 copay	\$12 copay	\$36 copay	\$8 copay
<b>Tier 3</b> Preferred Brand Drugs	\$30 copay	\$90 copay	\$39 copay	\$117 copay	\$90 copay
<b>Tier 4</b> Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 9 – 10. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	25% of the cost (30-day supply only)				

## CHOICE PLAN BENEFIT OVERVIEW

**MONTHLY PREMIUM: RANGES FROM \$74.60 – \$95.20**

*Please refer to page 11 for the premium amount in your state.*

**Annual Deductible: \$0 for Tiers 1 & 2; \$250 for Tiers 3, 4 & 5**

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
<b>Tier 1</b> Preferred Generic Drugs	\$2 copay	\$6 copay	\$10 copay	\$30 copay	\$0 copay
<b>Tier 2</b> Generic Drugs	\$7 copay	\$21 copay	\$20 copay	\$60 copay	\$4 copay
<b>Tier 3</b> Preferred Brand Drugs	\$42 copay	\$126 copay	\$47 copay	\$141 copay	\$126 copay
<b>Tier 4</b> Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 11 – 12. (30-day supply only)				
<b>Tier 5</b> Specialty Tier Drugs	28% of the cost (30-day supply only)				

In all Express Scripts Medicare plans, cost-sharing amounts at long-term care, home infusion, I/T/U and out-of-network pharmacies are the same as at a standard retail pharmacy. Supplies at these pharmacies are limited to 30 days, except long-term care pharmacies, which may dispense up to a 31-day supply.

### **Cost-sharing in the Coverage Gap (or Donut Hole) Stage**

If you reach this stage, you will pay 25% of the cost for generic drugs and 25% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your year-to-date out-of-pocket costs total \$6,350.

For the Choice plan, we offer additional coverage in the Coverage Gap for Tiers 1 and 2 drugs. For those drugs, you will pay the same amount as in the Initial Coverage Stage indicated in the chart above. For the remaining drugs, you will pay 25% of the cost for generic drugs and 25% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your year-to-date out-of-pocket costs total \$6,350.

### **Cost-sharing in the Catastrophic Coverage Stage**

During this stage, you pay the greater of \$3.60 or 5% of the cost for generic drugs, and the greater of \$8.95 or 5% of the cost for all other drugs.

## VALUE PLAN

Refer to the tables that follow for the premiums, Tier 3 and Tier 4 cost-sharing for your state.

Value Plan Premiums by State					
You must continue to pay your Medicare Part B premium.					
State	Premium	State	Premium	State	Premium
Alabama	\$31.40	Louisiana	\$31.60	Oklahoma	\$42.00
Alaska	\$29.20	Maine	\$29.20	Oregon	\$53.80
Arizona	\$34.10	Maryland	\$31.10	Pennsylvania	\$35.70
Arkansas	\$35.70	Massachusetts	\$37.00	Puerto Rico	\$41.80
California	\$57.70	Michigan	\$31.00	Rhode Island	\$37.00
Colorado	\$56.00	Minnesota	\$44.50	South Carolina	\$49.40
Connecticut	\$37.00	Mississippi	\$44.50	South Dakota	\$44.50
Delaware	\$31.10	Missouri	\$47.10	Tennessee	\$31.40
District of Columbia	\$31.10	Montana	\$44.50	Texas	\$45.60
Florida	\$55.10	Nebraska	\$44.50	Utah	\$39.10
Georgia	\$44.80	Nevada	\$47.40	Vermont	\$37.00
Hawaii	\$41.40	New Hampshire	\$29.20	Virginia	\$47.90
Idaho	\$39.10	New Jersey	\$33.70	Washington	\$53.80
Illinois	\$43.30	New Mexico	\$45.30	West Virginia	\$35.70
Indiana	\$32.80	New York	\$35.50	Wisconsin	\$37.00
Iowa	\$44.50	North Carolina	\$40.40	Wyoming	\$44.50
Kansas	\$46.30	North Dakota	\$44.50		
Kentucky	\$32.80	Ohio	\$47.90		

