

2018 Prescription Drug Plan

Express Scripts is an industry-leading pharmacy benefit manager (PBM) with extensive knowledge of Medicare programs and requirements. Express Scripts serves tens of millions of Americans as a PBM for health maintenance organizations, health insurers, employers, union-sponsored benefit plans, third-party administrators, and workers' compensation and government health programs.

Express Scripts' focus is driving out waste while improving health outcomes by coordinating the distribution of prescription drugs. The company offers a combination of services, including clinical management programs, retail drug card programs, home delivery of maintenance medications from the Express Scripts Pharmacy, formulary management programs, and specialty patient care and clinical programs spanning both the pharmacy and medical benefit to enhance care and reduce waste.

Community Pharmacies

Express Scripts has more than 67,000 community pharmacies for your use, including most chain drug stores and many independents. Express Scripts also has the largest Employer Group Waiver Plan (EGWP) in the market.

Mail Order Pharmacy

Ordering prescriptions by mail is like having a pharmacy at your door. It can save you trips to the pharmacy while providing confidentiality in your prescription needs.

Only you know what pharmacy options best suit you. Express Scripts is pleased to offer you the choice of local pharmacies, prescriptions by mail and specialty pharmacies that support you and your specific needs. If you have questions on any of these pharmacy options or your Express Scripts plan, please contact the Express Scripts Member Services staff at **1-888-345-2560** or by visiting www.Express-Scripts.com

Benefit Overview

Express Scripts Medicare™ (PDP) for Airline Retiree Benefit Trust

YOUR 2018 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including deductible and cost-sharing information.

Deductible Stage	You do not pay a yearly deductible.			
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,750:			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
	Tier 1: Generic Drugs	Preferred cost-sharing \$15 copayment Standard cost-sharing \$20 copayment	Preferred cost-sharing \$45 copayment Standard cost-sharing \$50 copayment	\$30 copayment
	Tier 2: Preferred Brand Drugs	Preferred cost-sharing \$30 copayment Standard cost-sharing \$35 copayment	Preferred cost-sharing \$90 copayment Standard cost-sharing \$95 copayment	\$60 copayment
	Tier 3: Non-Preferred Drugs	Preferred cost-sharing \$50 copayment Standard cost-sharing \$55 copayment	Preferred cost-sharing \$150 copayment Standard cost-sharing \$155 copayment	\$100 copayment
	Tier 4: Specialty Tier Drugs	Preferred cost-sharing 32.5% copayment Standard cost-sharing 33% copayment	Preferred cost-sharing 32.5% copayment Standard cost-sharing 33% copayment	32.5% copayment
	<p>If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.</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.</p> <p>If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.</p>			

Coverage Gap Stage	<p>After your total yearly drug costs reach \$3,750, you will pay the following until you qualify for the Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> • <i>Brand-name drugs:</i> You pay 35% of the total cost (plus a portion of the dispensing fee). (The manufacturer provides a 50% discount and the plan pays the difference.) • <i>Generic drugs:</i> You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.35 copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage • an \$8.35 copayment for all other covered drugs

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You 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 the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

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.

- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at **www.express-scripts.com**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- To access your plan's list of covered drugs, visit our website at **www.express-scripts.com**.
- The plan may require you to first try one drug to treat your condition before it will cover

another drug for that condition.

- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.