

YOUR TRUST PLAN BENEFITS



Benefit Overview

Express Scripts Medicare® (PDP) for the Insurance Trust for Delta Retirees, Inc. (ITDR)

YOUR 2020 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. You have the choice of filling your retail prescriptions at pharmacies in the Medicare Preferred Value Network, which may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network. The Medicare Preferred Value Network includes large retail chains, such as Albertson's, Costco, Giant Eagle, Kmart, Kroger's, Rite Aid, Safeway, Shaws, Shop 'n Save, Tops, Walgreens, Walmart and others. You can still fill your prescriptions at a pharmacy that does not participate in the Medicare Preferred Value Network, but you will pay more. The Medicare Preferred Value Network cost-sharing is represented as "Preferred Cost-Sharing" in the chart on the following pages.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact the Retiree Service Center at 1.877.325.7265, Option 1.
Deductible: Stage 1	You pay a \$150 brand-only yearly deductible.

<p>Initial Coverage: Stage 2</p>	<p>After you pay your yearly deductible, you will pay the following* until your total yearly drug costs (what you and the plan pay) reach \$4,020:</p>	
	<p>Drugs in Tier 1 Generic Drugs</p> <p>Cost for a one-month (31-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled through our home delivery service</p>	<p>Preferred cost-sharing \$15 copayment</p> <p>Standard cost-sharing \$20 copayment</p> <p>Preferred cost-sharing \$45 copayment</p> <p>Standard cost-sharing \$50 copayment</p> <p>\$37.50 copayment</p>
<p>Drugs in Tier 2 Preferred Brand Drugs</p> <p>Cost for a one-month (31-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled through our home delivery service</p>	<p>Preferred cost-sharing \$25 copayment</p> <p>Standard cost-sharing \$30 copayment</p> <p>Preferred cost-sharing \$75 copayment</p> <p>Standard cost-sharing \$80 copayment</p> <p>\$62.50 copayment</p>	

<p>Drugs in Tier 3 Non-Preferred Brand Drugs</p> <p>Cost for a one-month (31-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled through our home delivery service</p>	<p>Preferred cost-sharing \$50 copayment</p> <p>Standard cost-sharing \$55 copayment</p> <p>Preferred cost-sharing \$150 copayment</p> <p>Standard cost-sharing \$155 copayment</p> <p>\$125 copayment</p>
<p>Drugs in Tier 4 Specialty Tier Drugs**</p> <p>Cost for a one-month (31-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug that is filled through our home delivery service</p>	<p>Preferred cost-sharing 25% coinsurance</p> <p>Standard cost-sharing 30% coinsurance</p> <p>Preferred cost-sharing 25% coinsurance</p> <p>Standard cost-sharing 30% coinsurance</p> <p>25% coinsurance</p>

	<p>* If the actual cost of a drug is less than the normal copay or coinsurance amount for that drug, you will pay the actual cost, not the higher cost-sharing amount. If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily copay or coinsurance rate based on the actual number of days of the drug that you receive.</p> <p>** The Specialty tier also includes generic specialty drugs.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts PharmacySM. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the number at the end of this document for more information.</p>
<p>Coverage Gap: Stage 3</p>	<p>After your total yearly drug costs reach \$4,020, you will pay the following until your yearly out-of-pocket drug costs reach \$6,350:</p> <p>Brand Drugs: 25% of the cost of covered Medicare Part D brand drugs, plus a portion of the dispensing fee. (The manufacturer provides a 70% discount and the plan pays the difference.)</p> <p>Generic Drugs: The same copayments as in the Initial Coverage stage for Tier 1 Generic Drugs and 25% of the plan's cost for all other covered generic drugs.</p>
<p>Catastrophic Coverage: Stage 4</p>	<p>After your yearly out-of-pocket drug costs (what you and others pay on your behalf*) reach \$6,350, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.60 copayment for covered generic drugs (including drugs treated as generics) • an \$8.95 copayment for all other covered drugs (including specialty generic drugs). <p>For generic drugs in the ITDR Low Cost Generic Drug Program (described later), you will pay no more than the Program's copayment in the Initial Coverage stage.</p> <p>* Including manufacturer discounts but excluding payments made by your Medicare prescription drug plan.</p>

Compound Medications Not Covered

Compound medications are not covered for most prescriptions, unless your doctor has contacted Express Scripts Medicare and received approval.

The U.S. Food and Drug Administration (FDA) defines a compound medication as one that requires a licensed pharmacist to combine, mix or alter the ingredients of a medication when filling a prescription. **The FDA does not verify the quality, safety and/or effectiveness of compound medications.**

- Please contact Customer Service at 1.844.470.1529 to see if your prescription is a compound medication and is covered. Customer Service is available 24 hours a day, 7 days a week. TTY users should call 1.800.716.3231.
- If your medication is not covered, you may ask your doctor for a new prescription for a non-compounded Medicare Part D covered medication *before your next fill*. Be aware that a new prescription or refill may still require further review or approval to be covered under your plan.

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. If you receive less than a full month's supply of certain drugs, you will pay a daily copay or coinsurance rate based on the actual number of days of the drug that you receive. 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 in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare Customer Service at the number at the end of this document for more details.