Value Plan – Tier 3 Initial Coverage Cost-Sharing by State					
State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	\$25	\$75	\$35	\$105	\$75
Alaska	\$25	\$75	\$35	\$105	\$75
Arizona	\$27	\$81	\$37	\$111	\$81
Arkansas	\$25	\$75	\$35	\$105	\$75
California	\$25	\$75	\$35	\$105	\$75
Colorado	\$27	\$81	\$37	\$111	\$81
Connecticut	\$25	\$75	\$35	\$105	\$75
Delaware	\$25	\$75	\$35	\$105	\$75
District of Columbia	\$25	\$75	\$35	\$105	\$75
Florida	\$25	\$75	\$35	\$105	\$75
Georgia	\$25	\$75	\$35	\$105	\$75
Hawaii	\$25	\$75	\$35	\$105	\$75
Idaho	\$25	\$75	\$35	\$105	\$75

**Value Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.**

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Illinois	\$25	\$75	\$35	\$105	\$75
Indiana	\$25	\$75	\$35	\$105	\$75
Iowa	\$28	\$84	\$38	\$114	\$84
Kansas	\$25	\$75	\$35	\$105	\$75
Kentucky	\$25	\$75	\$35	\$105	\$75
Louisiana	\$25	\$75	\$35	\$105	\$75
Maine	\$25	\$75	\$35	\$105	\$75
Maryland	\$25	\$75	\$35	\$105	\$75
Massachusetts	\$25	\$75	\$35	\$105	\$75
Michigan	\$25	\$75	\$35	\$105	\$75
Minnesota	\$28	\$84	\$38	\$114	\$84
Mississippi	\$25	\$75	\$35	\$105	\$75
Missouri	\$25	\$75	\$35	\$105	\$75
Montana	\$28	\$84	\$38	\$114	\$84
Nebraska	\$28	\$84	\$38	\$114	\$84
Nevada	\$28	\$84	\$38	\$114	\$84
New Hampshire	\$25	\$75	\$35	\$105	\$75
New Jersey	\$25	\$75	\$35	\$105	\$75
New Mexico	\$29	\$87	\$39	\$117	\$87
New York	\$25	\$75	\$35	\$105	\$75
North Carolina	\$25	\$75	\$35	\$105	\$75
North Dakota	\$28	\$84	\$38	\$114	\$84
Ohio	\$25	\$75	\$35	\$105	\$75
Oklahoma	\$25	\$75	\$35	\$105	\$75
Oregon	\$25	\$75	\$35	\$105	\$75
Pennsylvania	\$25	\$75	\$35	\$105	\$75
Puerto Rico	\$27	\$81	\$37	\$111	\$81
Rhode Island	\$25	\$75	\$35	\$105	\$75
South Carolina	\$25	\$75	\$35	\$105	\$75
South Dakota	\$28	\$84	\$38	\$114	\$84
Tennessee	\$25	\$75	\$35	\$105	\$75
Texas	\$25	\$75	\$35	\$105	\$75
Utah	\$25	\$75	\$35	\$105	\$75
Vermont	\$25	\$75	\$35	\$105	\$75
Virginia	\$25	\$75	\$35	\$105	\$75
Washington	\$25	\$75	\$35	\$105	\$75
West Virginia	\$25	\$75	\$35	\$105	\$75
Wisconsin	\$25	\$75	\$35	\$105	\$75
Wyoming	\$28	\$84	\$38	\$114	\$84

**Value Plan – Tier 4 Initial Coverage Cost-Sharing by State**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Preferred Mail Order 30-day supply</b>
Alabama	34% of the cost	36% of the cost	36% of the cost
Alaska	36% of the cost	38% of the cost	38% of the cost
Arizona	41% of the cost	43% of the cost	43% of the cost
Arkansas	46% of the cost	48% of the cost	48% of the cost
California	41% of the cost	43% of the cost	43% of the cost
Colorado	48% of the cost	50% of the cost	50% of the cost
Connecticut	38% of the cost	40% of the cost	40% of the cost
Delaware	35% of the cost	37% of the cost	37% of the cost
District of Columbia	35% of the cost	37% of the cost	37% of the cost
Florida	45% of the cost	47% of the cost	47% of the cost
Georgia	41% of the cost	43% of the cost	43% of the cost
Hawaii	44% of the cost	46% of the cost	46% of the cost
Idaho	35% of the cost	37% of the cost	37% of the cost
Illinois	47% of the cost	49% of the cost	49% of the cost
Indiana	34% of the cost	36% of the cost	36% of the cost
Iowa	48% of the cost	50% of the cost	50% of the cost
Kansas	46% of the cost	48% of the cost	48% of the cost
Kentucky	34% of the cost	36% of the cost	36% of the cost
Louisiana	30% of the cost	32% of the cost	32% of the cost
Maine	39% of the cost	41% of the cost	41% of the cost
Maryland	35% of the cost	37% of the cost	37% of the cost
Massachusetts	38% of the cost	40% of the cost	40% of the cost
Michigan	38% of the cost	40% of the cost	40% of the cost
Minnesota	48% of the cost	50% of the cost	50% of the cost
Mississippi	46% of the cost	48% of the cost	48% of the cost
Missouri	44% of the cost	46% of the cost	46% of the cost
Montana	48% of the cost	50% of the cost	50% of the cost
Nebraska	48% of the cost	50% of the cost	50% of the cost
Nevada	48% of the cost	50% of the cost	50% of the cost
New Hampshire	39% of the cost	41% of the cost	41% of the cost
New Jersey	32% of the cost	34% of the cost	34% of the cost
New Mexico	48% of the cost	50% of the cost	50% of the cost
New York	35% of the cost	37% of the cost	37% of the cost
North Carolina	47% of the cost	49% of the cost	49% of the cost
North Dakota	48% of the cost	50% of the cost	50% of the cost



