

# 2025 Prescription Drug Costs Summary



Express Scripts Medicare® (PDP) includes coverage across all stages of your benefit, as summarized on the following pages. If you were a member of Express Scripts Medicare in 2024, please note that next year there will be some changes to the plan's costs and benefits, which are outlined in this document and in your Annual Notice of Changes for 2025 document.

**There are three drug payment stages in a standard Medicare Part D plan. Which "Drug Payment Stage" you are in may affect how much you pay for a Part D drug.**

The following chart summarizes changes to the plan's drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect for your plan on January 1, 2025, and will stay the same for the entire calendar year. How much you pay for a drug depends on which "tier" the drug is in. The costs in this chart are for prescriptions filled at network pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

Note: If you are in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D prescription drugs may not apply to you.** We will send you a separate insert, called "Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs" (also called the "Extra Help Rider"), which tells you about your drug coverage and costs. If you don't receive this insert, please call Customer Service and ask for the "Extra Help Rider."

You may go to any of our network pharmacies. However, if your plan includes pharmacies that offer preferred cost sharing, your costs may be less for your covered drugs at one of these pharmacies. In addition, some plans may offer extended supplies of maintenance drugs at a lower cost-sharing amount. To determine if this applies to you go to **express-scripts.com**, and either register or login to your account. On the home page, use the "Prescriptions" tab on the menu and select "Find a Pharmacy" to locate pharmacies near you. Once there, you'll be able to see specific details about what services a pharmacy provides and price your medication(s).

For help or more information, please contact Express Scripts Medicare Customer Service at **1.888.345.2560** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers. This information is also available in braille. Please call Customer Service at the numbers above if you need plan information in another format.

	2024 (this year)	2025 (next year)
<b>Administrative Changes</b>		
<b>Medicare Prescription Payment Plan</b>	Not Applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January–December). To learn more about this payment option, please contact us at <b>1.866.845.1803</b> or visit <a href="https://www.medicare.gov">https://www.medicare.gov</a> .
<b>YEARLY DEDUCTIBLE STAGE</b>	Because this plan does not have a deductible, this stage does not apply to you.	No change for 2025

	2024 (this year)	2025 (next year)
<b>INITIAL COVERAGE STAGE</b>  During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b>  Most adult Part D vaccines are covered at no cost to you.	<p>The table below shows your costs for drugs in each of our drug tiers. We moved some of the drugs on the drug list to different drug tiers. To see if any of your drugs have been moved to different tiers for 2025, look them up online at <b><a href="https://www.express-scripts.com/documents">express-scripts.com/documents</a></b> starting on October 15, 2024, or call Express Scripts Medicare Customer Service.</p> <p>For 2025, you will stay in this stage until the total member cost of your Part D drugs reaches \$2,000 (in 2024, the limit is \$5,030). Once you reach this limit, you move on to the Catastrophic Coverage stage. Most members will not reach the Catastrophic Coverage stage.</p>	

Express Scripts Medicare 2025 Prescription Drug Costs Summary

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 1</b> <i>(Preferred Generic Drugs)</i> Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	You pay \$5 per prescription	No change for 2025
Cost for a two-month (32–60-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	You pay \$10 per prescription	No change for 2025
Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled at a network retail pharmacy	<b>Preferred Cost Sharing</b> You pay \$8 per prescription  <b>Standard Cost Sharing</b> You pay \$15 per prescription	No change for 2025
Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled through our Express Scripts® Pharmacy home delivery service*	You pay \$5 per prescription	No change for 2025
Cost for a two-month (32–60-day) supply of a drug in Tier 1 that is filled through our Express Scripts® Pharmacy home delivery service*	You pay \$8 per prescription	No change for 2025
Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled through our Express Scripts® Pharmacy home delivery service*	You pay \$8 per prescription	No change for 2025

\*Your cost share may differ at other home delivery pharmacies.

# Express Scripts Medicare 2025 Prescription Drug Costs Summary

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 2</b> (Generic Drugs)		
31-day supply filled at a network retail pharmacy	You pay \$10 per prescription	No change for 2025
32–60-day supply filled at a network retail pharmacy	You pay \$20 per prescription	No change for 2025
90-day supply filled at a network retail pharmacy	<b>Preferred Cost Sharing</b> You pay \$15 per prescription  <b>Standard Cost Sharing</b> You pay \$30 per prescription	No change for 2025
31-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$10 per prescription	No change for 2025
32–60-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$15 per prescription	No change for 2025
90-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$15 per prescription	No change for 2025

\*Your cost share may differ at other home delivery pharmacies.

