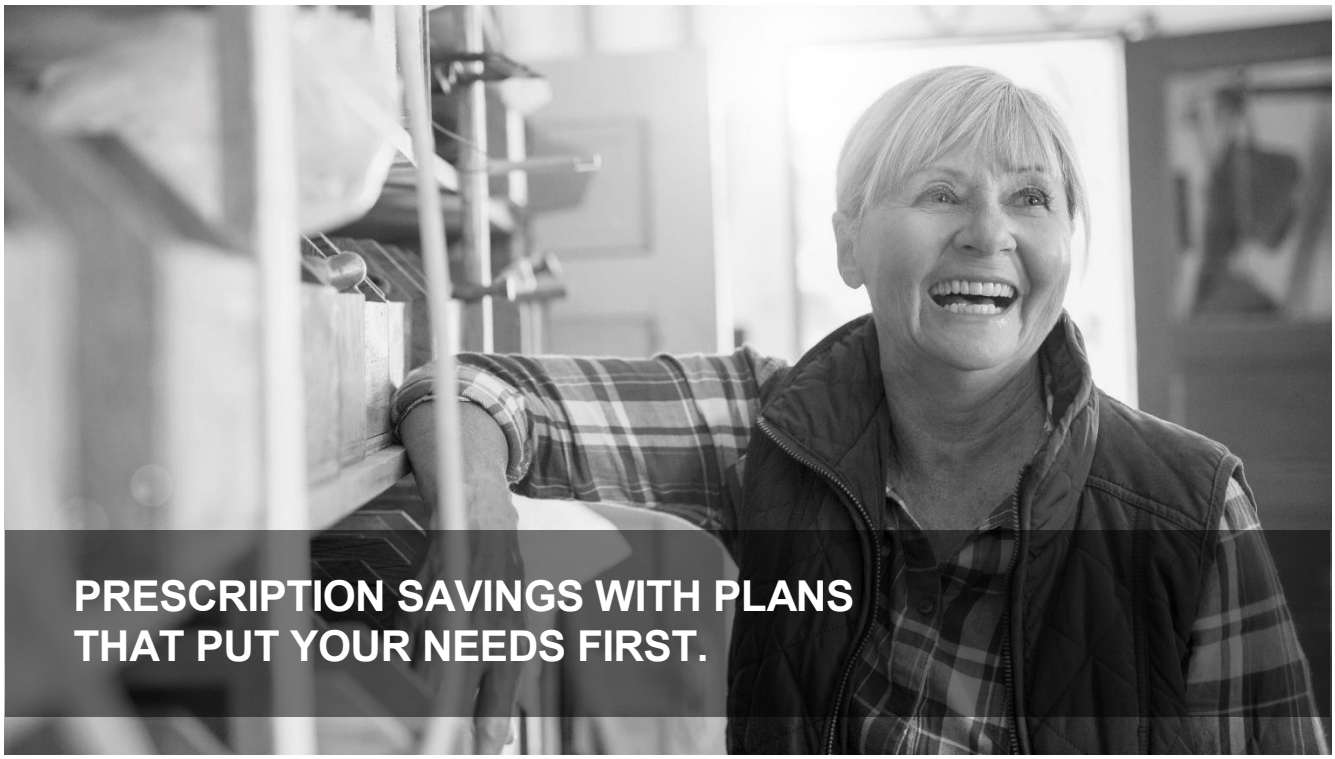
EXPRESS SCRIPTS®
Medicare (PDP)

Value Plan | Saver Plan | Choice Plan

S5660 & S5983

2021 SUMMARY OF BENEFITS

January 1, 2021 – December 31, 2021



This booklet gives you a summary of what **Express Scripts Medicare®** (PDP) Value, Saver and Choice plans cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion.

To get a complete list of services we cover, you can view our *Evidence of Coverage* online at **express-scriptsmedicare.com/2021documents**, or call Customer Service for more information or to request an *Evidence of Coverage*.

This document is available in braille, large print and other formats for people with disabilities. Please contact Customer Service if you need plan information in another format.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.

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CONTACT INFORMATION

How can I contact Express Scripts Medicare?

If you are not a member of this plan:

Call toll-free **1.866.477.5704;** TTY: **1.800.716.3231,**
24 hours a day, 7 days a week, except Thanksgiving and Christmas.
Website: **express-scriptsmedicare.com**

If you are a member of this plan:

Call toll-free **1.800.758.4574** (New York State residents: **1.800.758.4570**);

TTY: **1.800.716.3231,** 24 hours a day, 7 days a week.
Website: **express-scripts.com**

ABOUT EXPRESS SCRIPTS MEDICARE (PDP)

Who can join our plan?

To join Express Scripts Medicare (PDP), you must be entitled to Medicare Part A and/or be enrolled in Medicare Part B and live in our service area. Our service area includes:

- Value plan: All 50 states, the District of Columbia and Puerto Rico.
- Saver plan: All 50 states, the District of Columbia and Puerto Rico.
- Choice plan: All 50 states and the District of Columbia.

Which drugs are covered?