**Value Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Preferred Mail Order 30-day supply</b>
Ohio	47% of the cost	49% of the cost	49% of the cost
Oklahoma	36% of the cost	38% of the cost	38% of the cost
Oregon	44% of the cost	46% of the cost	46% of the cost
Pennsylvania	32% of the cost	34% of the cost	34% of the cost
Puerto Rico	48% of the cost	50% of the cost	50% of the cost
Rhode Island	38% of the cost	40% of the cost	40% of the cost
South Carolina	44% of the cost	46% of the cost	46% of the cost
South Dakota	48% of the cost	50% of the cost	50% of the cost
Tennessee	34% of the cost	36% of the cost	36% of the cost
Texas	45% of the cost	47% of the cost	47% of the cost
Utah	35% of the cost	37% of the cost	37% of the cost
Vermont	38% of the cost	40% of the cost	40% of the cost
Virginia	44% of the cost	46% of the cost	46% of the cost
Washington	44% of the cost	46% of the cost	46% of the cost
West Virginia	32% of the cost	34% of the cost	34% of the cost
Wisconsin	39% of the cost	41% of the cost	41% of the cost
Wyoming	48% of the cost	50% of the cost	50% of the cost

## SAVER PLAN

Refer to the tables that follow for the premiums and Tier 4 cost-sharing for your state.

<b>Saver Plan Premiums by State</b>					
You must continue to pay your Medicare Part B premium.					
<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>	<b>State</b>	<b>Premium</b>
Alabama	\$22.20	Louisiana	\$25.20	Oklahoma	\$23.50
Alaska	\$28.50	Maine	\$22.60	Oregon	\$29.30
Arizona	\$19.60	Maryland	\$25.10	Pennsylvania	\$22.70
Arkansas	\$25.20	Massachusetts	\$24.10	Puerto Rico	\$20.20
California	\$28.50	Michigan	\$26.40	Rhode Island	\$24.10
Colorado	\$31.80	Minnesota	\$22.00	South Carolina	\$25.40
Connecticut	\$24.10	Mississippi	\$24.70	South Dakota	\$22.00
Delaware	\$25.10	Missouri	\$23.40	Tennessee	\$22.20
District of Columbia	\$25.10	Montana	\$22.00	Texas	\$24.10
Florida	\$27.50	Nebraska	\$22.00	Utah	\$21.20
Georgia	\$25.10	Nevada	\$21.60	Vermont	\$24.10
Hawaii	\$18.30	New Hampshire	\$22.60	Virginia	\$23.80
Idaho	\$21.20	New Jersey	\$24.30	Washington	\$29.30
Illinois	\$27.90	New Mexico	\$27.00	West Virginia	\$22.70
Indiana	\$19.70	New York	\$32.10	Wisconsin	\$24.10
Iowa	\$22.00	North Carolina	\$23.20	Wyoming	\$22.00
Kansas	\$21.90	North Dakota	\$22.00		
Kentucky	\$19.70	Ohio	\$19.70		