# Express Scripts Medicare 2025 Prescription Drug Costs Summary

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 3</b> <i>(Preferred Brand Drugs)</i>		
31-day supply filled at a network retail pharmacy	You pay \$25 per prescription	No change for 2025
32–60-day supply filled at a network retail pharmacy	You pay \$50 per prescription	No change for 2025
90-day supply filled at a network retail pharmacy	<b>Preferred Cost Sharing</b> You pay \$56 per prescription  <b>Standard Cost Sharing</b> You pay \$75 per prescription	No change for 2025
31-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$25 per prescription	No change for 2025
32–60-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$56 per prescription	No change for 2025
90-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$56 per prescription	No change for 2025

\*Your cost share may differ at other home delivery pharmacies.

# Express Scripts Medicare 2025 Prescription Drug Costs Summary

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 4</b> <i>(Non-Preferred Brand Drugs)</i>		
31-day supply filled at a network retail pharmacy	You pay \$60 per prescription	No change for 2025
32–60-day supply filled at a network retail pharmacy	You pay \$120 per prescription	No change for 2025
90-day supply filled at a network retail pharmacy	<b>Preferred Cost Sharing</b> You pay \$165 per prescription  <b>Standard Cost Sharing</b> You pay \$180 per prescription	No change for 2025
31-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$60 per prescription	No change for 2025
32–60-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$165 per prescription	No change for 2025
90-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$165 per prescription	No change for 2025

\*Your cost share may differ at other home delivery pharmacies.

# Express Scripts Medicare 2025 Prescription Drug Costs Summary

	2024 (this year)	2025 (next year)
<b>Drugs in Tier 5</b> (Specialty Drugs)		
31-day supply filled at a network retail pharmacy	You pay \$60 per prescription	No change for 2025
32–60-day supply filled at a network retail pharmacy	You pay \$120 per prescription	No change for 2025
90-day supply filled at a network retail pharmacy	<b>Preferred Cost Sharing</b> You pay \$165 per prescription  <b>Standard Cost Sharing</b> You pay \$180 per prescription	No change for 2025
31-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$60 per prescription	No change for 2025
32–60-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$165 per prescription	No change for 2025
90-day supply filled through our Express Scripts® Pharmacy home delivery service*	You pay \$165 per prescription	No change for 2025

\*Your cost share may differ at other home delivery pharmacies.



	2024 (this year)	2025 (next year)
<b>COVERAGE GAP STAGE</b>	<p>During this stage, the plan will generally cover your drugs at the same cost-sharing amount as in the Initial Coverage stage until you qualify for the Catastrophic Coverage stage.</p> <p>You will stay in the Coverage Gap stage until you pay \$8,000 out of pocket for Part D drugs (in 2023, you pay \$7,400). Once you reach this yearly out-of-pocket amount, you move on to the Catastrophic Coverage stage.</p>	For 2025, the Coverage Gap stage will be eliminated.

#### **Changes to the Catastrophic Coverage Stage**

The Catastrophic Coverage stage is the final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs. Most members do not reach the Catastrophic Coverage stage.

**If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if your plan covers additional drugs not normally covered by Medicare Part D.** For specific information about your costs in these stages, please see the information that follows in this chart.

	2024 (this year)	2025 (next year)
<b>CATASTROPHIC COVERAGE STAGE</b> This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.	During this payment stage, the plan pays the full cost for your covered Part D drugs.  If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.	During this payment stage, the plan pays the full cost for your covered Part D drugs.  If your plan covers additional drugs not normally covered by Medicare, you may have a cost share for such drugs covered under an enhanced benefit.

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers located on the back of your member ID card for more information.

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

Other pharmacies are available in our network.

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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## Your Prescription Drug Plan Materials

We are pleased to provide you with your **Express Scripts Medicare®** (PDP) plan materials for the 2025 plan year. A summary of your benefit was mailed to you previously in your initial enrollment package. Please promptly review the enclosed materials to become familiar with how to use your benefit. The following plan materials are enclosed in this package:

- **Quick Reference Guide**

Use this document to find important contact information for your plan and instructions on how to fill a prescription at a network retail pharmacy or by using our home delivery pharmacy.

