Prescription Drug Benefits

This insert will accompany the Medicare-Coordinating Plans Member Handbook for enrollees who are eligible for and have elected these benefits.

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January 2024
Commonwealth of Virginia
Department of Human Resource Management

A10730

IMPORTANT NOTICE

This insert describes the outpatient prescription drug benefits that you have under the Commonwealth of Virginia Retiree Health Benefits Program if you are enrolled in a plan that includes this coverage. Plans including these outpatient prescription drug benefits are Advantage 65, Advantage 65 with Dental/Vision, Medicare Supplemental/Option II, and Medicare Supplemental/Option II with Dental/Vision. This program is an enhanced Medicare Part D Plan, approved by Medicare and administered by Express Scripts. The plan is called Express Scripts Medicare for the Commonwealth of Virginia Retiree Health Benefits Program. Materials from Express Scripts will reflect this plan name.

Throughout this insert, there are words that begin with capital letters. In most cases, these are defined terms. See the "Definitions" sections of your Medicare-Coordinating Plans Member Handbook and/or this insert for the meaning of these words.

Your outpatient prescription drug coverage is generally limited to the drugs that are listed on the plan's Formulary. However, drugs that are not on the plan's Formulary but have been approved through the Exception or appeal process are also covered. Usually, drugs that are excluded by Medicare will not be granted an Exception. Drugs covered by Medicare Part B, as prescribed and dispensed, are not covered. Generally, only drugs that are covered under the Medicare Prescription Drug Benefit (Part D) and that are included on this plan's Formulary are covered. To obtain Formulary information, you may to go **www.express-scripts.com/documents** or call 800-572-4098 (TTY 800-716-3231).

Some of the drugs covered under this plan have coverage limits as indicated in the Formulary. This could include, but is not limited to, restricting the amount of medication covered within a period of time (Quantity Limits), requiring Prior Authorization, and/or requiring Step Therapy. If you have questions about complying with any coverage limits, contact Express Scripts Medicare Customer Service at 800-572-4098 (TTY 800-716-3231).

There are some rules and information that apply to all benefits (medical, dental, vision and/or prescription drugs as applicable to your own coverage), including "General Rules Governing Benefits", "Exclusions", "Basic Plan Provisions", "Definitions" and "Eligibility", which are included in your Commonwealth of Virginia Retiree Health Benefits Program Medicare-Coordinating Plans Member Handbook. Any rules or information that applies specifically to these outpatient prescription drug benefits will be included in this insert. In addition, your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), together with any riders and amendments that may be sent to you by Express Scripts Medicare describe rules governing Medicare Part D plans.

USING YOUR PRESCRIPTION DRUG BENEFITS

You must use a Network Pharmacy to receive benefits under this plan. Except in certain limited circumstances, failure to use a Network Pharmacy will result in denial of benefits. The plan's Evidence of Coverage, available from Express Scripts Medicare Customer Service has more information. To identify a Network Pharmacy, contact Express Scripts Medicare Customer Service at 800-572-4098 (TTY 800-716-3231). The pharmacy network can change at any time. Be sure to confirm participation before filling any prescription.

This plan also offers a home delivery pharmacy service. This service is generally used to fill prescriptions for maintenance drugs (drugs that you take on a regular basis for chronic or long-term medical conditions). The drugs available through the home delivery service are indicated in the Formulary. Usually, home delivery service will get your order to you in no more than 10 days. However, sometimes your home delivery may be delayed. Make sure you have at least a 14-day supply of your medication on hand. For more information, contact Express Scripts Medicare Customer Service at 800-572-4098 (TTY 800-716-3231).

WHO TO CONTACT FOR ASSISTANCE

Outpatient Prescription Drug Plan/Claims Administration/ Customer Service

Customer Service:

Express Scripts Medicare
P. O. Box 66535
St. Louis, MO 63166-6535
800-572-4098 / TTY/TDD 800-716-3231
24 hours a day, 7 days a week

Web Address: **www.Express-Scripts.com**

State Program Eligibility and Enrollment

If You Are A:	Contact This Benefits Administrator
Virginia Retirement System Retiree/Survivor or VSDP Long Term Disability Program Participant	The Virginia Retirement System 888-827-3847 **www.varetire.org**
Local or Optional Retirement Plan Retiree or Survivor or non-VSDP LTD Participant	Your Pre-Retirement or Pre-LTD Agency Benefits Administrator
Non-Annuitant Survivor (No VRS Survivor benefit)	The Department of Human Resource Management 888-642-4414 **ohb@dhrm.virginia.gov**

Program Administration

Department of Human Resource Management

Web Address **www.dhrm.virginia.gov**
E-Mail **ohb@dhrm.virginia.gov**

Medicare

Web Address **www.medicare.gov**
By Phone 800-MEDICARE

GENERAL RULES GOVERNING BENEFITS

All applicable “General Rules Governing Benefits” listed in the Medicare-Coordinating Plans Member Handbook also apply to the outpatient prescription drug benefits described in this insert.