<b>Saver Plan – Tier 4 Initial Coverage Cost-Sharing by State</b>			
<b>State</b>	<b>Preferred Pharmacy</b>	<b>Standard Pharmacy</b>	<b>Preferred Mail Order</b>
	<b>30-day supply</b>	<b>30-day supply</b>	<b>30-day supply</b>
Alabama	39% of the cost	41% of the cost	41% of the cost
Alaska	40% of the cost	42% of the cost	42% of the cost
Arizona	45% of the cost	47% of the cost	47% of the cost
Arkansas	42% of the cost	44% of the cost	44% of the cost
California	48% of the cost	50% of the cost	50% of the cost
Colorado	46% of the cost	48% of the cost	48% of the cost
Connecticut	48% of the cost	50% of the cost	50% of the cost
Delaware	43% of the cost	45% of the cost	45% of the cost
District of Columbia	43% of the cost	45% of the cost	45% of the cost
Florida	43% of the cost	45% of the cost	45% of the cost
Georgia	38% of the cost	40% of the cost	40% of the cost
Hawaii	47% of the cost	49% of the cost	49% of the cost
Idaho	41% of the cost	43% of the cost	43% of the cost
Illinois	48% of the cost	50% of the cost	50% of the cost

**Saver Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Preferred Mail Order 30-day supply</b>
Indiana	46% of the cost	48% of the cost	48% of the cost
Iowa	48% of the cost	50% of the cost	50% of the cost
Kansas	48% of the cost	50% of the cost	50% of the cost
Kentucky	46% of the cost	48% of the cost	48% of the cost
Louisiana	37% of the cost	39% of the cost	39% of the cost
Maine	48% of the cost	50% of the cost	50% of the cost
Maryland	43% of the cost	45% of the cost	45% of the cost
Massachusetts	48% of the cost	50% of the cost	50% of the cost
Michigan	36% of the cost	38% of the cost	38% of the cost
Minnesota	48% of the cost	50% of the cost	50% of the cost
Mississippi	41% of the cost	43% of the cost	43% of the cost
Missouri	48% of the cost	50% of the cost	50% of the cost
Montana	48% of the cost	50% of the cost	50% of the cost
Nebraska	48% of the cost	50% of the cost	50% of the cost
Nevada	48% of the cost	50% of the cost	50% of the cost
New Hampshire	48% of the cost	50% of the cost	50% of the cost
New Jersey	41% of the cost	43% of the cost	43% of the cost
New Mexico	44% of the cost	46% of the cost	46% of the cost
New York	38% of the cost	40% of the cost	40% of the cost
North Carolina	46% of the cost	48% of the cost	48% of the cost
North Dakota	48% of the cost	50% of the cost	50% of the cost
Ohio	48% of the cost	50% of the cost	50% of the cost
Oklahoma	38% of the cost	40% of the cost	40% of the cost
Oregon	47% of the cost	49% of the cost	49% of the cost
Pennsylvania	47% of the cost	49% of the cost	49% of the cost
Puerto Rico	48% of the cost	50% of the cost	50% of the cost
Rhode Island	48% of the cost	50% of the cost	50% of the cost
South Carolina	41% of the cost	43% of the cost	43% of the cost
South Dakota	48% of the cost	50% of the cost	50% of the cost
Tennessee	39% of the cost	41% of the cost	41% of the cost
Texas	47% of the cost	49% of the cost	49% of the cost
Utah	41% of the cost	43% of the cost	43% of the cost
Vermont	48% of the cost	50% of the cost	50% of the cost
Virginia	45% of the cost	47% of the cost	47% of the cost
Washington	47% of the cost	49% of the cost	49% of the cost
West Virginia	47% of the cost	49% of the cost	49% of the cost
Wisconsin	48% of the cost	50% of the cost	50% of the cost
Wyoming	48% of the cost	50% of the cost	50% of the cost

## CHOICE PLAN

Refer to the tables that follow for the premiums and Tier 4 cost-sharing for your state.

Choice Plan Premiums by State		You must continue to pay your Medicare Part B premium.			
State	Premium	State	Premium	State	Premium
Alabama	\$75.00	Louisiana	\$89.20	Oklahoma	\$74.60
Alaska	\$85.20	Maine	\$84.10	Oregon	\$83.70
Arizona	\$87.60	Maryland	\$74.70	Pennsylvania	\$82.50
Arkansas	\$86.70	Massachusetts	\$84.80	Rhode Island	\$84.80
California	\$95.20	Michigan	\$74.60	South Carolina	\$89.50
Colorado	\$91.20	Minnesota	\$85.60	South Dakota	\$85.60
Connecticut	\$84.80	Mississippi	\$74.70	Tennessee	\$75.00
Delaware	\$74.70	Missouri	\$89.00	Texas	\$86.80
District of Columbia	\$74.70	Montana	\$85.60	Utah	\$74.60
Florida	\$87.60	Nebraska	\$85.60	Vermont	\$84.80
Georgia	\$84.20	Nevada	\$83.80	Virginia	\$74.60
Hawaii	\$74.60	New Hampshire	\$84.10	Washington	\$83.70
Idaho	\$74.60	New Jersey	\$90.20	West Virginia	\$82.50
Illinois	\$85.60	New Mexico	\$74.60	Wisconsin	\$89.80
Indiana	\$74.70	New York	\$91.20	Wyoming	\$85.60
Iowa	\$85.60	North Carolina	\$86.40		
Kansas	\$74.70	North Dakota	\$85.60		
Kentucky	\$74.70	Ohio	\$74.70		

