



2019 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



www.Express-Scripts.com

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

YOUR 2019 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 \$3,820:				
	Tier	Retail One-Month (31-Day) Supply	Retail Two-Month (60-Day) Supply	Retail Three-Month (90-Day) Supply	Mail 1-31 Day Supply (Mirrors Retail Cost Share) 32-90 Day Supply (Home Delivery Cost Share)
	Tier 1: Generic Drugs	Preferred cost-sharing \$15 copayment Standard cost-sharing \$20 copayment	Preferred cost-sharing \$30 copayment Standard cost-sharing \$35 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 \$60 copayment Standard cost-sharing \$65 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 \$100 copayment Standard cost-sharing \$105 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	Preferred cost-sharing 32.5% copayment Standard cost-sharing 33% copayment	32.5% copayment
COVERAGE GAP STAGE¹	2019 Retail, MDP & Home Delivery copays above apply for generic drugs. Member cost share on brand drugs will be 25%, the maximum allowable cost share as defined by CMS				
INITIAL COVERAGE LIMIT (ICL)	\$3,820				
MEMBER TRUE OUT OF POCKET (TROOP)	\$5,100				
CATASTROPHIC COVERAGE STAGE	2019 Generics Only - 2019 Member cost share post-TrOOP (\$5,100) is the greater of 5% or \$3.40 for generic or preferred multi-source drugs with a maximum of the member cost share in the initial coverage level for generics and the greater of 5% or \$8.50 for brand drugs				
FORMULARY	Medicare Premier Access				
NON PART D DRUGS²	Covered Excluding Lifestyle drugs				
PART B AND ESRD DRUGS²	Not Covered				
GENERIC POLICY	Voluntary				
HIGH COST GENERIC DRUGS	As defined by Express Scripts, some High Cost Generic and High Risk Drugs, (excluding Specialty Tier Generics, when applicable) will be subject to the Non-Preferred Drug copay				
UTILIZATION MANAGEMENT PROGRAM	Approved Standard Part D PA, QLL, ST, CMS Required and High Risk Medication edits				
COMPOUND MANAGEMENT SOLUTION	Compound Management Solution applies				
FEDERAL POVERTY LIMITS	Standard Federal Poverty Limit (FPL) guidelines apply				

¹ Coverage Gap begins at the Initial Coverage Limit which is \$3,820 in 2019. In cases where the client's co-insurance in the Coverage Gap exceeds the maximum, beneficiaries' co-insurance will be reduced in the Coverage Gap so as not to exceed the maximum allowable co-insurance as defined by CMS.

² Some states require coverage for certain Non Part D, Part B, and ESRD drugs. Express Scripts will comply with all state requirements on your behalf as well as any plan specific coverage requirement.



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Please note that most specialty medications can only be dispensed up to a 31-day supply to Medicare members, or up to a 30-day supply if they are found on the Carelogic drug list.

The Medicare Preferred Value Network offers Medicare members the choice of going to a Medicare preferred pharmacy (Tier 1), or to a standard pharmacy (Tier 2) at a higher copay. Medicare Preferred Value is anchored by preferred pharmacies (CVS) along with the Express Scripts mail order pharmacies and regional and independent pharmacies. Medicare Preferred Value has National presence with an estimated 27K+ providers. Pharmacy participation is contingent on contract renewal and is subject to change.

This group Medicare Part D plan has additional benefits to enhance the Medicare Part D coverage, as required by the Centers for Medicare and Medicaid Services (CMS). Per CMS regulations, the benefit enhancements are considered other health benefits and require filing with and approval by the state department of insurance. Express Scripts Medicare will offer this product in conjunction with Companion Life Insurance Company. The total premium amount consists of two distinct components as outlined below.

Employer Group Waiver Plan Premium - offered by Benistar and Express Scripts Medicare through its contracts with the Centers for Medicare and Medicaid Services.	\$130.00
Additional Enhanced Insurance Premium - offered above and beyond the CMS defined standard benefit.	\$20.00
Total Premium Per Member Per Month (PMPM)	\$150.00

Unless otherwise notified, the terms and conditions of this proposal are binding, accepted, and agreed to by the Plan.

If you choose to not renew your EGWP benefit for the 2019 plan year, you must notify Benistar of your intentions to terminate in accordance with the timeframe required within the Express Scripts agreement.

If you have any questions, please contact Benistar at 888-497-9500.

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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.



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NOTICE ABOUT THE COVERAGE GAP (DONUT HOLE)

During the **INITIAL COVERAGE LIMIT**, your cost-sharing for the *Medicare Preferred Value Plan* will be: \$15 Generic, \$30 Preferred Brand, \$50 Non-Preferred Brand, and 32.5% Specialty. When the shared costs (what you contribute through your copay and what the Medicare Express Scripts Plan pays) for your drugs exceed \$3,820, you leave the Initial Coverage Phase and enter the coverage gap, also called the “donut hole”.

Please note: the above cost-sharing is for a 31-day supply using the *Medicare Preferred Value Plan*.

Example of how you could get in the Donut Hole:

Assume that during the calendar year in the Initial Coverage Phase, Express Scripts has paid \$2,960 in drug costs and you have paid \$860 in copays.

$$\mathbf{\$2,960 + \$860 = \$3,820}$$

(You have reached the Initial Coverage Limit)

Please note: this is only an illustration of how the \$3,820 Initial Coverage Limit can be reached; it could be a different combination of shared costs between you and Express Scripts depending on how your cost-sharing adds up and how much the Express Scripts Plan pays for the drugs. Regardless of how it is met, the total limit is \$3,820.

What happens when I am in the Donut Hole?

For the 2019 *Medicare Preferred Value Plan* in the Donut Hole:

Preferred Brand and Non-Preferred Brand Drugs: You pay 35% of the cost; the pharmaceutical companies and your drug plan have committed through healthcare reform to pay the other 65%.
Generic Drugs: You will continue to pay the same cost-sharing amount as in the Initial Coverage Stage.

Catastrophic Coverage Limit:

In 2019, the limit for Catastrophic Coverage has been set at \$5,100. After your yearly out-of-pocket drug costs reach \$5,100, you will pay the greater of 5% coinsurance or:

- a \$3.40 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of the Initial Coverage Stage member cost share
- a \$8.50 copayment for all other covered drugs