- **Prescription ID Card (Member ID Card)**

Detach and use your member ID card to fill prescriptions beginning with the effective date of your coverage listed on the enclosed Welcome Letter.

- **Evidence of Coverage**

Use this document to find an overview of your rights and the rules you must follow when using your Medicare prescription drug coverage.

- **Formulary**

Use this document to find out if a drug you take or want to take is on our Drug List. The formulary lists many of the drugs covered by your plan. If a drug isn't on the list, please call the Express Scripts Medicare Customer Service number below to find out if it is covered.

- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs ("LIS Rider")**

If you qualify for a low-income subsidy through the Extra Help program, this document will help you understand the amount of assistance you will be receiving for the 2025 plan year.

- **Notice of Privacy Practices**

We care about your privacy. We follow applicable state and federal rules relating to the protection of health information. This notice explains how we use information about your health.

<b>Express Scripts Medicare Customer Service</b>
Call here to find out in advance if a drug is covered or to ask other general questions.*
<b>Call:</b> 1.888.345.2560 <b>TTY:</b> 1.800.716.3231 <b>Hours:</b> 24 hours a day, 7 days a week

<b>Retiree Customer Service Center</b>
Your retiree customer service center's contact information is listed on the back of your member ID card.

\*Please note: You may opt out of receiving phone calls from this plan.

## Quick Reference Guide

<b>Grievance Contact Information</b> Use this contact information to file a grievance.	
<b>Write:</b> Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	<b>Call:</b> 1.888.345.2560 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.800.293.2192 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Initial Coverage Reviews</b> Use this contact information if you need an initial coverage decision for a medication that must be approved before the prescription can be filled at a participating retail or home delivery pharmacy, or you need a coverage decision about a restriction on a specific medication, to request a lower cost-sharing amount or to ask for a medication to be covered that is not on your plan's formulary.	
<b>Write:</b> Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.251.5896 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Appeals Contact Information</b> Use this contact information if you need to file an appeal because your coverage review was denied or because your request to remove or change a restriction on a specific medication, to lower the cost-sharing amount or to cover a medication that is not on your plan's formulary was denied.	
<b>Write:</b> Express Scripts Attn: Medicare Appeals P.O. Box 66588 St. Louis, MO 63166-6588	<b>Call:</b> 1.844.374.7377 <b>TTY:</b> 1.800.716.3231 <b>Fax:</b> 1.877.852.4070 <b>Hours:</b> 24 hours a day, 7 days a week
<b>Paper Claim Submission</b> You can receive reimbursement for medications purchased without your member ID card by submitting your receipts and a request through mail, fax or online.	
A Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.	
<p align="center"><b>To obtain a Direct Claim Form:</b></p> <p align="center">Download from our website, <b>express-scripts.com</b>, in the Medicare Resources Center found in the Benefits menu, or call Customer Service.</p>	
<b>Submit by Mail:</b>	Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
<b>Submit by Fax:</b>	You can fax us your request for payment 24 hours a day, 7 days a week to <b>1.608.741.5483</b> .
<b>Submit Online:</b>	Log in to <b>express-scripts.com</b> and select <b>Benefits &gt; Forms &amp; Cards</b>

## Useful Information

### Visit Express Scripts on the Web at [express-scripts.com](https://www.express-scripts.com)

If you have not already registered on our website, we encourage you to do so. The information you will need to complete registration can be found on your member ID card.

Our website provides a number of resources and tools, including the ability to:

- View a list of the medications you take
- Refill your prescriptions with just a click
- Find network pharmacies near you
- Request prescription renewals
- View a financial summary of your prescription expenses
- View up-to-date coverage information
- View/print plan forms

You can also view similar information on our mobile app, which you can download for free by searching for “Express Scripts” in your mobile device’s app store. Log in to view your virtual ID card and other tools, similar to what you can find on our website.