We will generally cover the drugs in our formulary (list of covered Part D prescription drugs) as long as the drug is medically necessary, the prescription is filled at an Express Scripts Medicare network pharmacy, and other plan rules are followed.

You can see the complete 2021 formulary online for each of our plans, as well as any restrictions, at **express-scriptsmedicare.com/2021formulary**.

Which pharmacies can I use?

We have a network of pharmacies (both standard and preferred), and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. If you use an out-of-network pharmacy, the plan may not pay for these drugs, and you may pay more than you pay at an in-network pharmacy. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can check online to see if your pharmacy is in our network at **express-scriptsmedicare.com/2021network**.

HOW ARE DRUG COSTS DETERMINED?

Cost may vary, depending on:

- **The drug's tier**
  Our plans group each medication into one of five or six "tiers."

- **The type of pharmacy you use**
  Our plans offer standard and preferred retail network pharmacies, standard and preferred home delivery pharmacies (including Express Scripts Pharmacy®), as well as long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.

  Cost-sharing amounts at long-term care, home infusion and I/T/U pharmacies are the same as at a standard retail pharmacy. See page 1 for information about costs at out-of-network pharmacies.

- **The number of days the prescription is written for**
  Our plans may offer a 30-day supply, 60-day supply or 90-day supply, depending on the drug tier and pharmacy type. (Supplies at home infusion, I/T/U and out-of-network pharmacies are limited to 30 days. Long-term care pharmacies may dispense up to a 31-day supply.)

- **Which stage of the benefit you have reached**
  See information on benefit stages below.

WHAT ARE THE MEDICARE PART D BENEFIT STAGES?

- **Annual Deductible Stage**
  In this stage, you pay a set amount before your plan begins to pay its share of the cost, if applicable.

- **Initial Coverage Stage**
  This stage begins after you pay your yearly deductible, if applicable. You remain in this stage until your total yearly drug costs reach $4,130. (Total yearly drug costs include the total drug costs paid by you and any Part D plan since the calendar year began.)

- **Coverage Gap (or Donut Hole) Stage** (Most members do not reach the Coverage Gap.)
  This stage begins after your total yearly drug costs exceed $4,130.

- **Catastrophic Coverage Stage**
  This stage begins after your year-to-date out-of-pocket costs exceed $6,550.

PART D SENIOR SAVINGS MODEL – SAVER AND CHOICE PLANS

The Part D Senior Savings Model provides consistent copays for select insulin drugs in all stages until you reach the Catastrophic Coverage Stage. (If you reach that stage, the cost-sharing amounts on page 8 will apply.) If you receive "Extra Help," you do not qualify for this program, and your Low-Income Subsidy (LIS) benefit will apply. To find out which drugs are select insulins, you can review the plan's Formulary, visit our website at **express-scriptsmedicare.com/2021formulary**, or contact Customer Service at the phone numbers on page 1.

Choice plan: The copay for select insulins in Tier 6 is $0 at a preferred pharmacy or $11 at a standard pharmacy for a 30-day supply in all stages up to the Catastrophic Coverage Stage.

Saver plan: The copay for select insulins in Tier 3 is $35 for a 30-day supply at all network pharmacy types, in all stages up to the Catastrophic Coverage Stage. Because there is no deductible for insulins in Tier 3, the copay will not apply toward the deductible.

MONTHLY PREMIUM AND DEDUCTIBLE

- A premium is the amount you pay for your prescription drug coverage each month.
- An annual deductible is the amount you pay out-of-pocket each year before the Initial Coverage Stage begins. Not all tiers have a deductible, as noted below.
- If you receive "Extra Help," this information may not apply to you.

Monthly Premium			
	Value Plan	**Saver Plan**	**Choice Plan**
You must continue to pay your Medicare Part B premium.	$16.80 – $61.00 per month See the Premium Table on pages 8 – 9 for the premium in your state.	$18.50 – $32.40 per month See the Premium Table on pages 8 – 9 for the premium in your state.	$61.00 – $87.60 per month See the Premium Table on pages 8 – 9 for the premium in your state.
Annual Deductible			
	Value Plan	**Saver Plan**	**Choice Plan**
Tier 1 Preferred Generic Drugs	$0 per year	$0 per year	$0 per year
Tier 2 Generic Drugs	$0 per year	$0 per year	$0 per year
Tier 3 Preferred Brand Drugs	$445 per-year total for all tiers with a deductible	$0 per year for select insulins*; $285 per-year total for all tiers with a deductible for remaining drugs	$0 per year
Tier 4 Non-Preferred Drugs	$445 per-year total for all tiers with a deductible	$285 per-year total for all tiers with a deductible	$100 per-year total for all tiers with a deductible
Tier 5 Specialty Tier Drugs	$445 per-year total for all tiers with a deductible	$285 per-year total for all tiers with a deductible	$100 per-year total for all tiers with a deductible
Tier 6 Select Care Tier Drugs	$0 per year	Not applicable – Saver plan does not have a Tier 6	$0 per year, including select insulins*

*Part D Senior Savings Model: See page 2 for more information.

