

# Benefit Overview



Express Scripts Medicare®(PDP) for the Commonwealth of Virginia Retiree Health Benefits Program

Commonwealth of Virginia Retiree Health Benefits Program

## YOUR 2024 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. (Your formulary includes drugs available through home delivery.)

| <b>Plan Premium</b>   | The Commonwealth of Virginia Retiree Health Benefits Program will tell you the amount that you pay for your plan. If you have any questions, please contact your Commonwealth of Virginia Benefits Administrator.  |  |   |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
|---|--|--|---|--|------|--|------------------------------------|---|---|---|--|---|---|----------------|----------------|----------------|---------------------------------------|-----------------|-----------------|-----------------|--|-----------------|-----------------|-----------------|
| <b>Deductible stage</b>                                     | You pay a \$545 yearly deductible for covered brand-name medications. Covered generic drugs will not be subject to a deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.   |  |   |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
| <b>Initial Coverage stage</b>                               | <p>After you pay your yearly brand-only deductible, you will pay the following until your total yearly drug costs (what you and the plan pay) in this plan year reach \$5,030. The tier level of covered drugs is listed in your formulary. If the drug is not listed, you can get this information by calling Express Scripts Medicare Customer Service at the numbers on the back of this document.</p> <table border="1" data-bbox="342 982 1474 1633"> <thead> <tr> <th data-bbox="342 982 662 1115">Tier</th> <th data-bbox="662 982 922 1115">Retail One-Month (up to a 34-day) Supply</th> <th data-bbox="922 982 1182 1115">Retail Three-Month (90-day) Supply</th> <th data-bbox="1182 982 1474 1115">Home Delivery Three-Month (up to a 90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1115 662 1297">Tier 1:<br/><b>Generic Drugs (deductible does not apply)</b></td> <td data-bbox="662 1115 922 1297">\$7 copayment (deductible does not apply)</td> <td data-bbox="922 1115 1182 1297">\$21 copayment (deductible does not apply)</td> <td data-bbox="1182 1115 1474 1297">\$7 copayment (deductible does not apply)</td> </tr> <tr> <td data-bbox="342 1297 662 1409">Tier 2:<br/><b>Preferred Brand Drugs</b></td> <td data-bbox="662 1297 922 1409">\$25 copayment</td> <td data-bbox="922 1297 1182 1409">\$75 copayment</td> <td data-bbox="1182 1297 1474 1409">\$50 copayment</td> </tr> <tr> <td data-bbox="342 1409 662 1520">Tier 3:<br/><b>Non-Preferred Drugs</b></td> <td data-bbox="662 1409 922 1520">75% coinsurance</td> <td data-bbox="922 1409 1182 1520">75% coinsurance</td> <td data-bbox="1182 1409 1474 1520">75% coinsurance</td> </tr> <tr> <td data-bbox="342 1520 662 1633">Tier 4:<br/><b>Specialty Tier Drugs</b></td> <td data-bbox="662 1520 922 1633">25% coinsurance</td> <td data-bbox="922 1520 1182 1633">25% coinsurance</td> <td data-bbox="1182 1520 1474 1633">25% coinsurance</td> </tr> </tbody> </table> <p data-bbox="342 1650 1474 1717">If your doctor prescribes less than a full month's supply of certain drugs, you will pay a prorated amount based on the actual number of days of the drug that you receive.</p> <p data-bbox="342 1734 1474 1845">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. There is no charge for standard shipping.</p> |  |   |  | Tier | Retail One-Month (up to a 34-day) Supply | Retail Three-Month (90-day) Supply | Home Delivery Three-Month (up to a 90-day) Supply | Tier 1:<br><b>Generic Drugs (deductible does not apply)</b> | \$7 copayment (deductible does not apply) | \$21 copayment (deductible does not apply) | \$7 copayment (deductible does not apply) | Tier 2:<br><b>Preferred Brand Drugs</b> | \$25 copayment | \$75 copayment | \$50 copayment | Tier 3:<br><b>Non-Preferred Drugs</b> | 75% coinsurance | 75% coinsurance | 75% coinsurance | Tier 4:<br><b>Specialty Tier Drugs</b> | 25% coinsurance | 25% coinsurance | 25% coinsurance |
| Tier  | Retail One-Month (up to a 34-day) Supply   | Retail Three-Month (90-day) Supply         | Home Delivery Three-Month (up to a 90-day) Supply |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
| Tier 1:<br><b>Generic Drugs (deductible does not apply)</b> | \$7 copayment (deductible does not apply)  | \$21 copayment (deductible does not apply) | \$7 copayment (deductible does not apply)         |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
| Tier 2:<br><b>Preferred Brand Drugs</b>                     | \$25 copayment   | \$75 copayment                             | \$50 copayment                                    |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
| Tier 3:<br><b>Non-Preferred Drugs</b>                       | 75% coinsurance  | 75% coinsurance                            | 75% coinsurance                                   |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |
| Tier 4:<br><b>Specialty Tier Drugs</b>                      | 25% coinsurance  | 25% coinsurance                            | 25% coinsurance                                   |  |      |  |                                    |   |   |   |  |   |   |                |                |                |                                       |                 |                 |                 |  |                 |                 |                 |

