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Plan Year 2027 HealthSelect℠ Medicare Rx Plan

Pharmacy Benefit Overview

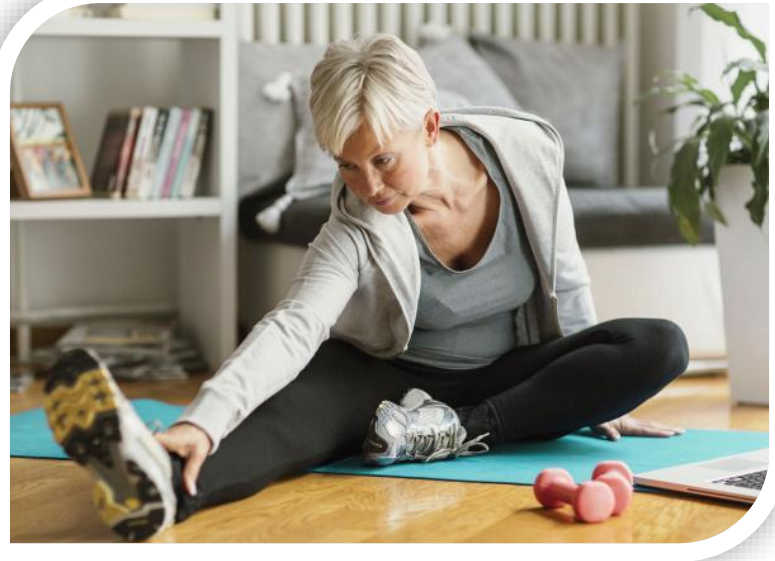


A PDF of this presentation and a recording will be available on the plan website at www.HSMedicareRx.com

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TODAY'S HIGHLIGHTS

- Pharmacy Benefit Overview
- Getting the Most from Your Pharmacy Plan
- Ways To Manage Your Pharmacy Benefit



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EXPRESS SCRIPTS



- Thousands of national, regional chain and independent neighborhood pharmacies in our network
- 24/7 support via web, mobile app, or calling member services
- Mail-order services and specialty pharmacy

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PHARMACY OPTIONS TO SUPPORT YOUR NEEDS



SHORT-TERM

Express Scripts retail pharmacy network of over 60,000 pharmacies



LONG-TERM

Fill up to 90 days' supply at extended days' supply retail pharmacies or Express Scripts mail order



SPECIALTY

Specialty medications through Accredo or in the retail network

Photo is for representative purposes only and does not depict an actual patient.

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MEDICATIONS ARE DIVIDED INTO 3 TIERS

Medication Tiers	Your Copay (after meeting annual $50 deductible)			
	Retail Network		Extended Days' Supply (EDS) Network and Mail Order	
	30-day Supply Non-maintenance	30-day Supply Maintenance	31- to 60-day Supply	61- to 90-day Supply
Tier 1: Generic Medications	$10	$10	$20	$30
Tier 2: Preferred Brand Medications	$35	$45	$70	$105
Tier 3: Non-preferred Brand Medications	$60	$75	$120	$180

These are your in-network costs. If you use an out-of-network pharmacy, you could pay more.

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STAGES OF COVERAGE

Deductible

$50 per person per year



Your deductible will reset every January 1st.

Initial Coverage

You pay a copay and the plan pays the rest.



You stay in this stage until your total drug costs reach $2,400.

Catastrophic Coverage

Pay $0 for covered Part D drugs, and your regular copay for non-Part D medications.



You stay in this stage for the rest of the plan year.

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NOTE: Your plan covers additional drugs not normally covered by Medicare Part D. You will have cost-sharing for these drugs, no matter which coverage stage you are in.

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GETTING THE MOST FROM YOUR PLAN





- Ask your doctor for a generic or a lower-cost alternative.
- Take your medications as prescribed and set reminders to help you stay on track.
- Remember that 90-day supply refills on maintenance medications could save you money.

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IMPORTANT REMINDERS



- You will not pay more than $25 for a 30-day supply of insulin.
- The deductible does not apply to covered insulins, most Part D vaccines, and some preventive medications.
- For less than a full month’s supply of certain drugs, you will pay a daily cost-sharing rate.
- Not all drugs are available at a 90-day supply.

WHAT IS A FORMULARY?

A formulary is list of specific drugs that are covered by the Plan. It dictates what drugs are tier 1, tier 2 and tier 3.



Why the Formulary Might Change



- The **Food and Drug Administration** approves a new medication.
- Generic versions of a brand-name medication become available.
- A medication has been withdrawn from the market for **safety reasons.**
- A medication becomes available **without the need of a prescription.**

Contact Express Scripts Medicare (PDP) Customer Service for more information about formularies and changes.

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ACCREDO SPECIALTY PHARMACY

Personalized patient care for a wide range of complex and chronic conditions.



Specialty clinicians are your guide

An easy route for getting your medication

Accredo Member Services:

800-455-8340

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ONLINE TOOLS

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Easily view the cost of medications by brand or generic, 30 or 90 days, and multiple pharmacy options

Retail Pharmacies

We also have a large pharmacy network, inclu
pharmacy.

