

Benefit Overview

Express Scripts Medicare® (PDP) for UT SELECT



YOUR 2018 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 (which UT System refers to as the UT SELECT Part D plan). 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 Walgreens as well as select independent local pharmacies will provide up to a 90-day supply. Please visit our website at www.express-scripts.com or call Express Scripts Medicare Customer Service for more information.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your institution's Benefits Office.			
Member Out-of-Pocket Maximum	Your UT SELECT retiree coverage includes a yearly combined medical and prescription out-of-pocket maximum (costs paid by yourself only) of \$7,150. Once you reach this amount, you will pay \$0 for your covered prescription drugs.			
Deductible stage	You pay a \$100 yearly deductible for Medicare Part D prescription drugs in 2018. The deductible counts toward your member out-of-pocket maximum.			
Initial Coverage stage	You will pay the following until you reach the member out-of-pocket maximum of \$7,150, or until your total yearly drug costs (what you and the plan pay) reach \$3,750, whichever comes first.			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply*	Home Delivery Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment*	\$20 copayment
	Tier 2: Preferred Brand Drugs	\$35 copayment	\$105 copayment*	\$87.50 copayment
	Tier 3: Non-Preferred Drugs	\$50 copayment	\$150 copayment*	\$125 copayment
	*Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost-share.			
	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 the Express Scripts Pharmacy SM . There is no charge for standard shipping.			
	Not all drugs are available at a 90-day supply.			

Coverage Gap stage	<p>If you have not met the member out-of-pocket maximum of \$7,150, but your total yearly drug costs reach \$3,750, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$5,000.</p> <p>Please note that although Medicare requires that we describe the Coverage Gap stage, your plan does not have a gap in coverage or “donut hole.”</p>
Catastrophic Coverage stage	<p>If you have not met your member out-of-pocket maximum of \$7,150, but your yearly out-of-pocket drug costs—including manufacturer discounts—exceed \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 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 • an \$8.35 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.

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.

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.

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 UT SELECT.
- 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**.
- 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**.
- 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 yearly deductible, 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 2018* 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

1.800.860.7849

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**.

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.

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 your institution's Benefits Office at the numbers listed in your pre-notification letter or the *Quick Reference Guide* in your Welcome Kit.

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

© 2017 Express Scripts Holding Company. All Rights Reserved. Express Scripts and "E" Logo are trademarks of Express Scripts Holding Company and/or its subsidiaries. Other trademarks are the property of their respective owners.