

Express Scripts Medicare Prescription Drug Plan (PDP)

# 2017 Benefit Overview

**Express Scripts Medicare®** (PDP) offered under TRS-Care is a Medicare Part D prescription drug plan for Medicare-eligible participants who are enrolled in Medicare Parts A and/or B and are enrolled in either TRS-Care 2 or 3 or TRS-Care Medicare Advantage 2 or 3 level of coverage. The enclosed information provides the benefit highlights of the Express Scripts Medicare prescription drug plan offered through TRS-Care.





### Comparison of plan costs



If you are enrolled in TRS-Care 2 or TRS-Care 3 and have Medicare Part A and/or Part B, you can opt out of the Express Scripts Medicare Part D plans. However, you will not have another option for drug coverage through TRS-Care as of January 1, 2017, unless you enroll in the TRS-Care 1 plan, which has higher out-of-pocket medical and prescription costs.

#### **Lower copayments**

By enrolling in the Express Scripts Medicare prescription drug plan offered through TRS-Care, you can enjoy lower copayments than the standard Express Scripts prescription drug plan that TRS-Care offers. The tables below and on the following page show the cost savings that you may enjoy under the Express Scripts Medicare prescription drug plan at retail and Retail-*Plus* pharmacies and by mail with home delivery.

#### 31-day supply at retail pharmacies

With the Express Scripts Medicare prescription drug plan offered through TRS-Care, you pay the following copays until total out-of-pocket drug costs exceed \$4,950 and the Catastrophic Coverage stage is reached.

#### TRS-Care 2

Drug Tier	Express Scripts Medicare	Standard Express Scripts
Tier 1: Generic Drugs	<b>\$5</b>	\$13
Tier 2: Preferred Brand Drugs	\$25	\$40
Tier 3: Non-Preferred Drugs	\$50	\$65
Tier 4: Specialty Tier Drugs	\$50	\$65



#### Savings alert

If you take a maintenance medication, you may save more than \$60 annually per prescription with the Express Scripts Medicare plan when compared with the standard Express Scripts prescription drug plan.

#### TRS-Care 3

Drug Tier	Express Scripts Medicare	Standard Express Scripts
Tier 1: Generic Drugs	<b>\$5</b>	\$13
Tier 2: Preferred Brand Drugs	\$20	\$30
Tier 3: Non-Preferred Drugs	\$40	\$50
Tier 4: Specialty Tier Drugs	\$40	\$50

#### 90-day supply at Retail-Plus pharmacies and through home delivery

For a 32–90-day supply at a network retail pharmacy, or up to a 90-day supply through convenient home delivery from the Express Scripts Pharmacy<sup>SM</sup>, you pay the following copays until you have paid \$4,950 in total out-of-pocket drug costs and you reach the Catastrophic Coverage stage under the Express Scripts Medicare plan.

#### TRS-Care 2

Drug Tier	Express Scripts Medicare	Standard Express Scripts
Tier 1: Generic Drugs	\$15	\$25
Tier 2: Preferred Brand Drugs	\$70	\$100
Tier 3: Non-Preferred Drugs	\$125	\$165
Tier 4: Specialty Tier Drugs	\$125	\$165

#### TRS-Care 3

Drug Tier	Express Scripts Medicare	Standard Express Scripts
Tier 1: Generic Drugs	\$15	\$25
Tier 2: Preferred Brand Drugs	\$45	\$65
Tier 3: Non-Preferred Drugs	\$80	\$105
Tier 4: Specialty Tier Drugs	\$80	\$105

**Note:** Unlike your previous plan, the standard Express Scripts prescription drug plan, you do not pay the difference between a brand-name drug and a generic drug, when a generic drug is available. With the Express Scripts Medicare prescription drug plan, you pay only the brand copay.

"It is cheaper than what I had before. Generics are cheaper."

— plan participant in Texas

#### **Catastrophic Coverage stage**

After you have paid \$4,950 in total out-of-pocket drug costs, you will pay the greater of 5% coinsurance OR

- a \$3.30 copay for covered generic drugs (including brand drugs treated as generics)
- an \$8.25 copay for all other covered drugs.

**Note:** During this stage, you may see a reduction in copays as noted above; however, the most you will pay is the TRS-Care copay. This reduction in copays is an enhancement for the Medicare plan.

#### **Drug costs**

If the actual cost of a drug is less than the normal copay amount for that drug, you pay the actual cost, not the higher copay. The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, long-term care or home delivery.

#### **Extended-day supplies**

Not all drugs are available at a 90-day supply, and only retail pharmacies participating in the Retail-*Plus* network offer a 90-day supply. For more information, please refer to your *Pharmacy Directory* or contact Express Scripts Medicare Customer Service for TRS-Care at **1.877.680.4881.** TTY users call **1.800.716.3231.** 

You also may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our home delivery service. There is no charge for standard shipping.

### Common Medicare Part D terms



"I am very happy, even with the local pharmacy options."

— plan participant from Seguin, TX



#### Did you know?

There is no "Donut Hole" in the Express Scripts Medicare prescription drug plan. This plan provides continuous coverage in the Coverage Gap and you will continue to pay the same copays.