IMPORTANT PLAN INFORMATION

- 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)**.
- 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.
- Beginning October 15, 2019, you can access your plan's 2020 list of covered drugs by visiting our website at **[express-scripts.com/documents](https://www.express-scripts.com/documents)** or by calling Express Scripts Medicare at **1.844.470.1529** for more information, including asking for a printed copy of the *Pharmacy Directory*.

- The ITDR Low Cost Generic Drug Program includes many generic medications. See the next page for details of this program.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs, when required to do so by Medicare.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- If your medication has restrictions (such as prior authorization, step therapy or quantity limits), Medicare guidelines allow you to get at least a one-month, temporary supply of that drug, in order to give you time to speak with us and/or your doctor about switching your drug or requesting an exception.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Brand Drug cost-share for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
- 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.
- 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**, or by contacting Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

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**. You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

Your Prescription Drug plan includes great benefits and may help you save on the cost of prescription drugs.

Here are some highlights of your plan:

- **Save more with the ITDR (Insurance Trust for Delta Retirees, Inc.) Low Cost Generic Drug program**
Pay as little as \$2 or \$4 for some of the most commonly prescribed generic medications with the ITDR Low Cost Generic Drug program,¹ at pharmacies with preferred cost-sharing, which may

¹ Drugs and prices may vary between pharmacies and are subject to change during the plan year. Prices are based on quantity filled at the pharmacy. Quantities may be limited by pharmacy based on their dispensing policy or by the plan based on Quantity Limit requirements; if prescription is in excess of a limit, copay amounts may be higher.

offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network. You may find a list of drugs covered under this program at www.itdr.com. Go to the “Benefit Plans” tab and click “Prescription Drug Plan.” You can also call your Personal Health Advocate at 1.877.325.7265, Option 2, or Express Scripts Medicare Customer Service at 1.844.470.1529. You can also visit express-scripts.com and under “Prescriptions” click “Price a Medication” to see how much you will pay for your covered prescription drugs. For more details, please see your Annual Enrollment packet.

- **Choose from over 68,000 network pharmacies, including more than 28,000 pharmacies that offer preferred cost-sharing**

The plan’s pharmacy network gives you access to national, regional and local chains, as well as thousands of independent neighborhood pharmacies nationwide. Choose the one that is convenient for you.

- **The convenience of Home Delivery Service**

Have your drugs delivered to you by mail and save money. When you use the Express Scripts Pharmacy, you get a 3-month supply of medications for the equivalent of 2.5 copay amounts, which means you pay fewer copayments over the course of the year, and there is no cost for standard shipping.

- **Worry Free Fills[®]**

You have access to an optional automatic delivery program called Worry Free Fills[®], under which we will automatically fill all new prescriptions your healthcare provider sends to us, as well as refills for prescriptions that have already been filled but are running out. If you sign up for our optional automatic delivery program, the home delivery pharmacy will contact you directly before shipping to make sure that you still want any drug(s) scheduled for automatic delivery. This means that the home delivery pharmacy will contact you before it ships any refills scheduled for automatic delivery and also before it ships any new prescriptions it has received from your healthcare provider if you have not used this service with us in the previous twelve months.

This will give you an opportunity to make sure that the pharmacy is delivering the correct drug (including strength, amount, and form) and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped. It is important that you respond each time you are contacted by your home delivery pharmacy to get your permission to prevent any delays in shipping or delivery.

So that the home delivery pharmacy can reach you to confirm any automatic shipments before it ships them, please tell us the best way to reach you. To inform us of the best way to reach you, please call Customer Service at 1.844.470.1529, 24 hours a day, 7 days a week.

Remember, as is required by Medicare, your drugs will not be automatically shipped if you have not used this service within the last twelve months unless you confirm you still want to receive the order.

If you sign up for our automatic delivery program, this allows your home delivery pharmacy to fill and deliver all new prescriptions that it receives from your health care provider without checking with you first. However, if you enroll in the automatic delivery program, the pharmacy will still need to contact you prior to shipping any refills scheduled for automatic delivery to ensure that you still need that medication.

The request for automatic deliveries of new prescriptions only lasts until the end of the plan year (which is typically the last day of the calendar year), and you must submit a new request every year. You can stop getting automatic delivery at any time by calling Customer Service at the number listed at the end of this document. If you receive unneeded or unwanted drugs through the automatic delivery program, you may be eligible for a refund of the amount you have paid.

To learn more, call Express Scripts Medicare Customer Service at the number at the end of this document, or visit [express-scripts.com](https://www.express-scripts.com).

Does my plan cover Medicare Part B or non-Part D drugs?

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare prescription drug benefit (Part D) and that are on our formulary. However, in addition to providing coverage of Medicare Part D drugs, this plan does cover some non-Part D medications that are not normally covered by a Medicare prescription drug plan. The amounts paid for these medications will not count toward your yearly deductible, total yearly drug costs or yearly out-of-pocket expenses. You can access information about your formulary for additional information by visiting us online at [express-scripts.com/documents](https://www.express-scripts.com/documents) to view a PDF of your 2020 formulary beginning on October 15, 2019. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount or to request that a copy of the formulary be mailed to you.

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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Read the *Medicare & You 2020* 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.

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Express Scripts Medicare Customer Service

1.844.470.1529

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.

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.

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

For questions about premiums, enrollment and eligibility, please contact the Retiree Service Center at **1.877.325.7265**, Option 1, Monday through Friday, 8:00 a.m. to 12:00 a.m., Eastern Time.

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

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