When Benefits End

You may terminate the benefits described in this insert prospectively by submitting an enrollment form to your Benefits Administrator indicating your request to terminate coverage. There are some situations that would require your disenrollment from this coverage. Generally, your enrollment in another Medicare Part D plan or any disenrollment sent by Medicare would result in disenrollment from the Commonwealth of Virginia Retiree Health Benefits Program's Medicare Part D coverage described in this insert. Please refer to the Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), for more information about disenrollment from this or other Medicare Prescription Drug Plans.

Appeals

Except as described below, the Appeals section of “General Rules Governing Benefits” in your Medicare-Coordinating Plans Member Handbook does not apply to this Medicare Prescription Drug Plan. Refer to the Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), for a complete description of the appeals and grievance process available to you. Since this is a Medicare-approved plan, there is no claim appeals process available through the Department of Human Resource Management, the Program Administrator. However, you may appeal administrative decisions that are based strictly on the policies and procedures of the Department by writing to the Director of the Department of Human Resource Management and including your name, identification number and a full description of the administrative matter. (See your Medicare-Coordinating Plans Member Handbook for more information about your appeal rights to the Department of Human Resource Management). The Department will not adjudicate appeals unrelated to its own policies and procedures.

Coordination of Benefits

See the Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), for more information about having other prescription drug coverage in addition to this Medicare Part D plan. Participants may not be enrolled in more than one Medicare Prescription Drug Plan at any time.

Your Rights and Responsibilities under a Medicare Prescription Drug Plan

The Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), describes your rights, protections, and responsibilities as a participant in a Medicare Prescription Drug Plan.

PRESCRIPTION DRUG BENEFITS

Following are the provisions of this Medicare prescription drug plan. Consult your Evidence of Coverage for additional information. You may obtain a copy of the Evidence of Coverage by visiting the website at express-scripts.com or requesting a copy by calling Express Scripts Medicare Customer Service at 800-572-4098 (TTY 800-716-3231).

Formulary – Generally, only drugs included in the plan's Formulary will be covered. However, participants may apply for a Formulary Exception by requesting a Coverage Determination/Decision. Refer to the Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three.)

To determine whether a drug is included on the plan's Formulary and its coverage tier, contact Express Scripts Medicare Customer Service or go to the Express Scripts Medicare web site at **www.express-scripts.com/documents**. Some of the drugs covered under this plan have coverage limits. This could include restricting the amount of medication covered within a period of time, requiring Prior Authorization, or requiring Step Therapy.

Express Scripts Medicare may immediately remove a brand-name drug on the drug list if, at the same time, the brand-name drug is replaced with a new generic drug with the same or fewer restrictions. Also, when adding the new generic drug, the brand-name drug may remain on the drug list but immediately move to a different cost-sharing tier or have new restrictions added.

To learn more about formulary changes, Coverage Determinations/Decisions, Exceptions, required notifications, and how to request temporary supplies, contact Customer Service at 1-800-572-4098 (TTY 800-716-3231).

Drugs that are excluded for Medicare Part D coverage as determined by Medicare will not be included on the Formulary.

Tier - Drugs included in the Formulary are placed in tiers. The co-payment or coinsurance amount that you pay for any covered drug depends on its tier. Charts describing the type of drug in each tier and your co-payment or coinsurance are included in this insert.

Coverage Stages

Deductible Stage - A $545 plan year (January 1-December 31) deductible will apply to all covered drugs except Generics. There will be no deductible for covered Generics. This means that participants must pay the first $545 of actual drug cost for covered Brand Name Drugs. Once the deductible has been met, the applicable co-payment or coinsurance will apply.

Initial Coverage Stage – Once your deductible has been met for covered Brand Name Drugs (and immediately for covered Generics), your co-payments/coinsurance will remain as follows until your total covered drug cost reaches $5,030.