#### **Drug list (formulary)**

Express Scripts Medicare uses a formulary. The formulary is a list of the most commonly used covered drugs. The Express Scripts Medicare prescription drug plan offered under TRS-Care provides coverage for additional drugs that may not be included on the Express Scripts Medicare formulary. Express Scripts Medicare 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. For the most current information regarding drug coverage and pricing, contact Express Scripts Medicare Customer Service for TRS-Care at **1.877.680.4881**. TTY users call **1.800.716.3231**.

#### Medicare Part D drug payment stages

All Medicare Part D plans have drug payment stages where drug costs may vary. Your *Explanation of Benefits* and other plan materials include information on the four standard Part D drug payment stages. Part D plan participants move through each stage based on the amount spent by either the plan and/or the participant on prescription drugs. As an Express Scripts Medicare plan participant, you will continue to pay the same copays throughout all stages until you reach the Catastrophic Coverage stage, at which point copays may be reduced for the rest of the plan year. See below for the coverage stages and how they impact you:

- Deductible stage: You would pay the full cost of your prescription drugs until you reach the plan defined limit (in 2017, that amount may not exceed \$400). The Express Scripts Medicare plan has no deductible.
- **2. Initial Coverage stage:** You remain in this stage until total drug costs reach \$3,700. **During this stage, you pay your copays.**
- 3. Coverage Gap stage: This stage begins when your total drug costs exceed \$3,700. This is the stage where a plan typically provides limited or no coverage. The Express Scripts Medicare plan will provide continuous coverage in this stage and you will continue to pay your same copays.
- **4. Catastrophic Coverage stage:** This stage begins when your total out-of-pocket drug costs exceed \$4,950. During this stage, your copays are typically reduced. If you reach this stage, you typically see a reduction in copays for the rest of the plan year.

#### Retail-Plus pharmacy

A retail pharmacy that will dispense a 90-day supply of maintenance medications.

#### Total out-of-pocket drug costs

The amount you (or others on your behalf) pay for covered prescription drugs. This amount includes discounts paid by pharmaceutical manufacturers in the Coverage Gap and payments made by the Extra Help program. However, this does not include any amount paid by the plan or any premium amounts you paid.

### General plan information

#### Service area

The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan. Express Scripts may reduce the service area and no longer offer services in the area in which you reside. We will notify you if the service area changes.

#### **Annual plan renewal**

The Centers for Medicare & Medicaid Services (CMS) must approve the Express Scripts Medicare plan each year. You can get Medicare coverage as a participant of this plan only as long as both Express Scripts and the Teacher Retirement System of Texas ("TRS"), acting in its capacity as Trustee for the Texas Public School Retired Employees Group Benefits Program ("TRS-Care"), choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

#### Long-term care (LTC) pharmacies

Long-term care pharmacies must dispense brand-name drugs in amounts of 14 days or less 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. Express Scripts Medicare Customer Service for TRS-Care can be reached by calling **1.877.680.4881**. TTY users call **1.800.716.3231**.

#### **Out-of-network pharmacy 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 incur additional costs for drugs you receive at an out-of-network pharmacy.

#### **Exceptions, grievances and appeals**

If you request an exception for a non-covered drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Drug (Tier 3) cost-share for that drug.

Once you are a participant in this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree. Read your *Evidence of Coverage* to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

#### Medicare Part B coverage

This plan provides coverage for Medicare Part B medications, as well as several categories of other non-Part D medications that are not normally covered by a Medicare prescription drug plan. The amounts you pay for these medications will not count toward your total drug costs or total out-of-pocket expenses.





#### Did you know?

Our pharmacy network changes frequently and we may add additional pharmacies to the Retail-Plus network throughout the year. If you don't see your pharmacy participating in the Retail-Plus network, be sure to check back to see if your pharmacy has been added to the Retail-Plus network.

"I like that I don't have to order my medications; they just send them to me. My doctor changed a medication and Express Scripts was right on top of it."

— plan participant from Iowa Park, TX

#### **Utilization management rules**

- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your health care provider may need to obtain prior authorization from Express Scripts Medicare for certain drugs.
- Some drugs may have quantity limits in addition to the monthly days' supply.

"My medications are important to me. I like that I'm able to get them when I need them, plus get information regarding my account and assistance if I have concerns."

> — plan participant in Texas

#### **Prior authorizations**

You may have a prescription for which you have obtained a prior authorization from your current prescription drug plan. If your medication also requires a prior authorization under Express Scripts Medicare, you may need to obtain a new approval from Express Scripts as existing prior authorizations may not carry over to your new plan. Review the formulary included in your Express Scripts Medicare welcome kit to determine if your medication requires a prior authorization. You may contact Express Scripts Medicare Customer Service for TRS-Care at 1.877.680.4881 anytime from your effective date to begin the prior authorization process.

## Frequently asked questions

#### Who is eligible?

If you're in TRS-Care 2 or 3, or TRS-Care Medicare Advantage 2 or 3, you are eligible for this plan as long as you have Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, are U.S. citizens or are lawfully present in the United States and are eligible for benefits from TRS-Care. You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in any type of Medicare health or prescription drug plan that is not sponsored by or coordinated by TRS, enrollment in this plan will disenroll you from that plan. Note: This Medicare Part D plan is offered under TRS-Care and will not conflict with your current TRS-Care medical plan enrollment.