INITIAL COVERAGE STAGE – VALUE PLAN COST-SHARING

The tables that follow represent an overview of costs for the **Value** plan. Some costs vary by state. To find the cost in your state, please see the tables beginning on page 10.

If you receive "Extra Help," this information may not apply to you.

Initial Coverage Stage	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**		
Drug Tier	**30-day supply**	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**
Tier 1 Preferred Generic Drugs	$1 copay	$2 copay	$3 copay	Copay varies by state. Please refer to the table on pages 10 – 11.		
Tier 2 Generic Drugs	Copay varies by state. Please refer to the table on pages 12 – 13.					
Tier 3 Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 14 – 15.					
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 16 – 17.					
Tier 5 Specialty Tier Drugs	25% of the cost (30-day supply only)					
Tier 6 Select Care Tier Drugs	$0 copay	$0 copay	$0 copay	Copay varies by state. Please refer to the table on pages 18 – 19.		

Initial Coverage Stage	**Preferred Mail Order**	**Standard Mail Order**
Drug Tier	**Up to a 90-day supply**	**Up to a 90-day supply**
Tier 1 Preferred Generic Drugs	$0 copay	Copay varies by state. Please refer to the table on pages 10 – 11.
Tier 2 Generic Drugs	$0 copay	Copay varies by state. Please refer to the table on pages 12 – 13.
Tier 3 Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 14 – 15.	
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 16 – 17.	
Tier 5 Specialty Tier Drugs	25% of the cost (30-day supply only)	
Tier 6 Select Care Tier Drugs	$0 copay	Copay varies by state. Please refer to the table on pages 18 – 19.

INITIAL COVERAGE STAGE – SAVER PLAN COST-SHARING

The tables that follow represent an overview of costs for the **Saver** plan.

If you receive "Extra Help," this information may not apply to you.

Initial Coverage Stage	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**		
Drug Tier	**30-day supply**	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**
Tier 1 Preferred Generic Drugs	$2 copay	$4 copay	$6 copay	$19 copay	$38 copay	$57 copay
Tier 2 Generic Drugs	$7 copay	$14 copay	$21 copay	$20 copay	$40 copay	$60 copay
Tier 3 Preferred Brand Drugs	$35 copay	$70 copay	$105 copay	$47* copay	$94* copay	$141* copay
Tier 4 Non-Preferred Drugs	50% of the cost					
Tier 5 Specialty Tier Drugs	28% of the cost (30-day supply only)					

Initial Coverage Stage	**Preferred Mail Order**	**Standard Mail Order**
Drug Tier	**Up to a 90-day supply**	**Up to a 90-day supply**
Tier 1 Preferred Generic Drugs	$0 copay	$57 copay
Tier 2 Generic Drugs	$0 copay	$60 copay
Tier 3 Preferred Brand Drugs	$105 copay	$141* copay
Tier 4 Non-Preferred Drugs	50% of the cost	
Tier 5 Specialty Tier Drugs	28% of the cost (30-day supply only)	

*Part D Senior Savings Model: Select insulins on Tier 3 will have the same copay as at preferred network pharmacies. See page 2 for more information.

INITIAL COVERAGE STAGE – CHOICE PLAN COST-SHARING

The tables that follow represent an overview of costs for the **Choice** plan. Some costs vary by state. To find the cost in your state, please see the tables beginning on page 20.

If you receive "Extra Help," this information may not apply to you.

Initial Coverage Stage	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**		
Drug Tier	**30-day supply**	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**
Tier 1 Preferred Generic Drugs	$2 copay	$4 copay	$6 copay	$10 copay	$20 copay	$30 copay
Tier 2 Generic Drugs	$7 copay	$14 copay	$21 copay	$20 copay	$40 copay	$60 copay
Tier 3 Preferred Brand Drugs	$42 copay	$84 copay	$126 copay	$47 copay	$94 copay	$141 copay
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on page 20.					
Tier 5 Specialty Tier Drugs	31% of the cost (30-day supply only)					
Tier 6 * Select Care Tier Drugs	$0 copay	$0 copay	$0 copay	$11 copay	$22 copay	$33 copay

Initial Coverage Stage	**Preferred Mail Order**	**Standard Mail Order**
Drug Tier	**Up to a 90-day supply**	**Up to a 90-day supply**
Tier 1 Preferred Generic Drugs	$0 copay	$30 copay
Tier 2 Generic Drugs	$4 copay	$60 copay
Tier 3 Preferred Brand Drugs	$126 copay	$141 copay
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on page 20.	
Tier 5 Specialty Tier Drugs	31% of the cost (30-day supply only)	
Tier 6 * Select Care Tier Drugs	$0 copay	$33 copay

*Part D Senior Savings Model: Tier 6 includes select insulins. See page 2 for more information.

COST-SHARING IN THE COVERAGE GAP (OR DONUT HOLE) STAGE*

This stage begins after your total yearly drug costs exceed $4,130.
If you receive "Extra Help," this information does not apply to you.

