

V. PRESCRIPTION DRUG BENEFITS FOR MEDICARE PRIME ELIGIBLE RETIREES, DEPENDENTS AND DEPENDENT SURVIVORS

Note: *These prescription benefits apply ONLY if you are a Medicare eligible retiree or a Medicare eligible dependent or dependent survivor enrolled in the Express Scripts Medicare® (PDP) for Suffolk County Employee Medical Health Plan (EMHP).*

This prescription drug coverage is considered **creditable coverage**, which means it is at least as good as the standard Medicare prescription drug coverage. The Express Scripts Medicare® (PDP) is comparable to your current EMHP's prescription drug benefits through WellDyneRx and the coverage offered is better than a standard Medicare Part D plan.

The Express Scripts Medicare® (PDP) covers a service area including all 50 states, the District of Columbia, and Puerto Rico. You must live in one of these areas to participate in this plan. The current plan administrator may reduce the service area and no longer offer services in the area in which you reside.

The Express Scripts Medicare® (PDP) is in addition to your coverage under Medicare Part A and Part B. Your enrollment in this plan does not affect your coverage under Medicare Part A and Part B. It is your responsibility to inform the Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via phone at 1-631-853-4866 of any prescription drug coverage that you have or may obtain in the future. **You can only be enrolled in one Medicare prescription drug plan at a time.**

The Centers for Medicare & Medicaid Services (CMS) must approve the Medicare Part D PDP plan each year. You can continue to get Medicare coverage as a member of this plan only as long as EMHP continues to offer this plan, and CMS renews its approval of the plan.

A. Eligibility & Enrollment

Retirees, Dependents and Dependent Survivors are eligible for the Express Scripts Medicare® (PDP) if they are entitled to Medicare Part A and/or are enrolled in Medicare Part B and are eligible for benefits under the Suffolk County EMHP.

REMEMBER: **WHEN YOU FIRST BECOME ELIGIBLE FOR MEDICARE, YOU MUST ENROLL IN PARTS A AND B. FAILURE TO TIMELY ENROLL IN MEDICARE MAY RESULT IN AN INCREASE IN YOUR MEDICARE PREMIUMS IN THE FUTURE AND A SUBSTANTIAL REDUCTION IN BENEFITS PAYABLE BY THE EMHP.**

When a retiree, dependent or Dependent Survivor becomes Medicare eligible and provides the Employee Benefits Unit (EBU) with a copy of their Medicare Card, EBU will automatically enroll them in the Express Scripts Medicare® (PDP) and their enrollment information will be forwarded to CMS for approval. Please note final enrollment eligibility is determined by CMS.

Under the rules of CMS, you can **ONLY** be enrolled in **one** Medicare Prescription Drug Plan at a time. Enrollment in Express Scripts Medicare[®] (PDP) may cancel your enrollment in the following types of plans:

- another Medicare Part D plan (i.e. Empire Plan Medicare Rx sponsored by New York State Health Insurance Program (NYSHIP))
- a Medicare Advantage Plan with prescription drug coverage (MA-PD)
- a Medicare Advantage Plan not sponsored by Suffolk County

If you are currently enrolled in a Medicare Advantage (MA) Plan that does or does not include Medicare prescription drug coverage, your enrollment under the Express Scripts Medicare[®] (PDP) may affect your coverage under that Medicare Advantage Plan. For example, if you are enrolled in the NYSHIP Medicare Rx plan, your enrollment in the Express Scripts Medicare[®] PDP plan may end that enrollment. Please check with your Medicare Advantage (MA) Plan carrier to determine what impact, if any, may result in your enrollment in the Suffolk County's Express Scripts Medicare[®] (PDP). In addition, you may not be enrolled in an individual MA Plan - even one without prescription drug coverage - at the same time as you are enrolled in this PDP plan.