### How to fill a prescription at a network pharmacy

To fill your prescription at a network retail pharmacy, you must show your member ID card. If you do not have your member ID card with you when you are at the pharmacy, you should ask the pharmacist to use Medicare’s inquiry system to check your eligibility and membership status with your plan. If the pharmacy is unable to confirm your eligibility, you will have to pay the full cost of the prescription (rather than just paying your copayment or coinsurance). You can request reimbursement of the plan’s share of the cost by submitting a paper claim to Express Scripts Medicare. You can get a paper claim form by visiting our website or by calling Customer Service.

### How to fill a prescription through our home delivery pharmacy service, Express Scripts® Pharmacy

You can use Express Scripts® Pharmacy, our home delivery pharmacy service, to fill prescriptions for most drugs on the Drug List. Home delivery is most appropriate for drugs that you take on a regular basis for a chronic or long-term medical condition. Usually, a home delivery pharmacy order from Express Scripts® Pharmacy will get to you within 10 days. Some drugs that cannot be purchased through our home delivery service include medications with limited distribution and compound medications. It’s also more appropriate to use a network retail pharmacy for drugs used for a short period of time (1 month or less) and drugs needed immediately for the treatment of a severe medical condition. Other home delivery pharmacies are available in our network and they may have their own policies regarding prescriptions by mail. We suggest that you contact those pharmacies directly for any requirements they may have.

This plan may also provide coverage for specialty medications. If you require specialty medications to treat complex conditions, such as cancer, hepatitis C, hemophilia and multiple sclerosis, and want to use home delivery, consider asking your prescriber to send those prescriptions directly to Accredo, the Express Scripts specialty pharmacy. For more information, please have your prescriber visit [www.accredo.com](https://www.accredo.com) for referral forms, contact information by therapy and e-prescribing instructions.

See below for instructions for filling a prescription using our home delivery service by mail, electronically and fax. To get order forms and information, please visit our website or call Customer Service. Please note that you must use an in-network home delivery pharmacy. Prescription drugs that you get through any out-of-network home delivery pharmacies may not be covered. If your doctor sends us a prescription on your behalf, Express Scripts Medicare may contact you to see if you want the medication filled and shipped immediately. If you receive a prescription by mail that you don't want, and you weren't contacted to see if you wanted it before it shipped, contact Customer Service because you may be eligible for a refund.

**To fill a prescription through Express Scripts® Pharmacy by mail:**

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate).
2. Complete a home delivery order form. Choose a convenient payment method. You may pay by check, money order, major credit or debit card, MasterPass or PayPal. If you prefer to pay by credit or debit card, you may also want to join our automatic payment program by simply keeping your credit or debit card information on file with us.
3. Mail the new prescription(s), along with a completed home delivery order form and the appropriate payment.
4. To obtain home delivery forms, or if you have questions, please call Customer Service. You can also access home delivery order forms online at **[express-scripts.com](https://www.express-scripts.com)**.

**To fill a prescription through Express Scripts® Pharmacy electronically or by fax:**

1. Ask your doctor to write a new prescription for up to a 90-day supply of medication, plus refills (as appropriate). Give your doctor your member ID number, which is located on the front of your member ID card.
2. If your doctor needs instructions on faxing your prescription to our home delivery pharmacy, ask him/her to call **1.888.327.9791**.
3. Your doctor can send your prescription electronically to Express Scripts® Pharmacy or fax it to **1.800.837.0959**.

## Additional Plan Information

Beginning **October 15, 2024**, the following plan materials will be available.



### 2025 Formulary (List of Covered Drugs)

To confirm if your medication is covered and to see if there are any special coverage rules, visit [express-scripts.com/documents](https://express-scripts.com/documents) to search our online formulary.



### 2025 Pharmacy Directory

To see if your pharmacy is in our network, you may use our online searchable directory at [express-scripts.com/pharmacies](https://express-scripts.com/pharmacies).



### 2025 Evidence of Coverage

The *Evidence of Coverage* (EOC) is a legal, detailed description of your plan benefits that explains your rights and the rules you need to follow to get covered services and prescription drugs. To view or download the EOC, visit [express-scripts.com/documents](https://express-scripts.com/documents).

**If you want any of these documents mailed to you**, you may call Customer Service 24 hours a day, 7 days a week, at the numbers located on the back of your member ID card or email [documents@express-scripts.com](mailto:documents@express-scripts.com).