#### Am I required to select the Express Scripts Medicare plan?

No, you are not required to select this plan. However, if you do not enroll, you will not have any prescription coverage through TRS-Care as of January 1, 2017, unless you enroll in TRS-Care 1, which has higher out-of-pocket costs than the other levels of TRS-Care coverage. If you enroll in TRS-Care 1, you will have non-Medicare prescription coverage with TRS-Care. It would be subject to the same deductible and coinsurance as your medical insurance.

#### Can I try the Express Scripts Medicare plan and disenroll if it doesn't meet my needs?

Yes, you can disenroll from the Express Scripts Medicare plan offered under TRS-Care. If you disenroll, you won't have another option for drug coverage through TRS-Care unless you enroll in the TRS-Care 1 plan, which has higher out-of-pocket costs.

If you obtain individual Medicare Part D prescription drug coverage directly through Medicare, TRS will not provide any financial contributions toward that coverage. If you buy a private Medicare Part D plan, you will not remain in a TRS-Care Medicare Advantage plan. Instead, you will be covered by a TRS-Care standard plan.



# Do I pay TRS an additional premium for the Express Scripts Medicare prescription drug plan?

No. The premium cost for the Express Scripts Medicare prescription drug plan is included in the premium you pay for your standard TRS-Care retiree benefits.

#### Does my income affect my premium amount?

Most people will continue to pay the standard TRS-Care retiree benefit premium. However, some people may have to pay an extra amount because of their yearly income. If you have to pay an extra amount, Social Security – not TRS – will send a letter telling you what the extra amount will be and how to pay it. This extra amount must be paid separately to Social Security and not to TRS. If you have any questions about this extra amount, contact Social Security at **1.800.772.1213**, 7 a.m. to 7 p.m., Monday through Friday. TTY users call **1.800.325.0778**.



#### "I like being able to speak with a representative whenever I need to."

— plan participant in Texas

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

To see if you qualify for Extra Help, you may call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day/7 days a week (TTY users should call 1.877.486.2048); the Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1.800.325.0778); or your State 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 for your prescriptions once you are enrolled in Express Scripts Medicare. You may also qualify for premium assistance. If you are entitled to receive Extra Help, you will receive monthly refund checks from Express Scripts Medicare for the amount of premium assistance for which you qualify.

#### Is this information available in other formats or languages?

This document is available for free in braille. This information is also available for free in many other languages. Please contact Express Scripts Medicare Customer Service for TRS-Care at **1.877.680.4881**. Comuníquese con el Servicio al cliente de Express Scripts Medicare para TRS-Care llamando al **1.877.680.4881**.

# Whom should I call with questions about TRS-Care retiree benefit premiums or plan eligibility?

For questions about retiree benefit premiums, eligibility, or enrollment, contact TRS Health Benefits at **1.888.237.6762**. Hours of operation are 8 a.m. to 5 p.m., Monday through Friday, Central Time (except for state and federal holidays).

# What happens to family members who are not Medicare-eligible but currently have TRS-Care coverage?

They will stay on the standard Express Scripts prescription drug plan.

Express Scripts Medicare is a Medicare Part D prescription drug plan, which is in addition to your coverage under Medicare Part A and/or Part B. Your enrollment in this plan doesn't affect your coverage under Medicare Part A and/or Part B. It is your responsibility to inform Express Scripts Medicare of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare Part D prescription drug plan at a time. If you are currently in a Medicare Part D prescription drug plan or a Medicare Advantage Plan with prescription drug coverage, your enrollment in the Express Scripts Medicare prescription drug plan may end that enrollment. Please note: This Express Scripts Medicare prescription drug plan is offered under your TRS-Care retiree health care benefit and will not conflict with your current TRS-Care medical plan enrollment.

If you select the Express Scripts Medicare plan or if you are being automatically enrolled into this prescription drug plan, you acknowledge that Express Scripts Medicare can release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that Express Scripts Medicare can release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes that follow all applicable Federal statutes and regulations.

**Express Scripts Medicare** (PDP) for TRS-Care is offered by Medco Containment Life Insurance Company, which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform TRS-Care of any other prescription drug coverage you may have.

The benefit information provided here is a brief summary, not a complete description of benefits. For more information, contact Express Scripts Medicare Customer Service for TRS-Care at **1.877.680.4881**. TTY users call **1.800.716.3231**. Express Scripts Medicare Customer Service for TRS-Care is available 24 hours a day, seven days a week.

Comuníquese con el Servicio al cliente de Express Scripts Medicare para TRS-Care llamando al 1.877.680.4881.

Participation in this plan is by calendar year. The benefits described in this document are effective through December 31, 2017, regardless of when participation begins.

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/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

This information is available for free in other languages. Please contact Customer Service at the phone numbers listed above. Esta información está disponible sin cargo en otros idiomas. Comuníquese con Servicio al Cliente a los números de teléfono mencionados anteriormente.

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