Choice Plan – Tier 4 Initial Coverage Cost-Sharing by State			
State	Preferred Pharmacy 30-day supply	Standard Pharmacy 30-day supply	Preferred Mail Order 30-day supply
Alabama	48% of the cost	50% of the cost	50% of the cost
Alaska	48% of the cost	50% of the cost	50% of the cost
Arizona	48% of the cost	50% of the cost	50% of the cost
Arkansas	48% of the cost	50% of the cost	50% of the cost
California	47% of the cost	49% of the cost	49% of the cost
Colorado	48% of the cost	50% of the cost	50% of the cost
Connecticut	48% of the cost	50% of the cost	50% of the cost
Delaware	48% of the cost	50% of the cost	50% of the cost
District of Columbia	48% of the cost	50% of the cost	50% of the cost
Florida	46% of the cost	48% of the cost	48% of the cost
Georgia	48% of the cost	50% of the cost	50% of the cost
Hawaii	48% of the cost	50% of the cost	50% of the cost
Idaho	48% of the cost	50% of the cost	50% of the cost
Illinois	48% of the cost	50% of the cost	50% of the cost

**Choice Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.**

<b>State</b>	<b>Preferred Pharmacy 30-day supply</b>	<b>Standard Pharmacy 30-day supply</b>	<b>Preferred Mail Order 30-day supply</b>
Indiana	48% of the cost	50% of the cost	50% of the cost
Iowa	48% of the cost	50% of the cost	50% of the cost
Kansas	48% of the cost	50% of the cost	50% of the cost
Kentucky	48% of the cost	50% of the cost	50% of the cost
Louisiana	48% of the cost	50% of the cost	50% of the cost
Maine	48% of the cost	50% of the cost	50% of the cost
Maryland	48% of the cost	50% of the cost	50% of the cost
Massachusetts	48% of the cost	50% of the cost	50% of the cost
Michigan	47% of the cost	49% of the cost	49% of the cost
Minnesota	48% of the cost	50% of the cost	50% of the cost
Mississippi	48% of the cost	50% of the cost	50% of the cost
Missouri	48% of the cost	50% of the cost	50% of the cost
Montana	48% of the cost	50% of the cost	50% of the cost
Nebraska	48% of the cost	50% of the cost	50% of the cost
Nevada	48% of the cost	50% of the cost	50% of the cost
New Hampshire	48% of the cost	50% of the cost	50% of the cost
New Jersey	48% of the cost	50% of the cost	50% of the cost
New Mexico	48% of the cost	50% of the cost	50% of the cost
New York	47% of the cost	49% of the cost	49% of the cost
North Carolina	48% of the cost	50% of the cost	50% of the cost
North Dakota	48% of the cost	50% of the cost	50% of the cost
Ohio	48% of the cost	50% of the cost	50% of the cost
Oklahoma	48% of the cost	50% of the cost	50% of the cost
Oregon	48% of the cost	50% of the cost	50% of the cost
Pennsylvania	48% of the cost	50% of the cost	50% of the cost
Rhode Island	48% of the cost	50% of the cost	50% of the cost
South Carolina	48% of the cost	50% of the cost	50% of the cost
South Dakota	48% of the cost	50% of the cost	50% of the cost
Tennessee	48% of the cost	50% of the cost	50% of the cost
Texas	48% of the cost	50% of the cost	50% of the cost
Utah	48% of the cost	50% of the cost	50% of the cost
Vermont	48% of the cost	50% of the cost	50% of the cost
Virginia	48% of the cost	50% of the cost	50% of the cost
Washington	48% of the cost	50% of the cost	50% of the cost
West Virginia	48% of the cost	50% of the cost	50% of the cost
Wisconsin	48% of the cost	50% of the cost	50% of the cost
Wyoming	48% of the cost	50% of the cost	50% of the cost

---

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at [medicare.gov](http://medicare.gov) or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Express Scripts Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in Alaska; the Saver plan also includes limited lower-cost, preferred pharmacies in rural areas in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming, and in suburban areas in Puerto Rico. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**); TTY: **1.800.716.3231**, or consult the online pharmacy directory at **[express-scriptsmedicare.com/2020network](http://express-scriptsmedicare.com/2020network)**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes del estado de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

Images are for representative purposes only and do not depict actual patients.