**Important:** Requests sent by email must include:

- Full name
- Member ID (as it appears on your member ID card)
- Telephone number
- Complete mailing address
- Please indicate if this is a one-time request or if you would like to receive this document annually.

### Home Delivery

**The fastest way to get your new prescription from Express Scripts® Pharmacy, our home delivery pharmacy, is to have your doctor submit it electronically.** Or you may submit a written prescription from your doctor, along with a completed home delivery form. Please visit [express-scripts.com](https://express-scripts.com) for more information and to download the form. Forms are available under “Benefits” in the top menu.

Note: You will need to register on the site if you have not already done so.

### Customer Service

We're here to help! If you need assistance, please call the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

## Información adicional del plan

A partir del **15 de octubre de 2024** estarán disponibles los siguientes materiales del plan.



### Formulario 2025 (Lista de medicamentos cubiertos)

Para confirmar si el medicamento está cubierto y consultar si hay alguna norma de cobertura especial, visite [express-scripts.com/documents](https://express-scripts.com/documents) y busque nuestro formulario en línea.



### Directorio de Farmacias 2025

Para consultar si la farmacia está en nuestra red, puede usar nuestro directorio con opción de búsqueda en línea en [express-scripts.com/pharmacies](https://express-scripts.com/pharmacies).



### Evidencia de Cobertura 2025

La *Evidencia de Cobertura* (*Evidence of Coverage*, EOC) es una descripción legal y detallada de los beneficios del plan que explica los derechos y las normas que debe seguir para obtener servicios cubiertos y medicamentos recetados. Para ver o descargar la EOC, visite [express-scripts.com/documents](https://express-scripts.com/documents).

Si desea que le enviemos alguno de estos documentos, puede llamar al Servicio al cliente las 24 horas del día, los 7 días de la semana, a los números ubicados en el reverso de su tarjeta de identificación de miembro o enviar un correo electrónico a [documents@express-scripts.com](mailto:documents@express-scripts.com).

**Importante:** Las solicitudes que se envíen por correo electrónico deben incluir:

- Nombre completo
- Identificación del miembro (como aparece en su tarjeta de identificación de miembro)
- Número de teléfono
- Dirección de correo completa
- Indique si se trata de una solicitud única o si desea recibir este documento anualmente.

### Envío a Domicilio

La manera más rápida de obtener su nueva receta en Express Scripts® Pharmacy, nuestra farmacia con servicio de envío a domicilio, es que su médico la envíe por vía electrónica. O bien, usted puede presentar una receta de su médico por escrito, junto con un formulario de envío a domicilio completado. Visite [express-scripts.com](https://express-scripts.com) para obtener más información y descargar el formulario. Los formularios están disponibles en “Benefits” (Beneficios) en el menú superior. Nota: Si aún no lo ha hecho, tendrá que registrarse en el sitio.

### Servicio al cliente

¡Estamos aquí para ayudarlo! Si necesita ayuda, llame a los números ubicados en el reverso de su tarjeta de identificación de miembro. El Servicio al cliente está disponible las 24 horas del día, los 7 días de la semana.

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





**EXPRESS SCRIPTS®**  
Medicare (PDP)

## Express Scripts Medicare (PDP)

# Annual Notice of Changes for 2025

You are currently enrolled as a member of **Express Scripts Medicare®** (PDP).

Next year, there will be some changes to the plan's costs and benefits. This document, along with your enclosed 2025 *Prescription Drug Costs Summary*, describes the changes.

**Changes to your Medicare coverage for next year can generally be made from October 15 through December 7. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information.**

### Additional Resources

- This document is available for free in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service toll-free at **1.888.345.2560** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers. Please note: You may opt out of receiving phone calls from this plan.
- This information is also available in braille. Please call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

### About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
- When this document says “we,” “us” or “our,” it means *Medco Containment Life Insurance Company* or *Medco Containment Insurance Company of New York*. When it says “plan” or “our plan,” it means *Express Scripts Medicare*.
- This information is not a complete description of benefits. Call Express Scripts Medicare at the phone numbers above for more information.
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).
- Other pharmacies are available in our network.

## Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year. **Please see Section 3 for more information about deadlines for changing plans.**

Important things to do:

- ☐ **Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Look in **Section 1** and in the enclosed *Prescription Drug Costs Summary* for information about benefit and cost changes for our plan. Please note these documents provide only a summary of changes.
- ☐ **Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section 1** and in the enclosed *Prescription Drug Costs Summary* for information about changes to our drug coverage.
- ☐ **Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
- ☐ **Compare your plans.** Compare the 2024 and 2025 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2025.
- ☐ **Check if you qualify for help paying for prescription drugs.** People with limited incomes may qualify for "Extra Help" from Medicare.

### If you decide to stay with Express Scripts Medicare:

If you want to stay with us next year, it's easy – you don't need to do anything. You will automatically stay enrolled in our plan.

### If you decide to change plans:

If you decide other coverage will better meet your needs, look in **Section 2.2** to learn more about your choices. Please see **Section 3** for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will begin on January 1, 2025.

# **Annual Notice of Changes for 2025**

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## SECTION 1 Changes to Benefits for Next Year

### Section 1.1 – Changes to the Monthly Premium

For questions regarding your 2025 monthly premium, please use the contact numbers on the *Quick Reference Guide* included in this package, or call the retiree service number listed on your prescription drug ID card.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month *directly to the government* for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see **Section 5** regarding “Extra Help” from Medicare.

### Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2024 will continue to participate in 2025. You can access information about what pharmacies are in our network by logging into **express-scripts.com/pharmacies** or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

It is important that you know that we may make changes to the pharmacies that are part of your plan during the year. If a mid-year change in our pharmacies affects you, please contact Customer Service so we may assist.

### Section 1.3 – Changes to Part D Prescription Drug Coverage

#### Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” A PDF of our printed drug list for 2025 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2024.

We made some changes to our drug list, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. Review the drug list to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier. The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on this list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

Most of the changes in the drug list are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules that affect you during the plan year. For instance, we can immediately remove drugs considered unsafe by the Food and Drug Administration (FDA) or withdrawn from the market by a product manufacturer. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

### **Changes to Your Prescription Drug Costs**

Look for the enclosed 2025 *Prescription Drug Costs Summary* for information about changes to your drug coverage and costs.

Beginning in 2025, there are three drug payment stages: the Yearly Deductible stage, the Initial Coverage stage, and the Catastrophic Coverage stage. The Coverage Gap stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit. The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage stage and the Catastrophic Coverage stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**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.

## **SECTION 2      Deciding Which Plan to Choose**

### **Section 2.1 – If You Want to Stay in Express Scripts Medicare**

**To stay in this plan, you don't need to do anything.** You will automatically stay enrolled as a member of our plan for 2025.

### **Section 2.2 – If You Want to Change Plans**

We hope to keep you as a member for next year, but if you are considering changing prescription drug plans, please contact your group benefits administrator for specific information about your group benefit. There may be additional implications to other benefits, such as loss of medical and/or dental coverage if you choose a plan outside your former employer's or your retiree group's offering. Your group benefits administrator will also be able to instruct you on how to terminate your current coverage.

Once you have discussed your options regarding coverage with your group benefits administrator, you may find more information about plans available in your area by contacting Medicare. You may visit <https://www.medicare.gov/plan-compare> or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

## **SECTION 3      Deadline for Changing Plans**

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can generally make changes from **October 15 through December 7**. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information. Your change in coverage will take effect on January 1, 2025.

### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include, people with Medicaid or those who get Extra Help paying for their drugs, those who have or are leaving employer coverage and those who move out of the service area may be allowed to make a change at other times of the year.

Note: If you're in a drug management program, you may not be able to change plans.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled

nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. Please speak with your former employer or your retiree group to understand your options and consequences of choosing another plan before you make a change.

## **SECTION 4      Programs That Offer Free Counseling About Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program (not connected with any insurance company or health plan) with trained counselors in every state. It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can contact the SHIP in your state by contacting Medicare.

## **SECTION 5      Programs That Help Pay for Prescription Drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, yearly deductibles and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week; or
  - The Social Security Office at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778 (applications); or
  - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** The State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Pharmaceutical Assistance Program.
- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you are currently enrolled how to continue receiving assistance, check with your

state AIDS Drug Assistance Program. Be sure, when contacting your state's ADAP organization, to inform them of your Medicare Part D plan name or policy number.