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|---|--|
|   | <p>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.</p> <p>Other pharmacies are available in our network. Express Scripts Medicare has a broad network nationwide. To see if your pharmacy is in our network, visit <b>express-scripts.com</b> or call Express Scripts Medicare Customer Service.</p>   |
| <b><u>Coverage Gap stage</u></b>                                | <p>After your total yearly drug costs reach \$5,030 in this plan year, this plan will cover generic drugs at generally the same copayment as in the Initial Coverage stage. This plan also continues to cover formulary brand-name drugs during the Coverage Gap stage. Your cost will generally be the same as in the Initial Coverage stage and, due to the Medicare Coverage Gap Discount Program, the amount you pay for non-preferred drugs may be lower. You will stay in this stage until your yearly out-of-pocket drug costs reach \$8,000.</p> |
| <b><u>Additional Protection—Catastrophic Coverage stage</u></b> | <p><b>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</b></p> <p><b>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</b></p>  |

### **Coverage for Vaccines**

Your plan covers a number of vaccinations. Rules associated with vaccine drugs and their administration can be complicated. Consider contacting Customer Service (phone numbers are on the back of this document) before getting any vaccination so that you have a complete understanding of your costs.

### **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 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 will need to pay the full cost of a prescription filled at an out-of-network pharmacy and request reimbursement. If the claim qualifies for reimbursement, you may be reimbursed for the amount that the plan would have paid had the prescription been filled at a network pharmacy, but no more than that. (Prescriptions filled outside of the United States are not covered.) 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. If you move out of the service area, please contact your Commonwealth of Virginia Benefits Administrator to change your address.

- 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, are eligible to participate in the Commonwealth of Virginia Retiree Health Benefits Program, and have not previously declined this prescription drug coverage.
- 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)**.
- Most adult Part D vaccines are covered at no cost to you.
- 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. There are limitations as to when a plan can make any formulary changes that will immediately affect beneficiaries. Refer to your formulary for information regarding limitations to formulary changes.
- A PDF of our printed drug list for 2024 will be available by logging into **[express-scripts.com/documents](https://www.express-scripts.com/documents)** beginning on October 15, 2023.
- 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.
- If you request an exception for a non-formulary drug and Express Scripts Medicare approves the exception, you will pay the cost-sharing amount set by your plan for that drug.
- 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.
- To maintain your Part B benefits, you must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party. This is not paid through your Commonwealth of Virginia Retiree Health Benefits Program premium.
- If enrolled in this plan, you pay a monthly premium to the Commonwealth of Virginia Retiree Health Benefits Program for the Medicare supplemental plan for which you are eligible and that you have elected (actively or by default). As a part of that total premium, you will pay the program’s Medicare Part D premium if you remain eligible and have been approved by Medicare.
- Your premium will be billed or deducted through the Commonwealth of Virginia Retiree Health Benefits Program as part of your total health benefits premium. The Commonwealth of Virginia will provide your annual benefit premium rates in your annual rate notification materials to be mailed before November. If you have additional questions about your plan premiums, please contact your Commonwealth of Virginia Benefits Administrator.
- If Medicare has determined that you should be assessed a Part D late enrollment penalty, the Commonwealth of Virginia Retiree Health Benefits Program will not deduct or bill the penalty amount at this time. However, if you feel that you should not have a penalty, be sure to respond to any requests to document your previous creditable coverage. You may also contact Medicare directly to resolve this matter. If your previous creditable coverage was through the Commonwealth of Virginia Health Benefits Program, the Department of Human Resource Management will be notified of your penalty and will attempt to resolve the matter on your behalf. Even though the state program will not collect the penalty amount from you at this time, if you move to a plan outside of the state program, you will carry an unresolved penalty with you.

- You may disenroll from Express Scripts Medicare for the Commonwealth of Virginia Retiree Health Benefits Program prospectively at any time; however, once disenrolled, you cannot re-enroll. There is no open enrollment opportunity for this plan. Before leaving the state program or dropping the state program's prescription drug coverage, be sure to investigate your options for enrolling in another Medicare prescription drug plan to avoid a break in coverage. A break in creditable coverage of 63 or more days may result in a higher Medicare Part D premium and a gap in your prescription drug coverage.
- When your prescription drug coverage under this plan ends (for example, due to your direct request or because you enrolled in another Part D plan), you will be moved to a medical-only plan (including Medicare supplemental coverage but no prescription drug coverage) unless you cancel your coverage in the State Retiree Health Benefits Program completely. Contact your Commonwealth of Virginia Benefits Administrator to request complete cancellation of your coverage or to cancel only this plan coverage (unless you are enrolling in another Part D plan, which should automatically cancel this coverage). Cancellation of coverage in this plan will allow for a Special Enrollment opportunity in other Medicare prescription drug coverage.

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?**

Express Scripts Medicare does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, or any other non-Part D drugs. 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.

#### **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* 2024 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**

**1.800.572.4098**

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**.

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

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, Express Scripts Medicare will not discontinue or reduce coverage of the drug during the 2024 coverage year, except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Please see your *2024 Formulary (List of Covered Drugs)* for more information or contact Express Scripts Medicare Customer Service at the numbers above to find out if a drug is covered.

**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.

Availability of this specific plan within the Commonwealth of Virginia Retiree Health Benefits Program beyond the end of the current contract year is not guaranteed.

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

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

For questions about premiums, enrollment and eligibility, refer to your annual rate notification materials or contact your Commonwealth of Virginia Benefits Administrator.

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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