	Value	Saver	Choice
Tier 1 Preferred Generic Drugs **Tier 2** Generic Drugs **Tier 3** Preferred Brand Drugs **Tier 4** Non-Preferred Drugs **Tier 5** Specialty Tier Drugs (30-day supply only) **Tier 6** Select Care Tier Drugs (Value and Choice plans only)	**Tiers 1 - 6** • 25% of the cost for generic drugs • 25% of the cost for brand drugs (plus a portion of the dispensing fee)	**Tiers 1 - 5** • 25% of the cost for generic drugs • 25% of the cost for brand drugs (plus a portion of the dispensing fee) **Select insulins in Tier 3*** The lesser of: • 25% of the cost of the drug, or • $35 for a 30-day supply	**Tier 1** • $2 for a 30-day supply at a preferred retail pharmacy • $10 for a 30-day supply at a standard retail pharmacy **Tier 2** • $7 for a 30-day supply at a preferred retail pharmacy • $20 for a 30-day supply at a standard retail pharmacy **Tiers 3, 4, 5 and 6** • 25% of the cost for generic drugs • 25% of the cost for brand drugs (plus a portion of the dispensing fee) **Select insulins in Tier 6*** • $0 for a 30-day supply at a preferred retail pharmacy • $11 for a 30-day supply at a standard retail pharmacy

*Part D Senior Savings Model: See page 2 for more information.

COST-SHARING IN THE CATASTROPHIC COVERAGE STAGE

This stage begins after your year-to-date out-of-pocket costs exceed $6,550.
If you receive "Extra Help," this information may not apply to you.

	Value Tiers 1 - 6	Saver Tiers 1 - 5	Choice Tiers 1 - 6
Tier 1 Preferred Generic Drugs **Tier 2** Generic Drugs **Tier 3** Preferred Brand Drugs **Tier 4** Non-Preferred Drugs **Tier 5** Specialty Tier Drugs (30-day supply only) **Tier 6** Select Care Tier Drugs (Value and Choice plans only)	You pay the greater of $3.70 or 5% of the cost for generic drugs, and the greater of $9.20 or 5% of the cost for all other drugs.		

PREMIUM TABLE

You must continue to pay your Medicare Part B premium.

State	Value Plan	Saver Plan	Choice Plan
Alabama	$25.70	$25.30	$68.80
Alaska	$28.10	$32.40	$70.40
Arizona	$33.60	$22.50	$77.00
Arkansas	$40.20	$26.40	$76.20
California	$61.00	$26.50	$84.90
Colorado	$30.30	$31.50	$84.50
Connecticut	$32.80	$27.40	$76.40
Delaware	$30.50	$28.50	$65.70
District of Columbia	$30.50	$28.50	$65.70
Florida	$26.80	$27.20	$84.30
Georgia	$49.90	$20.20	$61.00
Hawaii	$46.40	$21.10	$62.30
Idaho	$34.70	$24.30	$76.70
Illinois	$22.80	$30.60	$86.70
Indiana	$26.40	$22.60	$78.90
Iowa	$49.70	$25.20	$81.00
Kansas	$28.90	$25.00	$72.30

PREMIUM TABLE, contd. You must continue to pay your Medicare Part B premium.

State	Value Plan	Saver Plan	Choice Plan
Kentucky	$26.40	$22.60	$78.90
Louisiana	$33.60	$28.60	$63.40
Maine	$25.30	$25.80	$65.40
Maryland	$30.50	$28.50	$65.70
Massachusetts	$32.80	$27.40	$76.40
Michigan	$30.90	$18.50	$71.20
Minnesota	$49.70	$25.20	$81.00
Mississippi	$49.90	$27.80	$67.70
Missouri	$26.30	$21.70	$73.30
Montana	$49.70	$25.20	$81.00
Nebraska	$49.70	$25.20	$81.00
Nevada	$22.20	$24.70	$72.00
New Hampshire	$25.30	$25.80	$65.40
New Jersey	$32.30	$27.70	$76.80
New Mexico	$50.60	$30.40	$65.30
New York	$33.20	$23.60	$87.60
North Carolina	$45.40	$26.50	$70.70
North Dakota	$49.70	$25.20	$81.00
Ohio	$53.00	$22.70	$65.90
Oklahoma	$26.20	$26.80	$75.60
Oregon	$30.30	$29.50	$71.60
Pennsylvania	$36.70	$25.90	$82.40
Puerto Rico	$30.40	$23.20	N/A
Rhode Island	$32.80	$27.40	$76.40
South Carolina	$54.70	$28.90	$69.80
South Dakota	$49.70	$25.20	$81.00
Tennessee	$25.70	$25.30	$68.80
Texas	$16.80	$27.50	$82.10
Utah	$34.70	$24.30	$76.70
Vermont	$32.80	$27.40	$76.40
Virginia	$53.00	$27.10	$62.30
Washington	$30.30	$29.50	$71.60
West Virginia	$36.70	$25.90	$82.40
Wisconsin	$31.60	$27.50	$80.80
Wyoming	$49.70	$25.20	$81.00