## SECTION 6 Questions?

We're here to help. Please call Customer Service at **1.888.345.2560**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

### Section 6.1 – Other Plan Information

#### Rights and rules about next year's benefits

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. The *2025 Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. You may request a copy of the *Evidence of Coverage* by calling Customer Service at the numbers on the front of this document.

#### Visit our website

You can visit our website at **express-scripts.com** for the most up-to-date information about our pharmacy network and drug coverage.

#### Notice of Privacy Practices

We have sent you a *Notice of Privacy Practices* upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.

### Section 6.2 – Getting Help From Medicare

- **To get information directly from Medicare:** Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
- **Visit the Medicare website:** Visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality Star Ratings to help you compare Medicare prescription drug plans in your area. To view the information about plans, go to <https://www.medicare.gov/plan-compare>.
- **Read *Medicare & You 2025*:** Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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.





### **It's important we treat you fairly**

Our goal is to treat you fairly. That's why we follow federal civil rights laws in our health programs and activities. We do not view or treat people differently because of their race, color, national origin, sex, age or disability. If you need help with any of the information we provide you, please let us know. We offer services that may help you. These services include aids for people with disabilities, language assistance through interpreters and information written in other languages. These are free at no charge to you. If you need any of these services, please call us at the numbers on the back of your member ID card. If you feel at any time that we didn't offer these services or we discriminated based on race, color, national origin, sex, age or disability, please let us know. You have the right to file a grievance, also known as a complaint. To file a complaint, please contact our Civil Rights Coordinator at:

Civil Rights Coordinator  
Express Scripts Medicare  
P.O. Box 4083  
Dublin, Ohio 43016

You can also contact the U.S. Department of Health and Human Services, Office for Civil Rights at:

- Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Phone: 1.800.368.1019 or 1.800.537.7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.



### **Es importante brindarle un trato justo**

Nuestro objetivo es brindarle un trato justo. Por este motivo, respetamos las leyes de derechos civiles en nuestros programas y actividades de salud. No consideramos ni tratamos a las personas de manera diferente debido a su raza, color, nacionalidad de origen, sexo, edad o discapacidad. Si necesita ayuda en cuanto a la información que le brindamos, infórmenos. Ofrecemos servicios que pueden ayudarle, entre los cuales se incluyen audífonos para personas con discapacidad, asistencia con el idioma mediante intérpretes e información escrita en otros idiomas. Estos servicios no tienen ningún cargo para usted. Si necesita alguno de estos servicios, llámenos al número que figura en la parte posterior de su tarjeta de identificación de miembro. Si siente en cualquier momento que no ofrecemos estos servicios o lo discriminamos por su raza, color, nacionalidad de origen, sexo, edad o discapacidad, infórmenos. Tiene el derecho a presentar una queja. Para presentar una queja, comuníquese con nuestro Civil Rights Coordinator escribiendo a esta dirección:

Civil Rights Coordinator  
Express Scripts Medicare  
P.O. Box 4083  
Dublin, Ohio 43016

También puede comunicarse con el Departamento de Salud y Servicios Humanos de los EE. UU., Oficina de Derechos Civiles por estos medios:

- En línea: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Por correo postal: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201
- Teléfono: 1.800.368.1019 o 1.800.537.7697 (TDD)

Puede encontrar los formularios de quejas en <https://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at the number on the back of your Member ID card. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al número que figura en el reverso de su tarjeta de identificación de miembro. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电您的会员 ID 卡背面的电话号码。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電您的會員 ID 卡背面的電話號碼。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa numero na nasa likod ng inyong ID card ng Miyembro. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au numéro figurant au dos de votre carte d'identité de membre. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi số trên mặt sau thẻ ID Hội viên sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter carder Nummer auf der Rückseite Ihrer Mitgliedskarte. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 가입자 ID 카드 뒷면에 있는 전화번호로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону, указанному на обратной стороне вашей идентификационной карты участника. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم الموجود خلف بطاقة هوية العضو الخاصة بك. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें अपने सदस्य आईडी कार्ड के पीछे दिए नंबर पर कॉल करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero sul retro della sua scheda identificativa di membro del piano. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número indicado no verso seu cartão de identificação de membro.irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan nimewo ki nan do kat Idantifikasyon Manm ou an. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer podany na odwrocie karty identyfikacyjnej członka. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、会員証の裏面に記載されている番号にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサービスです。