



# Benefit Overview

## Express Scripts Medicare® (PDP) for Connecticut Teachers' Retirement Board

### YOUR 2021 PRESCRIPTION DRUG PLAN (PDP) 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 the Connecticut Teachers' Retirement Board.																			
<b>Member Out-of-Pocket Maximum</b>	After you have met your deductible, this plan has a yearly member out-of-pocket maximum (costs paid by yourself only) of \$3,500. Once you reach this amount, you will pay \$0 for your covered prescription drugs for the remainder of the plan year. This amount <b>includes</b> your yearly deductible.																			
<b>Deductible stage</b>	You pay a \$200 yearly deductible. The deductible <b>does</b> count toward your member out-of-pocket maximum.																			
<b>Initial Coverage stage</b>	<p>After you pay your yearly deductible, you will pay the following until you reach the member out-of-pocket maximum of \$3,500, or until your total yearly drug costs (what you and the plan pay) reach \$4,130, whichever comes first:</p> <table border="1"> <thead> <tr> <th>Tier</th> <th>Retail One-Month (31-day) Supply</th> <th>Retail Three-Month (90-day) Supply</th> <th>Express Scripts Pharmacy® Home Delivery* (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1: <b>Generic Drugs</b></td> <td>5% coinsurance</td> <td>5% coinsurance</td> <td>5% coinsurance</td> </tr> <tr> <td>Tier 2: <b>Preferred Brand Drugs</b></td> <td>20% coinsurance</td> <td>20% coinsurance</td> <td>20% coinsurance</td> </tr> <tr> <td>Tier 3: <b>Non-Preferred Drugs</b></td> <td>30% coinsurance</td> <td>30% coinsurance</td> <td>30% coinsurance</td> </tr> </tbody> </table> <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>*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.</p>				Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy® Home Delivery* (90-day) Supply	Tier 1: <b>Generic Drugs</b>	5% coinsurance	5% coinsurance	5% coinsurance	Tier 2: <b>Preferred Brand Drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance	Tier 3: <b>Non-Preferred Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance
Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy® Home Delivery* (90-day) Supply																	
Tier 1: <b>Generic Drugs</b>	5% coinsurance	5% coinsurance	5% coinsurance																	
Tier 2: <b>Preferred Brand Drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance																	
Tier 3: <b>Non-Preferred Drugs</b>	30% coinsurance	30% coinsurance	30% coinsurance																	

	<p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts Pharmacy<sup>®</sup>. There is no charge for standard shipping.</p> <p>Not all drugs are available at a 90-day supply, and not all network 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 \$3,500, but your total yearly drug costs reach \$4,130, you will generally pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$6,550.</p> <p><b>Note:</b> This amount includes what you pay out-of-pocket, as well as payments made by programs such as the Extra Help Program through Medicare and Medicare's Coverage Gap Discount Program.</p>
<b>Catastrophic Coverage stage</b>	<p>If you have not met your member out-of-pocket maximum of \$3,500, but your yearly out-of-pocket drug costs—including manufacturer discounts—exceed \$6,550, you will pay <b>the greater of 5% coinsurance <u>or</u>:</b></p> <ul style="list-style-type: none"> <li>• a \$3.70 copayment for covered generic drugs (including drugs treated as generics), or</li> <li>• a \$9.20 copayment for all other covered drugs.</li> </ul>

### Long-Term Care (LTC) Pharmacy

If you reside in a long-term care facility, you pay the same as at a network retail pharmacy. 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 Express Scripts Medicare 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 participating 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 Connecticut Teachers' Retirement Board.

- 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 [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- 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.
- Beginning October 15, 2020, you can access your plan’s 2021 list of covered drugs by visiting our website at [express-scripts.com/documents](https://www.express-scripts.com/documents).
- 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 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](https://www.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](https://www.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?**

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare prescription drug benefit (Part D) and that are on our formulary. However, in addition to providing coverage of Medicare Part D drugs, this plan does cover some 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 yearly drug costs or yearly out-of-pocket expenses. Please see your formulary for additional information. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

### **Read the *Medicare & You* 2021 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**

**1.844.433.4883**

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.

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.

Other pharmacies are available in our network.

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

© 2020 Express Scripts. All Rights Reserved.

Express Scripts and “E” Logo are trademarks of Express Scripts Strategic Development, Inc.  
All other trademarks are the property of their respective owners.