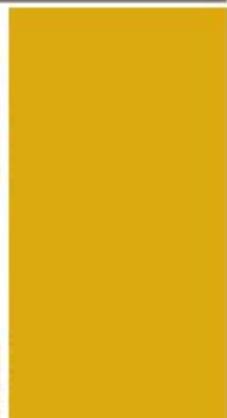




Express Scripts Medicare® (PDP) for EIA



Introducing Express Scripts Medicare® (PDP) for EIA

Beginning January 1, 2015, the CSAC EIA Small Group Program began offering a new prescription drug plan (PDP) through the Medicare Part D program called Express Scripts Medicare® (PDP) for EIA. This new drug plan will offer better coverage than a standard Medicare Part D plan. Some added benefits to this plan include lower premium and reduced out of pocket costs.

Are you eligible for Express Scripts Medicare?

To be eligible to enroll in this plan you must meet the following criteria:

- Entitled to Medicare Part A and/or be enrolled in Part B
 - Be at least 65 years old, or on long-term disability or have end-stage renal disease
- A retiree (or spouse) of the plan sponsor
- A permanent resident of the United States
- Can't be enrolled in any other Rx plan

In addition to the criteria above you must also be retired or not actively working for an organization sponsored by CSAC EIA in order to receive Medicare Part D benefits. The following table details your retiree and spouse coverage eligibility when an actively working member is wanting to enroll in the plan.

IF employee/retiree is:	IF spouse is:	Plan for Retiree:	Plan for spouse:
Working and Med D eligible	Working and Med D eligible	Commercial	Commercial
Working and Med D eligible	Not working and Med D eligible	Commercial	Commercial
Working and NOT Med D eligible	Working and NOT Med D eligible	Commercial	Commercial
Working and NOT Med D eligible	Not working and NOT Med D eligible	Commercial	Commercial
Retired and Med D eligible	Working and Med D eligible	Express Scripts Medicare PDP	Commercial
Retired and Med D eligible	Not working and Med D eligible	Express Scripts Medicare PDP	Express Scripts Medicare PDP
Retired and Not Med D eligible	Working and Med D eligible	Commercial	Commercial
Retired and Not Med D eligible	Not working and Med D eligible	Commercial	Commercial

How the Rx plan works

The following table provides a summary of your benefit, including final cost-sharing information when filling prescriptions at a retail pharmacy or mail order through Express Scripts. This plan provides coverage across all stages of your benefit (Initial Coverage, Coverage Gap and Catastrophic Coverage).

Initial Coverage Stage

You will pay the copays listed on the following page until your calendar year drug costs (what you and the plan pay) reach \$3,700.

Coverage Gap Stage

After your total yearly drug costs reach \$3,700 you will continue to pay the same copays as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$4,950.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,950, you will pay the **greater of 5% coinsurance** or:

- a \$3.30 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage
- a \$8.25 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.

Cost Share Copays

	Retail 31 day	Retail 60 day	Retail 90 day	Mail Order 90 day
Generic Drug	\$5.00	\$10.00	\$15.00	\$10.00
Preferred Brand Drug	\$20.00	\$40.00	\$60.00	\$40.00
Non-Preferred Brand Drug	\$50.00	\$100.00	\$150.00	\$100.00

Medicare Subsidies

People with limited incomes may qualify for “Extra Help” to pay for their Medicare prescription drug costs. Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums and copayments.

You may be eligible if you:

- Are eligible for Medicare Parts A&B
- Beneficiaries may be deemed automatically eligible (Dual Eligible's who qualify for both Medicare & Medicaid), or they may apply through Social Security
- Meet asset/income thresholds as defined by CMS (see table below)

	Marital Status	2015 Annual Low Income Subsidy (LIS) Limit
Full Subsidy	Single	\$8,780
	Married	\$13,930
All other LIS	Single	\$13,640
	Married	\$27,250

If you are identified by the Centers for Medicare & Medicaid (CMS) as qualifying for Extra Help, you will receive plan cost information in your enrollment Welcome packet from Express Scripts.

Frequently Asked Questions

Will my medical coverage change?

No, your medical coverage through your medical carrier (Anthem Blue Cross or Blue Shield) will remain unchanged.

When will I receive my new member ID card and other plan materials?

You will receive a Welcome Kit from Express Scripts prior to your effective date. Your Welcome Kit will include your new Medicare prescription drug plan member ID card. You should use this card beginning with the effective date of your prescription drug coverage when filling prescriptions. **(Do not discard your medical coverage ID card; you should continue to use your medical card for any other services.)** Your Welcome Kit will also include other important plan benefit materials, such as a formulary and a pharmacy directory. The Centers for Medicare & Medicaid Services (CMS) requires that we send you these materials upon your enrollment in a Medicare prescription drug plan.

Note: Because Medicare is an individual benefit, you and your covered Medicare-eligible spouse will each have a unique member ID number and prescription drug plan member ID card. In addition, you will each receive separate communications from Express Scripts Medicare.

Do I need to do anything if I am currently taking a drug that requires prior authorization?

You may currently have a prescription for which you have obtained a prior authorization or prior approval from your current plan. If your medication also requires a prior authorization under your new plan, you may need to obtain a new approval. In some cases, existing authorizations from your current plan may not be carried over into your new plan. Review your formulary when you receive it or call Express Scripts Medicare Customer Service. If you require a new approval, call Customer Service after your membership in the plan becomes effective to start the prior authorization process.

Does enrollment in this plan impact any other coverage I may already have?

Enrollment in this plan may cancel your enrollment in the following types of plans:

- another Medicare Part D plan
- a Medicare Advantage Plan with prescription drug coverage (MA-PD)
- a Medicare Advantage Plan not sponsored by CSAC EIA

How will my coverage work?

As a member of this plan, you may fill prescriptions at either in-network or out-of-network retail pharmacies as of your effective date. Please present your member ID card included in your Welcome Kit to your pharmacist.

Will I pay a late enrollment penalty (LEP)?

The LEP is an amount you may be charged for as long as you have Medicare prescription drug coverage. This penalty is required by law and is designed to encourage people to enroll in a Medicare prescription drug plan when they are first eligible or to keep other prescription drug coverage that meets Medicare's minimum standards. You may owe an LEP if you didn't join a Medicare prescription drug plan when you were first eligible for Medicare Part A and/or Part B, and: You didn't have other prescription drug coverage that met Medicare's minimum standards, or you had a break in coverage of at least 63 days. If we determine that you owe an LEP or have an existing penalty that needs to be adjusted, we will notify you of the change. The EIA has chosen to cover the LEP on the member's behalf.

Do I need to enroll in Medicare Part D?

You are required to be enrolled in Medicare Parts A&B to be eligible under this plan. You will be automatically enrolled in Medicare Part D by Express Scripts and CMS at the time of your enrollment.

Prescription Plan Comparison

How does Express Scripts Medicare (PDP) compare to your prior Rx plan?

	Current RX plan (PPO)	Express Scripts Medicare RX Plan
Express Scripts Pharmacy Network	X	X
Formulary	Express Scripts	Express Scripts Medicare (PDP) Formulary
Cost Share Assistance	None	Available for those who qualify for low income subsidy
Copays (31 day Retail Supply)	Generic: \$10.00 Brand Name: \$35.00 Non Preferred: \$50.00	Generic: \$5.00 Brand Name: \$20.00 Non Preferred: \$50.00
RX Out of Pocket Maximum	None	After your RX annual costs reach \$4,950, your cost share will decrease to 5%