Once enrolled in the Express Scripts Medicare[®] (PDP), you will no longer have EMHP prescription drug coverage through WellDyneRx. However, if your eligible dependents are not yet Medicare eligible, their EMHP prescription drug coverage will continue through WellDyneRx.

In certain instances, Express Scripts Medicare[®] (PDP) may need to contact you for additional information in order to complete your enrollment. Be sure to open and review any future communications you may receive from Express Scripts Medicare (PDP) and respond in a timely manner if a reply is requested.

Opting out of Express Scripts Medicare[®] (PDP)

You are not required to be enrolled in the Express Scripts Medicare[®] (PDP). To request that you not be enrolled, please contact the Suffolk County Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via telephone at 1-631-853-4866 to obtain an "Opt-Out Form."

If you choose not to be enrolled in this plan, you can join a new Medicare prescription drug plan or Medicare health plan outside of your Suffolk County EMHP plan from October 15th to December 7th each year. However, you will not be eligible to enroll in the EMHP's prescription drug plan administered by WellDyneRx.

Except in special cases, you cannot join a new plan at any other time of the year. You can, however, join or leave a plan at any time if Medicare decides that you need Extra Help with

paying the plan costs. If Medicare decides that you no longer need Extra Help, you will have two months to make changes after Medicare notifies you of its decision. You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for assistance. TTY users should call 1-877-486-2048.

Note: If you and/or your eligible dependent decides to join another Medicare drug plan other than Express Scripts Medicare® (PDP), you and/or your eligible dependent's prescription drug coverage under the Suffolk County EMHP will be terminated. In addition, the Suffolk County EMHP will not coordinate with any other Medicare drug coverage you or your eligible dependent may enroll in. Any of your dependents who are not Medicare eligible will continue to be eligible for coverage under the Suffolk County EMHP prescription drug program.

Important: *If you decide not to be enrolled in the Express Scripts Medicare® (PDP), you will not lose your hospital, medical and mental health/substance use disorder benefits and you will be able to re-enroll under the Express Scripts Medicare (PDP) at a later time. during open enrollment and/or in special cases.*

Please be advised that if you “opt out” of the Express Scripts Medicare® (PDP) and don't have or get other Medicare prescription drug coverage or creditable coverage (that means it is as good as Medicare's) within 63 days of dropping this plan, you may be required to pay a late enrollment penalty (LEP) to Medicare upon enrollment in a different plan. You can obtain additional information about the LEP from your local Social Security Administration office at 1-800-772-1213.

Enrollment Welcome Kit

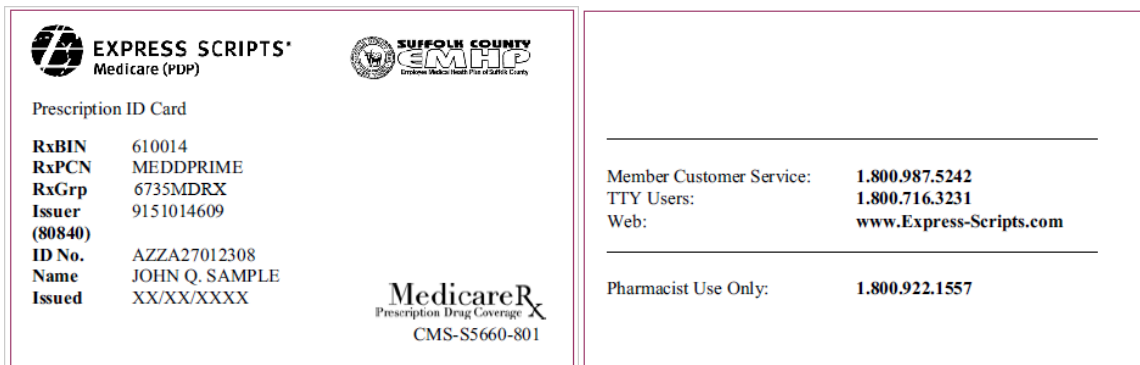
When you are enrolled in the Express Scripts Medicare® (PDP), you will receive a Welcome Kit from Express Scripts Medicare® (PDP) prior to your effective date. The Centers for Medicare & Medicaid Services requires that these materials be sent to you upon your enrollment in a Medicare prescription drug plan. Your Welcome Kit will include:

- Member's Prescription **ONLY** ID card, which you should use beginning with the effective date of your prescription drug coverage when filling prescriptions.
- Information on how to access the Pharmacy Directory, which provides information on network pharmacies, and a listing of pharmacies available to the member based on zip code radius.
- Evidence of Coverage Document, which provides details on plan rules and member responsibilities.
- Benefit Overview, which provides plan-specific benefit information for members.

- Formulary (List of Covered Drugs), which provides the member with information on how to get prescriptions filled and coverage rules and includes a listing of many, but not all, covered Medicare Part D drugs, the tier placement of the drugs and any general utilization management rules.
- Mail Service Order Form, which is provided if a member wishes to submit prescriptions to the home delivery pharmacy.
- Privacy Notice.
- Quick Reference Guide (QRG), which provides members with information on how to fill prescriptions, and important plan contact information.
- Welcome/Confirmation Letter, which welcomes members to the Express Scripts Medicare (PDP).
- If eligible for low-income subsidy assistance with premiums, you will receive a letter with additional information regarding extra help paying for your prescription drugs.

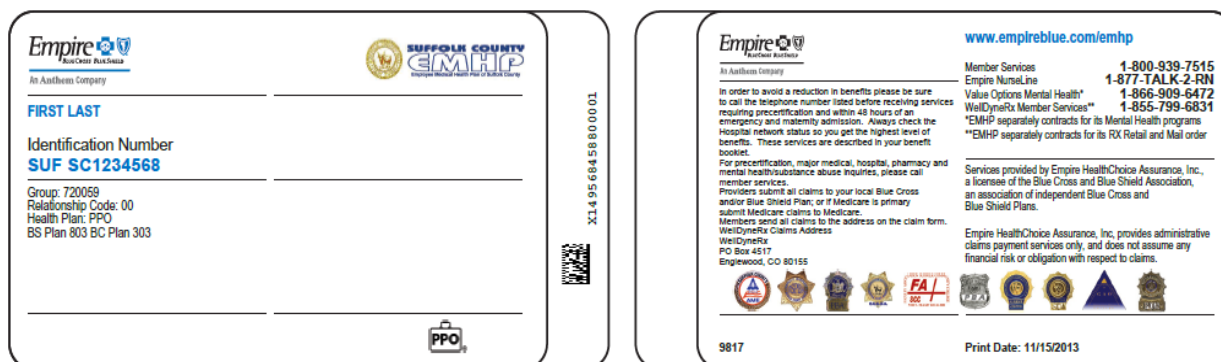
Identification Cards (ID Card)

- You will receive a prescription **only** ID Card, which you will use at the PDP network pharmacies. This card is included in your Welcome Kit from Express Scripts Medicare® (PDP) Please see example below:



**EMHP Medicare Part D Prescription Drug Program Card
(only contains prescription drug information)**

- In addition, your current Suffolk County EMHP ID card will be replaced with a new one. This card will be sent to you under separate cover directly from EMHP/EBCBS. Once your new Suffolk County EMHP ID is received, it should be used for hospital, medical and mental health/substance abuse benefits.



EMHP Card for hospital, medical, and mental health/substance abuse benefits

Note: Because Medicare is an individual benefit, you and your covered Medicare eligible spouse or dependent will each have a unique member ID number and prescription drug plan member ID card. In addition, you will each receive separate communications from Express Scripts Medicare® (PDP).

B. PLAN PREMIUMS

Currently under the Express Scripts Medicare® (PDP), you are not required to pay any Medicare Part D premiums. However, there may be some situations where you may be required to pay a penalty or an Income Related Surcharge Premium to CMS.

- **Late Enrollment Penalty (LEP)** – Some members are required to pay a late enrollment penalty (LEP) because they did not join a Medicare drug plan when they first became eligible or because they experienced a continuous period of 63 days or more when they didn't have “creditable” prescription drug coverage.

Express Scripts will send you notification if CMS has identified you as having to pay a late enrollment penalty (LEP). If you disagree with your LEP, you can ask Medicare to reconsider its decision. The notification from Express Scripts Medicare® (PDP) will explain your right to reconsideration by CMS of the LEP.

Note: The County does not reimburse for any late enrollment penalties incurred. Therefore, you will be held financially responsible for the LEP by the County.

- **Medicare Part D Income Related Monthly Adjustment Amount**– Some people may be required to pay an extra amount for Medicare Part D prescription drug benefits because of their yearly income. If your modified adjusted gross (MAGI) income is \$85,000 or above for an individual (or married individuals filing separately) or \$170,000 or above for married couples, you must pay an extra amount directly to the government (not your Medicare plan) for your Medicare Part D coverage. **Note: If you are required to pay the extra amount and you do not pay it, you will be disenrolled from the plan and you will lose your prescription drug coverage.** The amount is determined by the federal government and usually deducted from your monthly social security benefit check, just as the Medicare Part B premium is.

If you are required to pay a Medicare Part D-IRMAA (Income-Related Monthly Adjustment Amount), you are eligible to be reimbursed for this additional premium by the County provided **all required documentation is received and you and/or your eligible dependent(s) are not eligible to receive or are receiving reimbursement from another source.** The Application for Reimbursement will be sent to you on an annual basis.

Note: If you or your eligible dependents are NOT enrolled in the County's Medicare Part D Prescription Drug Program, you will not be eligible for reimbursement of the Medicare Part D Income Related Surcharge.

C. SUMMARY OF YOUR BENEFITS

This prescription drug plan provides essentially the same prescription drug coverage you were receiving while an active employee with Suffolk County covered under the EMHP's prescription drug benefit administered by WellDyneRx. You will notice, however, that some parts of the plan are different. This is due to the Centers for Medicare & Medicaid Services' (CMS) rules.

The following are two important differences in your Prescription Drug benefits under Express Scripts Medicare[®] (PDP):

- There is no mandatory generic provision.
- There is no mandatory mail order/home delivery provision for maintenance medications. **However, you will have a lower copayment if you use mail order/home delivery.**

If the actual cost of a drug is less than the normal cost-sharing amount for that drug (i.e. your copayment), you will pay the actual cost, not the higher cost-sharing amount.

Copayments - Including final cost-sharing (co-payment) information

Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,700* in 2017:			
		Tier 1: Generic Drugs	Tier 2: Preferred Brand Drugs	Tier 3: Non-Preferred Brand Drugs
	Retail One-Month (31-day) Supply	\$5 copayment	\$15 copayment	\$30 copayment
	Retail Maintenance Three-Month (90-day) Supply	\$10 copayment	\$30 copayment	\$60 copayment
	Home Delivery Three-Month (90-day) Supply	\$5 copayment	\$20 copayment	\$55 copayment

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.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through our home delivery service. There is no charge for standard shipping and your copayments are lower than if you fill your prescription at a retail maintenance pharmacy. See the above chart.

**Subject to revision by CMS every calendar year. Please refer to the Annual Notice of Changes provided by Express Scripts Medicare® (PDP).*

Prescription Drug Stages, as determined by CMS

Coverage Gap stage	For 2017, after your (and the plan's combined) total yearly drug costs reach \$3,700*, you will continue to pay the same cost-sharing amount (i.e., copayment) as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$4,950* (this amount includes the discounts received by the plan on the cost of these drugs).
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$4,950*, you will pay the greater of 5% coinsurance <u>or</u>:</p> <ul style="list-style-type: none"> • a \$3.30* copayment for covered generic drugs (including brand drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage stage • a \$8.25* copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.

**Subject to revision by CMS every calendar year. Please refer to the Annual Notice of Changes provided by Express Scripts Medicare® (PDP).*

Network Pharmacies

You may get your drugs at network retail pharmacies or through and Express Scripts Medicare® (PDP) home delivery pharmacy. Although you can fill a maintenance drug prescription for up to 90 days at a retail pharmacy, 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® (PDP) Customer Service at **1-800-987-5242** for more information. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Formulary (List of Covered Drugs)

Your plan uses a formulary - a list of covered drugs. Express Scripts may periodically add or remove drugs, make changes to coverage limitations on certain drugs, or change how much you pay for a drug (except for the copayment). If any formulary change limits your ability to fill a prescription, you will be notified before the change is made, as soon as possible. To get updated information about the drugs covered, you may visit ESI on the Web at www.Express-Scripts.com or contact its Customer Service Department.

Prior Authorization

Your healthcare provider must get prior authorization from Express Scripts Medicare[®] (PDP) for certain drugs. A list of those drugs requiring prior authorization before the prescription can be filled is included in your Welcome Kit. To get updated information about the drugs subject to prior authorization, you may visit ESI on the Web at www.Express-Scripts.com or contact its Customer Service Department.

Long-Term Care (LTC) Pharmacy

If you reside in a long-term care facility, you pay the same for drugs as you would at a network retail pharmacy. Long-term care pharmacies must dispense brand-name drugs in amounts less than a 14-day supply at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact Express Scripts Medicare[®] (PDP) Customer Service at **1-800-987-5242** if you have questions about cost-sharing (co-payment) or billing when less than a one-month supply is dispensed at an LTC pharmacy. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Out-of-Network Coverage

You must use Express Scripts Medicare[®] (PDP) 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 may have to pay additional costs for drugs received at an out-of-network pharmacy. Please contact Express Scripts Medicare[®] (PDP) Customer Service at **1-800-987-5242** for more details. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Step Therapy

The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition. To get updated information about the drugs subject to Step Therapy, you may visit ESI on the Web at www.Express-Scripts.com or contact its Customer Service Department.

Drug Exceptions

If you request an exception for a drug and Express Scripts Medicare[®] (PDP) approves the exception, you will pay the Non-Preferred Brand Drug cost-share (copayment) for that drug.

Special Coordination of Benefits Rules for Prescription Drugs and Supplies covered under Medicare Part B

If you, or any of your covered eligible dependents, is covered under Medicare and Medicare is primary (e.g., you are retired), then prescription drugs and supplies covered under Medicare Part B must be paid for first by Medicare. However, there is nothing for you to do except present your prescription drug identification card and Medicare card at a participating pharmacy at the time you fill your prescription. At that point of service, you will be required to pay only the plan's appropriate copayment, based upon the prescription. Medicare Part B claims at the participating pharmacy are subject to the annual Medicare deductible. Coordination with Medicare will take place automatically. This means that Medicare will pay 80% of its allowable charge. The EMHP will reimburse the pharmacy minus the appropriate copayment.

D. HOW TO FILE AN APPEAL

Once you are a member of this plan, you have the right to file a grievance or appeal plan decisions about payment or services if you disagree with Express Scripts Medicare[®] (PDP). Read your *Evidence of Coverage* booklet, provided to you with the annual Welcome Kit, to know which rules you must follow to receive coverage with this Medicare prescription drug plan.

A coverage decision is a decision Express Scripts makes about your benefits and coverage or about the amount Express Scripts will pay for your Part D prescription drugs. For more

information on asking for coverage decisions (See Chapter 7, Part 4) in your *Evidence of Coverage* Guide which you received in your initial welcome kit.

