

# Benefit Overview

## Express Scripts Medicare® (PDP) for Ball State University

### YOUR 2017 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<b>Plan Premium</b>	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your group benefits administrator.			
<b>Deductible stage</b>	This plan has a yearly member out-of-pocket maximum (costs paid by yourself only) of \$2,000. Amounts you pay for covered Part D and covered non-Part D drugs apply to the out-of-pocket maximum. Once you reach this amount, you will pay \$0 for your covered prescription drugs for the remainder of the plan year.			
<b>Initial Coverage stage</b>	You will pay the following until you reach the member out-of-pocket maximum of \$2,000, or until your total yearly costs (what you and the plan pay) reach \$3,700, whichever comes first.			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	20% coinsurance \$7 minimum / \$25 maximum	20% coinsurance \$21 minimum / \$75 maximum	20% coinsurance \$15 minimum / \$65 maximum
	Tier 2: <b>Preferred Brand Drugs</b>	40% coinsurance \$35 minimum	40% coinsurance \$105 minimum	40% coinsurance \$70 minimum / \$110 maximum
	Tier 3: <b>Non-Preferred Drugs</b>	50% coinsurance \$60 minimum	50% coinsurance \$180 minimum	50% coinsurance \$120 minimum / \$160 maximum
	Tier 4: <b>Specialty Tier Drugs</b>	\$110 copayment	\$110 copayment	\$110 copayment

	<p>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.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping.</p> <p>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.</p>
<b>Coverage Gap stage</b>	<p>If you have not met the member out-of-pocket maximum of \$2,000, but your total yearly drug costs reach \$3,700, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$4,950.</p> <p><b>Note:</b> Your Part D out-of-pocket drug costs are based on what you pay plus the amount of benefits paid for covered Part D drugs by certain other parties on your behalf. This includes your copay amounts for covered Part D drugs. It also includes payments made by programs such as the Extra Help program and the full amount of pharmaceutical manufacturer discounts on covered Part D brand drugs provided during the Coverage Gap stage. Benefits paid under the Ball State University plan and your copays for covered non-Part D drugs do not count toward your annual Part D out-of-pocket costs.</p>
<b>Catastrophic Coverage stage</b>	<p>If you have not met your member out-of-pocket maximum of \$2,000, but your yearly out-of-pocket drug costs—including manufacturer discounts—exceed \$4,950, you will pay <b>the greater of 5% coinsurance <u>or</u>:</b></p> <ul style="list-style-type: none"> <li>• a \$3.30 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage</li> </ul> <p>an \$8.25 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</p>

### **Long-Term Care (LTC) Pharmacy**

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC 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.

### **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 generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. 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 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.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from Ball State University.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **[www.Express-Scripts.com](http://www.Express-Scripts.com)**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **[www.Express-Scripts.com](http://www.Express-Scripts.com)**.
- 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 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.

For a complete explanation of your plan benefits, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or check your *Evidence of Coverage*, when you receive it. If you have not yet received an *Evidence of Coverage*, please contact Express Scripts Medicare Customer Service at the numbers on the back of this document to request one.

### **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 Customer Service for additional information about specific drug coverage and your cost-sharing amount.

**Read the *Medicare & You* 2017 handbook.**

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<http://www.medicare.gov>) or 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 Customer Service**

**1.855.315.8526**

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](http://www.Express-Scripts.com)**.

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.

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

For questions about premiums, enrollment and eligibility, please contact Ball State University at **1.765.285.8461**. Hours of operation are 8:00 a.m. to 5:00 p.m., Eastern Time, from August through April, and 7:30 a.m. to 4:00 p.m., Eastern Time, from May through July.

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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