



Benefit Overview

Express Scripts Medicare™ (PDP) for California Schools VEBA

YOUR 2013 PRESCRIPTION DRUG PLAN BENEFIT

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

Retail Refill Allowance	Beginning with the fourth fill of a maintenance medication at retail, your copayment will double. If you fill your prescription through our mail-order service, you will pay the mail-order copayment listed in the table below.			
Initial Coverage stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,970:			
		Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Mail Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$5 copayment	\$15 copayment	\$10 copayment
	Tier 2: Preferred Brand Drugs	\$20 copayment	\$60 copayment	\$40 copayment
	Tier 3: Non-Preferred Brand Drugs	\$35 copayment	\$105 copayment	\$70 copayment
	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please refer to your <i>Pharmacy Directory</i> or contact Express Scripts Customer Service at the numbers on the back of this document for more information.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through our mail-order pharmacy. There is no charge for standard shipping.			
Coverage Gap stage	After your total yearly drug costs reach \$2,970, you will pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$4,750.			

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 \$4,750, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$2.65 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 \$6.60 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage stage.
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Long-Term Care (LTC) Pharmacy

Residents of a long-term care facility using an in-network LTC pharmacy will pay the cost-sharing amount for a one-month supply at retail for each stage noted in the preceding chart.

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 may incur additional costs for drugs received at an out-of-network pharmacy. Please contact Express Scripts Customer Service at the numbers on the back of this document for more details.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, and Puerto Rico. You must live in one of these areas to join this plan. We may reduce our service area and no longer offer services in the area in which you reside.
- 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. If any formulary change limits your ability to fill a prescription, you will be notified before the change is made.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your health care 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.
- 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.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

Who is eligible for this plan?

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, and are eligible for benefits from California Schools VEBA.

You can be in only one Medicare prescription drug plan at a time. If you are currently enrolled in a Medicare Advantage (MA) Plan that **includes Medicare prescription drug coverage**, your enrollment in this plan may end that enrollment. In addition, you may not be enrolled in an individual MA Plan—even one without prescription drug coverage—at the same time as this plan. You may, however, be enrolled in this plan and an MA-only plan if it has been coordinated through your employer. Please contact your group benefits administrator if you have questions about other plan types and the impact your enrollment in this plan may have.

Important: If you choose a prescription drug plan outside your former employer/retiree group's offering, this decision may impact other benefits, such as medical coverage. Please contact your group benefits administrator for more information before making a decision to leave this plan, or for information about other options that may be available to you.

Do I qualify for Extra Help to pay for my prescription drug premiums and 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.

Will my income affect my Medicare Part D premium?

Most people will pay their plan's standard Medicare Part D premium. However, some people may have to pay an extra amount 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. No matter how you usually pay your plan premium, the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn't enough to cover the extra amount, you will get a bill from Medicare. The extra amount must be paid separately and cannot be paid with your monthly plan premium. 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.

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

This plan provides coverage for Medicare Part B medications, as well as several categories of 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 see your formulary for additional information.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a free service we offer to help you manage your medications. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. Contact Express Scripts Medicare for more details.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year.

Express Scripts Medicare Customer Service

1-877-640-7936

24 hours a day, 7 days a week

Customer Service is available in English and other languages.

TTY: 1-800-716-3231

You can also visit us on the Web at <http://www.Express-Scripts.com>.

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

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