Initial Coverage Stage - Covered Tier 1 (Generic) Drugs	Co-payment
Per one-month (up to 34-day) supply at a retail Network Pharmacy	$7
Per up to a 90-day supply through the home delivery service	$7

Initial Coverage Stage - Covered Tier 2 (preferred Brand) Drugs	Co-payment
Per one-month (up to 34-day) supply at a retail Network Pharmacy	$25
Per up to a 90-day supply through the home delivery service	$50

Initial Coverage Stage - Covered Tier 3 (non-preferred Brand) Drug	Coinsurance
Per one-month (up to 34-day) supply at a retail Network Pharmacy	You pay 75%
Per up to a 90-day supply through the home delivery service	You pay 75%

Initial Coverage Stage - Covered Tier 4 (specialty) Drugs	Coinsurance
Per one-month (up to 34-day) supply at a retail Network Pharmacy	You pay 25%
Per up to a 90-day supply through the home delivery service	You pay 25%

If your doctor prescribes less than a full month's supply, you may not have to pay the cost of an entire month's supply – Typically, you pay a copayment or coinsurance to cover a full month's supply (up to a 34-day supply) of a covered drug. However, your doctor can prescribe less than a full month's supply. There may be times when you want to ask your doctor about prescribing less than a full month's supply of a drug (for example, when you are trying a medication for the first time that is known to have serious side effects). If your doctor agrees to prescribe less than a full month's supply, you will not have to pay for the full month's supply for certain drugs. If the drug is in a tier that has a copayment (instead of coinsurance), your copayment will be based on the number of days of the drug that you receive. The amount of copayment you pay each day for a month's supply will be calculated, and you will pay the "daily cost-sharing rate," (If the drug is in a tier that has coinsurance, you will pay a percentage of the total cost of the drug, so you are already paying based on the actual number of days prescribed.)

Coverage Gap Stage – **This plan does not have a coverage gap.** After your total drug costs reach **$5,030** in the 2024 plan year (the point at which standard plans reach their Coverage Gap), this plan will generally cover generic and formulary brand-name drugs at the same copayment or coinsurance as in the Initial Coverage Stage. However, 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 out-of-pocket drug cost plus the amount paid by the Coverage Gap Discount Program for this plan year reaches **$8,000**. The plan's Evidence of

Coverage, available from Express Scripts Medicare Customer Service (see page three), has complete information.

Catastrophic Coverage Stage – In 2024, if your annual true out-of-pocket drug expense (including deductible, copayments, coinsurance, and the contribution from the Medicare Coverage Gap Discount Program, but not including the cost of non-covered or excluded drugs) reaches **$8,000**, the plan will pay the full cost for your covered Part D drugs. You will remain in this stage for the remainder of the year.

If the plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs under an enhanced benefit.

Explanation of Benefits – To help you track your coverage stage, you will receive an Explanation of Benefits (EOB), which is a statement of what you have spent on your prescription drugs and the total amount that the plan has paid for any month during which you use your coverage. You may also be able to receive a copy electronically by visiting Express Scripts website @, **express-scripts.com**, or by contacting Express Scripts Medicare Customer Service at 800-572-4098 (TTY 800-716-3231).

Medication Therapy Management Programs - These programs are offered at no additional cost for participants who have multiple medical conditions, are taking many prescription drugs, or who have high drug costs. These programs were developed by a team of pharmacists and doctors and help in providing better coverage for participants. They help the plan to ensure that participants are using appropriate drugs to treat their medical conditions and help identify possible medication errors. If you are identified as meeting specific criteria for these programs, you may be contacted. While you are not required to participate, you are encouraged to do so. There is no cost for these programs.

EXCLUSIONS

All applicable "Exclusions" listed in the Medicare-Coordinating Plans Member Handbook apply to the outpatient prescription drug benefits described in this insert. Also, any exclusions or limitations listed in your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), will apply.

BASIC PLAN PROVISIONS

All applicable "Basic Plan Provisions" listed in the Member Handbook also apply to the outpatient prescription drug benefits described in this insert.

PAYMENT OF MONTHLY PREMIUMS

For the coverage described in this insert, your premium is due on the first of the coverage month. See your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), for more information about paying premiums under a Medicare Prescription Drug Plan. Your prescription drug premium is a part of your total Medicare-Coordinating Plan premium. Coverage limited to only prescription drugs is not available under the State Retiree Health Benefits Program. Failure to pay your total monthly premium can result in termination of coverage, including this prescription drug coverage. Your Medicare-Coordinating Plans Member Handbook discusses premium payments under the state program.

If you qualify for the Low-Income Subsidy or "Extra Help", your monthly premium reduction will be $35.00 for all low income subsidy levels. Your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), provides additional information.

ELIGIBILITY

Applicable eligibility information listed in the Medicare-Coordinating Plans Member Handbook, as well as eligibility information in the Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), also applies to the outpatient prescription drug benefits described in this insert. However, new retiree group participants who are eligible for Medicare or existing retiree group participants who become eligible for Medicare and then elect a plan that does not include this prescription drug coverage, may not elect prescription drug coverage in the future under the state program. If this prescription drug coverage is terminated at any time under the state program by electing a state program plan that does not include outpatient prescription drug coverage, by enrolling in Medicare Part D coverage outside of the state program, or if Medicare terminates this coverage at any time, it may not be elected/added again in the future under the State Retiree Health Benefits Program.

Participants must be eligible for Medicare Part D to be eligible for the coverage described in this insert. All requirements of Medicare, as described in your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), apply to this coverage. If you lose eligibility for Medicare Part D coverage, as determined by Medicare, including moving out of the plan's Service Area, you are no longer eligible for the benefits described in this insert. The Service Area for this plan includes all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa. Participants living abroad are not eligible for these benefits since they are not considered to reside in the Service Area of this plan.

DEFINITIONS

All applicable "Definitions" listed in the Medicare-Coordinating Plans Member Handbook also apply to the outpatient prescription drug benefits described in this insert.

Brand Drug(s)/Brand Name Drug(s) – A prescription drug that is manufactured and sold by the pharmaceutical company that originally researched and developed the drug. Brand Name Drugs have the same active-ingredient formula as the Generic version of the drug. However, Generic drugs are manufactured and sold by other drug manufacturers and are generally not available until after the patent on the Brand Drug has expired.

Centers for Medicare & Medicaid Services (CMS) – The Federal agency that runs Medicare.

Coverage Determination/Decision – The decision made about the prescription drug benefits you are entitled to get under this coverage, and the amount that you are required to pay for the drug. See your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), for more information.

Evidence of Coverage – The document available from Express Scripts Medicare Customer Service (see page three) that explains Medicare Prescription Drug Coverage.

Exception – A type of Coverage Determination that, if approved, allows you to get a drug that is not on your Formulary (a Formulary Exception), or get a non-preferred drug at the preferred cost-sharing level (a tiering Exception). you may also request an Exception if your plan requires you to try another drug before receiving the drug you are requesting, or the Plan limits the quantity or dosage of the drug you are requesting (a Formulary Exception).

Formulary – The list of drugs covered by this plan.

Generics/Generic Drug(s) – A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the Brand Drug. Generally, Generic drugs cost less than Brand Name Drugs.

Low-Income Subsidy/Extra Help – A Medicare program to help people with limited income and resources pay Medicare prescription drug program costs, such as premiums, deductibles, and coinsurance. Your Evidence of Coverage, available from Express Scripts Medicare Customer Service (see page three), provides additional information.

Medicare – The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). Medicare Part D provides outpatient prescription drug coverage.

Network Pharmacy – A pharmacy where participants in this Plan can get their prescription drug benefits. We call them “Network Pharmacies” because they contract with this Plan.

\Prior Authorization – Approval in advance to get certain drugs on our Formulary. Some drugs are covered only if your doctor or other provider gets Prior Authorization. Covered drugs that need Prior Authorization are designated on the Formulary.

Quantity Limits – A management tool that is designed to limit the use of selected drugs for quality, safety, or utilization reasons. Limits may be on the amount of the drug that is covered per prescription or for a defined period of time.

Service Area – The geographic area approved by the Centers for Medicare & Medicaid Services (CMS) within which an eligible individual may enroll in a certain plan, and in the case of network plans, where a network must be available to provide services. The service area for this plan includes all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

Step Therapy – A utilization tool that requires you to first try another drug to treat your medical condition before the drug your physician may have initially prescribed is covered.

2024-25 Language Assistance Statement

State Health Benefits Program

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

ATTENTION: If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or fax to 804-786-0356.

Spanish:
ATENCIÓN: Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para appeals@dhrm.virginia.gov~~V o por fax al 804-786-0356.

Korean:
주의 : 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 appeals@dhrm.virginia.gov~~V하는 지원이나 팩스에 대한 요청을 보냅니다.

Vietnamese:
Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ để appeals@dhrm.virginia.gov~~V hoặc fax 804-786-0356.