Value Plan – Tier 1 Initial Coverage Cost-Sharing by State								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Alabama	$1	$2	$3	$19	$38	$57	$0	$57
Alaska	$1	$2	$3	$19	$38	$57	$0	$57
Arizona	$1	$2	$3	$19	$38	$57	$0	$57
Arkansas	$1	$2	$3	$19	$38	$57	$0	$57
California	$1	$2	$3	$10	$20	$30	$0	$30
Colorado	$1	$2	$3	$19	$38	$57	$0	$57
Connecticut	$1	$2	$3	$19	$38	$57	$0	$57
Delaware	$1	$2	$3	$10	$20	$30	$0	$30
District of Columbia	$1	$2	$3	$10	$20	$30	$0	$30
Florida	$1	$2	$3	$19	$38	$57	$0	$57
Georgia	$1	$2	$3	$19	$38	$57	$0	$57
Hawaii	$1	$2	$3	$19	$38	$57	$0	$57
Idaho	$1	$2	$3	$19	$38	$57	$0	$57
Illinois	$1	$2	$3	$19	$38	$57	$0	$57
Indiana	$1	$2	$3	$10	$20	$30	$0	$30
Iowa	$1	$2	$3	$19	$38	$57	$0	$57
Kansas	$1	$2	$3	$19	$38	$57	$0	$57
Kentucky	$1	$2	$3	$10	$20	$30	$0	$30
Louisiana	$1	$2	$3	$19	$38	$57	$0	$57
Maine	$1	$2	$3	$10	$20	$30	$0	$30
Maryland	$1	$2	$3	$10	$20	$30	$0	$30
Massachusetts	$1	$2	$3	$19	$38	$57	$0	$57
Michigan	$1	$2	$3	$10	$20	$30	$0	$30
Minnesota	$1	$2	$3	$19	$38	$57	$0	$57
Mississippi	$1	$2	$3	$19	$38	$57	$0	$57
Missouri	$1	$2	$3	$19	$38	$57	$0	$57

Value Plan – Tier 1 Initial Coverage Cost-Sharing by State, contd.								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Montana	$1	$2	$3	$19	$38	$57	$0	$57
Nebraska	$1	$2	$3	$19	$38	$57	$0	$57
Nevada	$1	$2	$3	$19	$38	$57	$0	$57
New Hampshire	$1	$2	$3	$10	$20	$30	$0	$30
New Jersey	$1	$2	$3	$10	$20	$30	$0	$30
New Mexico	$1	$2	$3	$19	$38	$57	$0	$57
New York	$1	$2	$3	$10	$20	$30	$0	$30
North Carolina	$1	$2	$3	$19	$38	$57	$0	$57
North Dakota	$1	$2	$3	$19	$38	$57	$0	$57
Ohio	$1	$2	$3	$19	$38	$57	$0	$57
Oklahoma	$1	$2	$3	$10	$20	$30	$0	$30
Oregon	$1	$2	$3	$19	$38	$57	$0	$57
Pennsylvania	$1	$2	$3	$10	$20	$30	$0	$30
Puerto Rico	$1	$2	$3	$10	$20	$30	$0	$30
Rhode Island	$1	$2	$3	$19	$38	$57	$0	$57
South Carolina	$1	$2	$3	$19	$38	$57	$0	$57
South Dakota	$1	$2	$3	$19	$38	$57	$0	$57
Tennessee	$1	$2	$3	$19	$38	$57	$0	$57
Texas	$1	$2	$3	$19	$38	$57	$0	$57
Utah	$1	$2	$3	$19	$38	$57	$0	$57
Vermont	$1	$2	$3	$19	$38	$57	$0	$57
Virginia	$1	$2	$3	$19	$38	$57	$0	$57
Washington	$1	$2	$3	$19	$38	$57	$0	$57
West Virginia	$1	$2	$3	$10	$20	$30	$0	$30
Wisconsin	$1	$2	$3	$10	$20	$30	$0	$30
Wyoming	$1	$2	$3	$19	$38	$57	$0	$57

Value Plan – Tier 2 Initial Coverage Cost-Sharing by State								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Alabama	$4	$8	$12	$20	$40	$60	$0	$60
Alaska	$3	$6	$9	$20	$40	$60	$0	$60
Arizona	$9	$18	$27	$20	$40	$60	$0	$60
Arkansas	$3	$6	$9	$20	$40	$60	$0	$60
California	$3	$6	$9	$15	$30	$45	$0	$45
Colorado	$6	$12	$18	$20	$40	$60	$0	$60
Connecticut	$3	$6	$9	$20	$40	$60	$0	$60
Delaware	$3	$6	$9	$14	$28	$42	$0	$42
District of Columbia	$3	$6	$9	$14	$28	$42	$0	$42
Florida	$3	$6	$9	$20	$40	$60	$0	$60
Georgia	$3	$6	$9	$20	$40	$60	$0	$60
Hawaii	$3	$6	$9	$20	$40	$60	$0	$60
Idaho	$8	$16	$24	$20	$40	$60	$0	$60
Illinois	$3	$6	$9	$20	$40	$60	$0	$60
Indiana	$3	$6	$9	$17	$34	$51	$0	$51
Iowa	$3	$6	$9	$20	$40	$60	$0	$60
Kansas	$3	$6	$9	$20	$40	$60	$0	$60
Kentucky	$3	$6	$9	$17	$34	$51	$0	$51
Louisiana	$3	$6	$9	$20	$40	$60	$0	$60
Maine	$3	$6	$9	$12	$24	$36	$0	$36
Maryland	$3	$6	$9	$14	$28	$42	$0	$42
Massachusetts	$3	$6	$9	$20	$40	$60	$0	$60
Michigan	$4	$8	$12	$12	$24	$36	$0	$36
Minnesota	$3	$6	$9	$20	$40	$60	$0	$60
Mississippi	$3	$6	$9	$20	$40	$60	$0	$60
Missouri	$3	$6	$9	$20	$40	$60	$0	$60