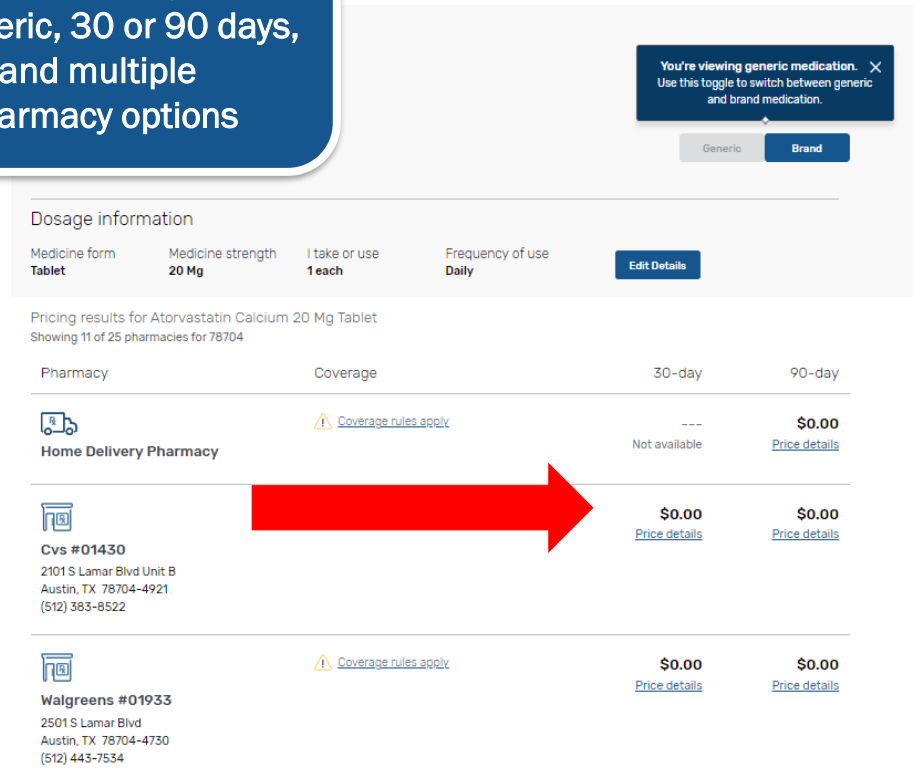
Find a Pharmacy

Price a Medication

We'll make it easy to check medication covera

Price a Medication

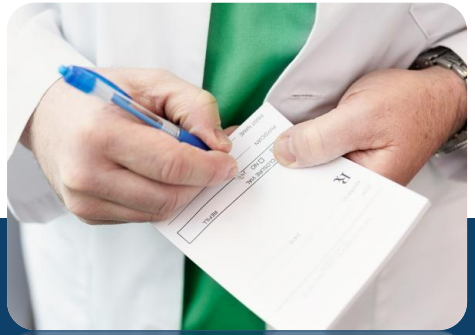
If you are receiving "Extra Help", otherwise kn
what is shown below. Please contact us toll-fr



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VW2

PRIOR AUTHORIZATION



MONITORS PRESCRIPTION MEDICATIONS

Makes sure your prescription is suitable for the intended use and covered by the plan

Simply means that the plan needs more information from your provider

To get your prior authorization started, contact your provider or call member services at **866-264-4676**

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PRIOR AUTHORIZATION IN THE MOBILE APP

Use the Express Scripts® mobile app to view coverage review activity for you and your dependents.

1 OPEN PRIOR AUTHORIZATION
Select More, then choose Prior Authorization from the menu.

2 VIEW ACTIVITY AND RESOURCES
Review recent requests, FAQs, appeal information, renewal guidance and other helpful resources.

3 FOLLOW EACH REVIEW
Open a request to see Request Received, In Review and Decision Reached, and download related PDF documents.

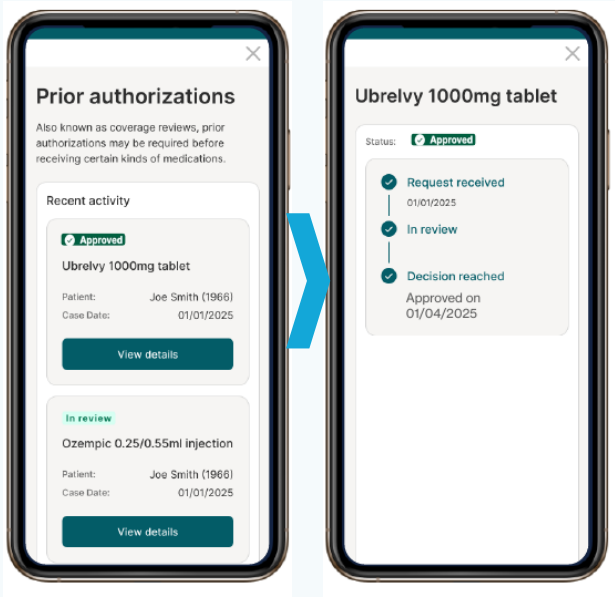
SIGN UP FOR EMAIL UPDATES
Receive notifications when a request is received, useful tools are available, or a prior authorization is nearing expiration.

