



# Benefit Overview

## Express Scripts Medicare® (PDP) for North Dakota Public Employees Retirement System

### YOUR 2016 PRESCRIPTION DRUG PLAN BENEFIT

The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by North Dakota Public Employees Retirement System (NDPERS). The following table provides a summary of your benefit, including final cost-sharing information. This plan provides coverage across all stages of your benefit.

<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,310. Please note that you can get up to a 90-day supply either at a retail network pharmacy or through home delivery:		
	<b>Tier</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$5 copayment plus 15% coinsurance	\$5 copayment plus 15% coinsurance
	Tier 2: <b>Preferred Brand Drugs</b>	\$15 copayment plus 25% coinsurance	\$15 copayment plus 25% coinsurance
	Tier 3: <b>Non-Preferred Brand Drugs</b>	\$25 copayment plus 50% coinsurance	\$25 copayment plus 50% coinsurance
	If you fill a prescription for a one-month (31-day) supply at a retail network pharmacy, you will pay the same copayment amount that you would for a three-month supply. 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.		
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through our home delivery service. There is no charge for standard shipping.		
	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.		

<b>Coverage Gap stage</b>	Under your plan, you reach the Coverage Gap stage once your total yearly drug costs reach \$3,310. During this stage, your cost-sharing amounts for generic and brand-name drugs will remain the same until your yearly out-of-pocket drug costs reach \$4,850.
<b>Catastrophic Coverage stage</b>	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 \$4,850, you will pay <b>the greater of 5% coinsurance <u>or</u>:</b> <ul style="list-style-type: none"> <li>• a \$2.95 copayment for covered generic drugs (including brand drugs treated as generics)</li> <li>• a \$7.40 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 retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply 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 may have to pay additional costs for drugs received at an out-of-network pharmacy. 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, and Puerto Rico. You must live in one of these areas to participate in this plan. We may reduce our service area and no longer offer services in the area in which you reside.
- You may get your drugs at retail pharmacies and our home delivery pharmacy.
- Your plan uses a formulary—a list of covered drugs. Express Scripts 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.
- 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 Brand 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.

## ANSWERS TO FREQUENTLY ASKED QUESTIONS

### **Who is eligible for this plan?**

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, and are eligible for benefits from NDPERS.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan.

**Important:** If you choose a prescription drug plan outside your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact your group benefits administrator for more information before making a decision to leave this plan, or for information about other options that may be available to you.

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

To see if you qualify for Extra Help, 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 once you are enrolled in this plan.

### **Will my income affect my Medicare Part D premium?**

Most people will pay their plan's standard Medicare Part D premium. However, some people may have to pay an extra amount because of their yearly income. If your modified adjusted gross income as reported on your IRS tax return from two years ago (the most recent tax return information provided to Social Security by the IRS) is more than \$85,000 for individuals and married individuals filing separately or \$170,000 for married individuals filing jointly, you'll have to pay extra for your Medicare prescription drug coverage. This extra amount is called the Part D income-related monthly adjustment amount. 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. No matter how your plan premium is paid, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. *The extra amount must be paid separately and cannot be paid with your monthly plan premium.* 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.

### **Does my plan cover Medicare Part B drugs?**

Express Scripts Medicare 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.

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This information is not a complete description of benefits. Contact Express Scripts Medicare for more information. Limitations, copayments and restrictions may apply. Benefits, premiums 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 Customer Service**

**1.855.315.4569**

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)**.

For questions about premiums, enrollment and eligibility, please contact NDPERS at **1.800.803.7377**. Hours of operation are Monday through Friday, 8:00 a.m. to 5:00 p.m., Central Time.

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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