Value Plan – Tier 2 Initial Coverage Cost-Sharing by State, contd.								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Montana	$3	$6	$9	$20	$40	$60	$0	$60
Nebraska	$3	$6	$9	$20	$40	$60	$0	$60
Nevada	$4	$8	$12	$20	$40	$60	$0	$60
New Hampshire	$3	$6	$9	$12	$24	$36	$0	$36
New Jersey	$3	$6	$9	$12	$24	$36	$0	$36
New Mexico	$8	$16	$24	$20	$40	$60	$0	$60
New York	$3	$6	$9	$12	$24	$36	$0	$36
North Carolina	$3	$6	$9	$20	$40	$60	$0	$60
North Dakota	$3	$6	$9	$20	$40	$60	$0	$60
Ohio	$4	$8	$12	$20	$40	$60	$0	$60
Oklahoma	$3	$6	$9	$15	$30	$45	$0	$45
Oregon	$5	$10	$15	$20	$40	$60	$0	$60
Pennsylvania	$3	$6	$9	$12	$24	$36	$0	$36
Puerto Rico	$3	$6	$9	$12	$24	$36	$0	$36
Rhode Island	$3	$6	$9	$20	$40	$60	$0	$60
South Carolina	$5	$10	$15	$20	$40	$60	$0	$60
South Dakota	$3	$6	$9	$20	$40	$60	$0	$60
Tennessee	$4	$8	$12	$20	$40	$60	$0	$60
Texas	$3	$6	$9	$20	$40	$60	$0	$60
Utah	$8	$16	$24	$20	$40	$60	$0	$60
Vermont	$3	$6	$9	$20	$40	$60	$0	$60
Virginia	$4	$8	$12	$20	$40	$60	$0	$60
Washington	$5	$10	$15	$20	$40	$60	$0	$60
West Virginia	$3	$6	$9	$12	$24	$36	$0	$36
Wisconsin	$3	$6	$9	$15	$30	$45	$0	$45
Wyoming	$3	$6	$9	$20	$40	$60	$0	$60

Value Plan – Tier 3 Initial Coverage Cost-Sharing by State								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Alabama	$34	$68	$102	$47	$94	$141	$102	$141
Alaska	$35	$70	$105	$47	$94	$141	$105	$141
Arizona	$46	$92	$138	$47	$94	$141	$138	$141
Arkansas	$42	$84	$126	$47	$94	$141	$126	$141
California	$30	$60	$90	$47	$94	$141	$90	$141
Colorado	$43	$86	$129	$47	$94	$141	$129	$141
Connecticut	$30	$60	$90	$47	$94	$141	$90	$141
Delaware	$35	$70	$105	$43	$86	$129	$105	$129
District of Columbia	$35	$70	$105	$43	$86	$129	$105	$129
Florida	$30	$60	$90	$37	$74	$111	$90	$111
Georgia	$29	$58	$87	$35	$70	$105	$87	$105
Hawaii	$40	$80	$120	$47	$94	$141	$120	$141
Idaho	$34	$68	$102	$45	$90	$135	$102	$135
Illinois	$39	$78	$117	$47	$94	$141	$117	$141
Indiana	$31	$62	$93	$40	$80	$120	$93	$120
Iowa	$41	$82	$123	$47	$94	$141	$123	$141
Kansas	$42	$84	$126	$47	$94	$141	$126	$141
Kentucky	$31	$62	$93	$40	$80	$120	$93	$120
Louisiana	$23	$46	$69	$28	$56	$84	$69	$84
Maine	$24	$48	$72	$30	$60	$90	$72	$90
Maryland	$35	$70	$105	$43	$86	$129	$105	$129
Massachusetts	$30	$60	$90	$47	$94	$141	$90	$141
Michigan	$25	$50	$75	$32	$64	$96	$75	$96
Minnesota	$41	$82	$123	$47	$94	$141	$123	$141
Mississippi	$41	$82	$123	$47	$94	$141	$123	$141
Missouri	$32	$64	$96	$47	$94	$141	$96	$141

