

**INFORMATION SHEET
MEDICARE RETIREE PRESCRIPTION COVERAGE**

WHAT	<p>Prescription Coverage</p> <ul style="list-style-type: none"> • Express Scripts Medicare (PDP) for the State of Delaware • Enhanced Medicare Part D Plan
WHO	<p>State of Delaware Pensioners and Dependents</p> <ul style="list-style-type: none"> • Medicare-eligible only, and • Covered under or enrolling in Special Medicfill through Highmark Delaware.
COPAYS	<p>Changes in Calendar Year 2016</p> <ul style="list-style-type: none"> • Generic = \$8.00 for 30 day Rx; \$16.00 for 60 or 90 day Rx • Preferred Brand = \$28.00 for 30-day Rx; \$56.00 for 60- or 90-day Rx • Non-Preferred = \$50.00 for 30-day Rx; \$100.00 for 60- or 90-day Rx
PHARMACY NETWORK	<ul style="list-style-type: none"> • Veterans Administration (VA) pharmacies and military base pharmacies are not in network; and Tricare mail order cannot be used. • All other pharmacies currently in network will remain in network.
PLAN YEAR	<ul style="list-style-type: none"> • Calendar Year (January 1 – December 31) for Special Medicfill with Rx and Special Medicfill without Rx • Remaining as Fiscal Year (July 1 – June 30) for Dental and Vision
ID CARD	ID Card for new members is included in Welcome Kit from Express Scripts
ANNUAL NOTICE OF CHANGE MAILING 10/1/2015	<ul style="list-style-type: none"> • Sent to current members • Includes letter with updated information, Medicare Formulary plus State Additional Coverage, Pharmacy Directory and required notices.
WELCOME KITS FOR NEW MEMBERS INCLUDE	<p>ID Card = Express Scripts (PDP) for the State of Delaware Benefits Overview Medicare Part D Formulary and State of Delaware Formulary Enhancements Pharmacy Directory Notice - visit www.Express-Scripts.com. Required Notices</p>
PRIOR AUTHORIZATIONS (PA's)	<ul style="list-style-type: none"> • New authorizations may be needed after January 1, 2016 and at the beginning of each plan year thereafter. • A 31-day transition supply will be provided if new PA is not yet in place.
IMPORTANT	<p>THIS IS THE ONLY PRESCRIPTION PLAN THAT IS OFFERED TO MEDICARE-ELIGIBLE STATE PENSIONERS, SPOUSES AND DEPENDENTS</p> <p>OTHER ENROLLMENTS:</p> <ul style="list-style-type: none"> • If a member enrolls in another Medicare Part D plan, coverage in the State plan will end on the effective date of the new plan. • If a member is enrolled in another Medicare Part D plan and enrolls in the State plan, the other enrollment will end on the effective date of the State plan.
CONTACTS AND MORE INFORMATION	<ul style="list-style-type: none"> • EXPRESS SCRIPTS MEDICARE dedicated phone line: 1-877-680-4883 • WEBSITES: www.delawarepensions.com and www.ben.omb.delaware.gov • Mailings from Express Scripts