© 2019 Express Scripts. All Rights Reserved.



## PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **1.866.477.5704**; TTY: **1.800.716.3231**.

### UNDERSTANDING THE BENEFITS

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### UNDERSTANDING IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.





### **It's important we treat you fairly**

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the number on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at:

Civil Rights Coordinator  
Express Scripts Medicare  
P.O. Box 4083  
Dublin, Ohio 43016

You can also contact the U.S. Department of Health and Human Services,  
Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



## **Es importante brindarle un trato justo.**

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

Civil Rights Coordinator  
Express Scripts Medicare  
P.O. Box 4083  
Dublin, Ohio 43016

También puede comunicarse con el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles por estos medios:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Por correo postal: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

Puede encontrar los formularios de quejas en <http://www.hhs.gov/ocr/office/file/index.html>.



KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1.800.758.4574**; banorët e Nju Jorkut: **1.800.758.4570** (TTY: **1.800.716.3231**).

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم **1-800-758-4574**، وإذا كنت من سكان نيويورك، فاتصل برقم: **1-800-758-4570** (رقم هاتف الصم والبكم: **1-800-716-3231**).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **১-৮০০.৭৫৮.৪৫৭৪**; নিউ ইয়র্কের বাসিন্দারা ফোন করুন: **১-৮০০.৭৫৮.৪৫৭০** (TTY: **১-৮০০.৭১৬.৩২৩১**)।

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1.800.758.4574**; អ្នកស្នាក់នៅប្រូវីញ៉េយ៉ក ទូរស័ព្ទមកលេខ: **1.800.758.4570** (TTY: **1.800.716.3231**)។

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1.800.758.4574**；紐約居民請致電：**1.800.758.4570**（TTY：**1.800.716.3231**）。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1.800.758.4574**; résidents de New York : **1.800.758.4570** (ATS : **1.800.716.3231**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1.800.758.4574**; Einwohner von New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1.800.758.4574** Κάτοικοι της Νέας Υόρκης: **1.800.758.4570** (TTY: **1.800.716.3231**).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1.800.758.4574**; ન્યુયોર્કના રહેવાસીઓ માટે: ફોન નંબર: **1.800.758.4570** (TTY: **1.800.716.3231**).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1.800.758.4574**; moun ki abite New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1.800.758.4574**; per i residenti a New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
**1.800.758.4574**; 뉴욕 거주자는 다음의 번호로 전화하십시오:**1.800.758.4570**  
(TTY: **1.800.716.3231**)번으로 전화해 주십시오.

Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call **1.800.758.4574**; Nei Yarrick Leit: **1.800.758.4570** (TTY: **1.800.716.3231**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1.800.758.4574**; mieszkańcy Nowego Jorku: **1.800.758.4570** (TTY: **1.800.716.3231**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1.800.758.4574**; para residentes em Nova Iorque: **1.800.758.4570** (TTY: **1.800.716.3231**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните +**1.800.758.4574**; Жителям Нью-Йорка следует звонить по следующему номеру: +**1.800.758.4570** (телетайп: +**1.800.716.3231**).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574**; para residentes de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1.800.758.4574**; mga residente ng New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

دھیان دیں: اگر آپ اردو بولتے / بولتی ہیں، تو آپ کو زبان سے متعلق امداد کی خدمات، مفت میں دستیاب ہیں۔  
**1.800.758.4574**؛ New York کے باشندے: **1.800.758.4570** (TTY: **1.800.716.3231**) پر کال کریں۔

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1.800.758.4574**; cư dân New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

אויפמערקזאם: אויב איר רעדט אידיש, עס זענען פארהאן פאר אייך שפראך הילף דינסטן אומזיסט. רופט  
**1.800.758.4574**; איינוווינער פֿון ניו יאָרק: **1.800.758.4570**  
(TTY: **1.800.716.3231**).