Value Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Montana	$41	$82	$123	$47	$94	$141	$123	$141
Nebraska	$41	$82	$123	$47	$94	$141	$123	$141
Nevada	$39	$78	$117	$47	$94	$141	$117	$141
New Hampshire	$24	$48	$72	$30	$60	$90	$72	$90
New Jersey	$24	$48	$72	$29	$58	$87	$72	$87
New Mexico	$47	$94	$141	$47	$94	$141	$141	$141
New York	$20	$40	$60	$26	$52	$78	$60	$78
North Carolina	$30	$60	$90	$47	$94	$141	$90	$141
North Dakota	$41	$82	$123	$47	$94	$141	$123	$141
Ohio	$47	$94	$141	$47	$94	$141	$141	$141
Oklahoma	$30	$60	$90	$46	$92	$138	$90	$138
Oregon	$35	$70	$105	$40	$80	$120	$105	$120
Pennsylvania	$21	$42	$63	$27	$54	$81	$63	$81
Puerto Rico	$30	$60	$90	$47	$94	$141	$90	$141
Rhode Island	$30	$60	$90	$47	$94	$141	$90	$141
South Carolina	$41	$82	$123	$47	$94	$141	$123	$141
South Dakota	$41	$82	$123	$47	$94	$141	$123	$141
Tennessee	$34	$68	$102	$47	$94	$141	$102	$141
Texas	$42	$84	$126	$47	$94	$141	$126	$141
Utah	$34	$68	$102	$45	$90	$135	$102	$135
Vermont	$30	$60	$90	$47	$94	$141	$90	$141
Virginia	$35	$70	$105	$47	$94	$141	$105	$141
Washington	$35	$70	$105	$40	$80	$120	$105	$120
West Virginia	$21	$42	$63	$27	$54	$81	$63	$81
Wisconsin	$30	$60	$90	$45	$90	$135	$90	$135
Wyoming	$41	$82	$123	$47	$94	$141	$123	$141

Value Plan – Tier 4 Initial Coverage Cost-Sharing by State								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Alabama	50%	50%	50%	50%	50%	50%	50%	50%
Alaska	50%	50%	50%	50%	50%	50%	50%	50%
Arizona	49%	49%	49%	49%	49%	49%	49%	49%
Arkansas	50%	50%	50%	50%	50%	50%	50%	50%
California	50%	50%	50%	50%	50%	50%	50%	50%
Colorado	47%	47%	47%	49%	49%	49%	47%	49%
Connecticut	50%	50%	50%	50%	50%	50%	50%	50%
Delaware	47%	47%	47%	48%	48%	48%	47%	48%
District of Columbia	47%	47%	47%	48%	48%	48%	47%	48%
Florida	50%	50%	50%	50%	50%	50%	50%	50%
Georgia	50%	50%	50%	50%	50%	50%	50%	50%
Hawaii	50%	50%	50%	50%	50%	50%	50%	50%
Idaho	46%	46%	46%	48%	48%	48%	46%	48%
Illinois	50%	50%	50%	50%	50%	50%	50%	50%
Indiana	50%	50%	50%	50%	50%	50%	50%	50%
Iowa	50%	50%	50%	50%	50%	50%	50%	50%
Kansas	50%	50%	50%	50%	50%	50%	50%	50%
Kentucky	50%	50%	50%	50%	50%	50%	50%	50%
Louisiana	46%	46%	46%	46%	46%	46%	46%	46%
Maine	50%	50%	50%	50%	50%	50%	50%	50%
Maryland	47%	47%	47%	48%	48%	48%	47%	48%
Massachusetts	50%	50%	50%	50%	50%	50%	50%	50%
Michigan	47%	47%	47%	48%	48%	48%	47%	48%
Minnesota	50%	50%	50%	50%	50%	50%	50%	50%
Mississippi	50%	50%	50%	50%	50%	50%	50%	50%
Missouri	50%	50%	50%	50%	50%	50%	50%	50%

Value Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Montana	50%	50%	50%	50%	50%	50%	50%	50%
Nebraska	50%	50%	50%	50%	50%	50%	50%	50%
Nevada	50%	50%	50%	50%	50%	50%	50%	50%
New Hampshire	50%	50%	50%	50%	50%	50%	50%	50%
New Jersey	49%	49%	49%	50%	50%	50%	49%	50%
New Mexico	50%	50%	50%	50%	50%	50%	50%	50%
New York	46%	46%	46%	50%	50%	50%	46%	50%
North Carolina	50%	50%	50%	50%	50%	50%	50%	50%
North Dakota	50%	50%	50%	50%	50%	50%	50%	50%
Ohio	50%	50%	50%	50%	50%	50%	50%	50%
Oklahoma	50%	50%	50%	50%	50%	50%	50%	50%
Oregon	47%	47%	47%	48%	48%	48%	47%	48%
Pennsylvania	50%	50%	50%	50%	50%	50%	50%	50%
Puerto Rico	50%	50%	50%	50%	50%	50%	50%	50%
Rhode Island	50%	50%	50%	50%	50%	50%	50%	50%
South Carolina	50%	50%	50%	50%	50%	50%	50%	50%
South Dakota	50%	50%	50%	50%	50%	50%	50%	50%
Tennessee	50%	50%	50%	50%	50%	50%	50%	50%
Texas	50%	50%	50%	50%	50%	50%	50%	50%
Utah	46%	46%	46%	48%	48%	48%	46%	48%
Vermont	50%	50%	50%	50%	50%	50%	50%	50%
Virginia	50%	50%	50%	50%	50%	50%	50%	50%
Washington	47%	47%	47%	48%	48%	48%	47%	48%
West Virginia	50%	50%	50%	50%	50%	50%	50%	50%
Wisconsin	50%	50%	50%	50%	50%	50%	50%	50%
Wyoming	50%	50%	50%	50%	50%	50%	50%	50%

