



# Benefit Overview

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

### YOUR 2026 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. Some network retail pharmacies in your plan will only dispense a one-month supply, while CVS as well as select retail pharmacies will provide up to a 90-day supply. Please visit our website at [express-scripts.com](http://express-scripts.com) or call Express Scripts Medicare Customer Service for more information.

|                                     |  |  |   |   |
|-------------------------------------|--|--|---|---|
| <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>Member Out-of-Pocket Maximum</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 \$2,100, whichever comes first.   |  |   |   |
|                                     | <b>Tier</b>  | <b>Retail One-Month (31-day) Supply</b>          | <b>Retail Three-Month (90-day) Supply</b>         | <b>Express Scripts Pharmacy by Evernorth® Home Delivery Three-Month (90-day) Supply</b> |
|                                     | Tier 1:<br><b>Generic Drugs</b>  | 20% coinsurance<br>\$7 minimum /<br>\$25 maximum | 20% coinsurance<br>\$21 minimum /<br>\$75 maximum | 20% coinsurance<br>\$15 minimum /<br>\$65 maximum                                       |
|                                     | Tier 2:<br><b>Preferred Brand Drugs</b>  | 40% coinsurance<br>\$35 minimum                  | 40% coinsurance<br>\$105 minimum                  | 40% coinsurance<br>\$70 minimum /<br>\$110 maximum                                      |



- A PDF of our printed drug list for 2026 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2025.
- Most adult Part D vaccines are covered at no cost to you.
- 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.
- Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost share.
- Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy by Evernorth. Other pharmacies are available in our network.
- The Medicare Prescription Payment Plan is an option to help you manage your out-of-pocket drug costs. This payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- 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 cost-sharing amount set by your plan 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.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an Explanation of Benefits (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, **express-scripts.com/documents**. You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

### **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.

### **Will my income affect my cost for Medicare Part D coverage?**

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. 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. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

**Read the *Medicare & You* 2026 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 (<https://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 **[express-scripts.com](https://www.express-scripts.com)**.

This information is not a complete description of benefits. Call Express Scripts Medicare at the phone numbers above for more information.

**Important Message About What You Pay for Insulin** You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

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

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.

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.