Express Scripts® app features may vary based on plan design.

TRACK YOUR REVIEW STATUS

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Recent activity and current status



Select a request | See its stage

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STEP THERAPY

ENSURES APPROPRIATE TREATMENT AND HELPS MANAGE COSTS

- Safe and proven-effective medication
- First-step medications are typically generics or preferred brand-name medications
- Second-step medications are suited for the few patients who don't respond to first-step medications



DON'T MISS YOUR SHOT TO PROTECT YOURSELF



- Your prescription plan covers recommended vaccinations at participating pharmacies
- Common vaccines covered under your plan include shingles, tetanus, hepatitis A and B, RSV, and more
- Don't forget to present your ID card at the pharmacy

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MEDICINE AT YOUR DOORSTEP

Convenient mail order from Express Scripts® Pharmacy

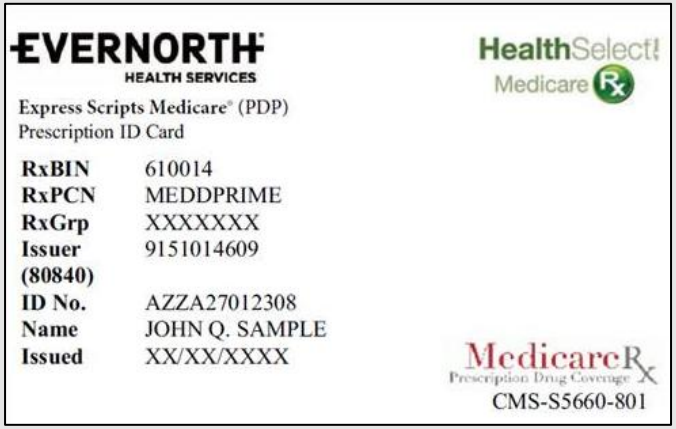


Express Scripts® Pharmacy will contact your doctor to get your new prescription if you choose this option

Delivered straight to your door with free standard shipping, with auto-refills and reminders available

Talk with an Express Scripts pharmacist by phone 24/7

PRESCRIPTION ID CARD


EVERNORTH
HEALTH SERVICES

HealthSelect Medicare

Express Scripts Medicare® (PDP)
Prescription ID Card

RxBIN	610014
RxPCN	MEDDPRIME
RxGrp	XXXXXXX
Issuer (80840)	9151014609
ID No.	AZZA27012308
Name	JOHN Q. SAMPLE
Issued	XX/XX/XXXX

MedicareRx
Prescription Drug Coverage
CMS-S5660-801

- Includes important coverage information
- Customer service telephone number
- Digital ID card available

www.HSMedicareRx.com



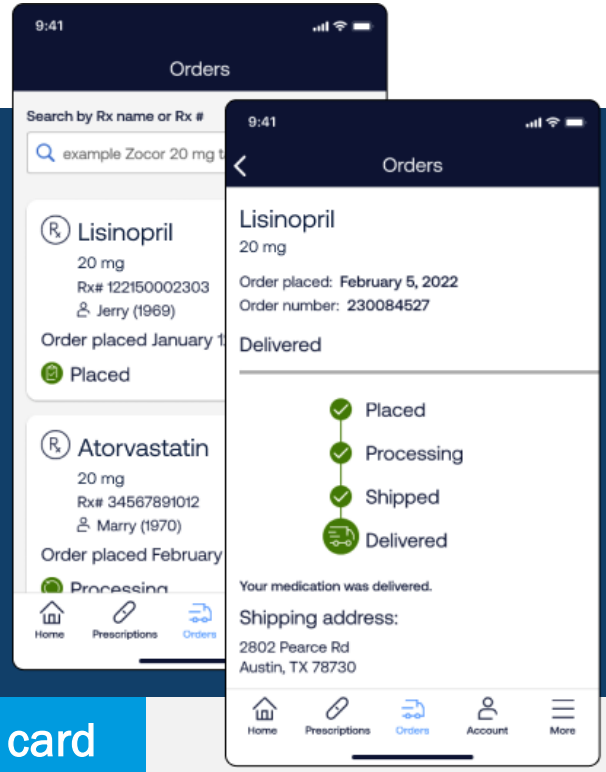
- Preview helpful information including plan details, medication prices and covered medications.
- Locate nearby in-network pharmacies.
- Learn more about Express Scripts and how to get started.

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RESOURCES FOR YOU

Create your digital profile at **HSMedicareRx.com** or on the **Express Scripts® mobile app** for services including:

- Your digital ID card
- Lower-cost medication options
- Nearby, in-network pharmacies
- Easy medication refills
- Prior Authorization tracking
- Home delivery with order tracking





Call the customer service number on your ID card – available 24/7 for general support or to talk to a specially trained pharmacist.

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Thank You!

www.HSMedicareRx.com

Member Services: 866-264-4676

Get the most out of your pharmacy benefit with easy-to-use online tools.

QR code to member website:

Download our mobile app. Search Express Scripts® in your app store:

Download on the App Store

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