An appeal is a formal way of asking Express Scripts to review and change a coverage decision they have made. For more information on making an appeal about your Part D prescription drugs, see Chapter 7, Section 4 in your *Evidence of Coverage* Guide. You may call Express Scripts at 1-800-987-5242 or for TTY Users call 1-800-716-3231, 24 hours a day, 7 days a week if you have questions about their coverage decision and appeals processes.

There are two types of coverage decisions and appeals: administrative and clinical. An administrative coverage decision or appeal occurs when the issue involved a decision about whether a medication is covered or not and at what cost-sharing (co-payment) amount. A clinical coverage decision or appeal occurs when the issue involved a decision about a restriction on a specific medication.

The appeals guidelines set forth in your *Evidence of Coverage* govern all appeals under the Express Scripts Medicare® (PDP) and supersedes any appeals rules established under the EMHP.

E. FREQUENTLY ASKED QUESTIONS

Whom should I contact if I have questions?

If you have any questions about the Express Scripts Medicare® (PDP), you may contact Express Scripts Medicare® (PDP) Customer Service at **1-800-987-5242**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

Do I need to do anything if I am currently taking a drug that requires prior authorization?

You may currently have a prescription for which you have obtained a prior authorization or prior approval from the Suffolk County EMHP prescription drug program through WellDyneRx. If your medication also requires a prior authorization under the Express Scripts Medicare® (PDP), you may need to obtain a new approval. In some cases, existing authorizations from WellDyneRx may not be carried over into the Express Scripts Medicare® (PDP). Review the formulary (drug list) when you receive it or call Express Scripts Medicare® (PDP) Customer Service at 1-800-987-5242 to determine if your drug requires a prior authorization. Customer Service is available 24 hours a day, 7 days a week. TTY users should call 1-800-716-3231. If you require a new approval, call Customer Service after your membership in the plan becomes effective to start the prior authorization process.

Am I still able to use VA pharmacies?

No. Under the Center for Medicare & Medicaid Services' (CMS) rules, VA pharmacies are not permitted to be included in Medicare Part D pharmacy networks. If you are eligible for VA benefits, you can still use VA pharmacies under those benefits. However, the cost of those

medications and what you pay out of pocket will not count toward your Medicare Part D drug spend or out-of-pocket cost accumulators. Review your new plan benefit against your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy or to transfer your prescription(s) to an Express Scripts Medicare[®] (PDP) network pharmacy.

What if I am currently enrolled in a Medicare Part D Drug Plan through my spouse's coverage (e.g., The Empire Plan)?

Under CMS' rules, when your spouse and you were enrolled in your spouse's employer-provided Medicare PDP, your prescription drug coverage under the EMHP was terminated. Since you are no longer enrolled with the EMHP for prescription drugs, you are not covered under the Express Scripts Medicare[®] (PDP). Therefore, if you are happy with your current plan, do nothing.

However, if you wish to enroll yourself and/or your spouse in the Express Scripts Medicare[®] (PDP), you should contact your spouse's employer to find out whether or not leaving its Medicare Part D PDP will impact other basic health benefits that supplement Medicare, such as hospital and/or major medical provided by that plan.

Do I qualify for Extra Help to pay for my prescription drug costs?

To see if you qualify for Extra Help, call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048); the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday (TTY users should call 1-800-325-0778); or your State Medicaid Office. If you qualify, Medicare will tell the plan how much assistance you will receive, and Express Scripts will send you information on the amount you will pay once you are enrolled in this plan.

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

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for Medicare Part B medications, as well as for some other 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 total drug costs or total out-of-pocket expenses. Please call Express Scripts Medicare[®] (PDP) Customer Service at **1-800-987-5242** for additional information about specific drug coverage and your cost-sharing amount. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1-800-716-3231**.

This information is not a complete description of benefits. Contact Express Scripts Medicare[®] for more information. Limitations, copayments and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1ST of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Contact Express Scripts Medicare[®] (PDP) for more information.

Express Scripts Medicare[®] (PDP) Customer Service

1-800-987-5242

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 **www.Express-Scripts.com**.