Chinese:
注意：如果你需要在你講的語言幫助，語言協助服務提供給您免費。發送您的語言協助appeals@dhrm.virginia.gov~~V或傳真至804-786-0356請求。

Arabic:
تنبيه: إذا كنت بحاجة إلى مساعدة باللغة التي تتحدثها، فإن خدمات المساعدة اللغوية متوفرة لك مجانًا.
أرسل طلبك للحصول على المساعدة اللغوية عبر البريد الإلكتروني إلى appeals@dhrm.virginia.gov
أو عبر الفاكس إلى 804-786-0356.

Persian:
توجه: اگر شما نیاز به کمک در زبان شما صحبت می کنند، خدمات کمک زبان در دسترس شما هستند رایگان می باشد. ارسال
درخواست خود را برای کمک به زبان appeals@dhrm.virginia.gov~~V.0356-786-804 یا فکس به

Amharic:
አዳምጥ: አንተ የ ሚና ገ ሩት ቋን ቋ እ ር ዳ ታ የ ሚፈ ል ጉ ከ ሆነ , የ ቋን ቋ እ ር ዳ ታ አ ገ ል ግ ሎቶች ከ ክ ፍ ያ ነ ፃ ለ እ ር ስ ዎ የ ሚገ ኙ ና ቸው. 804-786-0356 ቋን ቋ appeals@dhrm.virginia.gov~~V እ ር ዳ ታ ወይም በ ፋክ ስ ጥያ ቄ ዎን ይላ ኩ.

Urdu:

توجہ فرمائیں: اگر آپ کو اپنی بولی جانے والی زبان میں مدد درکار ہے تو زبان میں مدد کی خدمات آپ کے لیے بالکل مفت دستیاب ہیں۔

زبان میں مدد کے لیے اپنی درخواستیں appeals@dhrm.virginia.gov پر بھیجیں یا 804-786-0356 پر فیکس کریں۔

French:

ATTENTION: Si vous avez besoin d'aide dans la langue que vous parlez, les services d'assistance linguistique sont à votre disposition gratuitement. Envoyez votre demande d'assistance linguistique pour appeals@dhrm.virginia.gov~~V ou par télécopieur au 804-786-0356.

Russian:

ВНИМАНИЕ: Если вам нужна помощь на языке вы говорите, переводческие услуги доступны бесплатно. Отправьте запрос о помощи языка к appeals@dhrm.virginia.gov~~HEAD=pobj~~V или по факсу 804-786-0356.

Hindi:

ध्यान दें: यदि आपको उस भाषा के लिए मदद की ज़रूरत है, जिस भाषा में आप बात करते हैं, तो आपके लिए भाषा सहायता सेवाएं निशुल्क में उपलब्ध हैं। भाषा की सहायता के लिए अपना अनुरोध appeals@dhrm.virginia.gov पर या फ़ैकस के लिए 804-786-0356 पर भेजें।

German:

ACHTUNG: Wenn Sie in der Sprache sprechen Sie Hilfe benötigen, die Sprache Hilfeleistungen zur Verfügung stehen Ihnen kostenlos zur Verfügung. Senden Sie Ihre Anfrage für sprachliche Unterstützung zu appeals@dhrm.virginia.gov~~V oder Fax an 804-786-0356.

Bengali:

দৃষ্টি আকর্ষণ: আপনি ভাষা আপনি কথা বলতে সাহায্য প্রয়োজন হয়, তাহলে ভাষা সহায়তা সেবা নিখরচা আপনার জন্য উপলব্ধ. appeals@dhrm.virginia.gov~~V অথবা ফ্যাক্স ভাষা সহায়তা 804-786-0356 করার জন্য আপনার অনুরোধ পাঠান.

Bassa:

Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ m̀ [Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ɓɛ́in m̀ ké gbo kpáa. Ɖá 804-786-0356.

Igo (Igbo):

Ntị: Ọ bụrụ na ị chọrọ enyemaka na asụsụ ị na-asụ, asụsụ aka ọrụ dị ka ị n'efu. Send gị arịrịọ maka asụsụ aka appeals@dhrm.virginia.gov~~V ma ọ bụ faksị ka 804-786-0356.

Yoruba:

Akiyesi: Ti o ba nilo iranlọwọ ninu ede ti o sọrọ, ede iranlowo iṣẹ ni o wa wa si o free ti idiyele. Fi ìbéèrè rẹ fun ede iranlowo to appeals@dhrm.virginia.gov tabi Faksi to 804-786-0356.

Filipino (Tagalog):

Pansin: Kung kailangan mo ng tulong sa wikang nagsasalita ka, serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad. Ipadala ang iyong kahilingan para sa tulong sa wika upang appeals@dhrm.virginia.gov~~V o fax sa 804-786-0356.