Value Plan – Tier 6 Initial Coverage Cost-Sharing by State								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Alabama	$0	$0	$0	$5	$10	$15	$0	$15
Alaska	$0	$0	$0	$5	$10	$15	$0	$15
Arizona	$0	$0	$0	$9	$18	$27	$0	$27
Arkansas	$0	$0	$0	$5	$10	$15	$0	$15
California	$0	$0	$0	$5	$10	$15	$0	$15
Colorado	$0	$0	$0	$9	$18	$27	$0	$27
Connecticut	$0	$0	$0	$5	$10	$15	$0	$15
Delaware	$0	$0	$0	$5	$10	$15	$0	$15
District of Columbia	$0	$0	$0	$5	$10	$15	$0	$15
Florida	$0	$0	$0	$5	$10	$15	$0	$15
Georgia	$0	$0	$0	$5	$10	$15	$0	$15
Hawaii	$0	$0	$0	$5	$10	$15	$0	$15
Idaho	$0	$0	$0	$7	$14	$21	$0	$21
Illinois	$0	$0	$0	$5	$10	$15	$0	$15
Indiana	$0	$0	$0	$5	$10	$15	$0	$15
Iowa	$0	$0	$0	$5	$10	$15	$0	$15
Kansas	$0	$0	$0	$5	$10	$15	$0	$15
Kentucky	$0	$0	$0	$5	$10	$15	$0	$15
Louisiana	$0	$0	$0	$7	$14	$21	$0	$21
Maine	$0	$0	$0	$5	$10	$15	$0	$15
Maryland	$0	$0	$0	$5	$10	$15	$0	$15
Massachusetts	$0	$0	$0	$5	$10	$15	$0	$15
Michigan	$0	$0	$0	$5	$10	$15	$0	$15
Minnesota	$0	$0	$0	$5	$10	$15	$0	$15
Mississippi	$0	$0	$0	$5	$10	$15	$0	$15
Missouri	$0	$0	$0	$5	$10	$15	$0	$15

Value Plan – Tier 6 Initial Coverage Cost-Sharing by State, contd.								
State	**Preferred Retail Pharmacy**			**Standard Retail Pharmacy**			**Preferred Mail Order**	**Standard Mail Order**
	30-day supply	**60-day supply**	**90-day supply**	**30-day supply**	**60-day supply**	**90-day supply**	**Up to 90-day supply**	**Up to 90-day supply**
Montana	$0	$0	$0	$5	$10	$15	$0	$15
Nebraska	$0	$0	$0	$5	$10	$15	$0	$15
Nevada	$0	$0	$0	$9	$18	$27	$0	$27
New Hampshire	$0	$0	$0	$5	$10	$15	$0	$15
New Jersey	$0	$0	$0	$5	$10	$15	$0	$15
New Mexico	$0	$0	$0	$9	$18	$27	$0	$27
New York	$0	$0	$0	$6	$12	$18	$0	$18
North Carolina	$0	$0	$0	$5	$10	$15	$0	$15
North Dakota	$0	$0	$0	$5	$10	$15	$0	$15
Ohio	$0	$0	$0	$8	$16	$24	$0	$24
Oklahoma	$0	$0	$0	$5	$10	$15	$0	$15
Oregon	$0	$0	$0	$7	$14	$21	$0	$21
Pennsylvania	$0	$0	$0	$5	$10	$15	$0	$15
Puerto Rico	$0	$0	$0	$5	$10	$15	$0	$15
Rhode Island	$0	$0	$0	$5	$10	$15	$0	$15
South Carolina	$0	$0	$0	$5	$10	$15	$0	$15
South Dakota	$0	$0	$0	$5	$10	$15	$0	$15
Tennessee	$0	$0	$0	$5	$10	$15	$0	$15
Texas	$0	$0	$0	$5	$10	$15	$0	$15
Utah	$0	$0	$0	$7	$14	$21	$0	$21
Vermont	$0	$0	$0	$5	$10	$15	$0	$15
Virginia	$0	$0	$0	$5	$10	$15	$0	$15
Washington	$0	$0	$0	$7	$14	$21	$0	$21
West Virginia	$0	$0	$0	$5	$10	$15	$0	$15
Wisconsin	$0	$0	$0	$5	$10	$15	$0	$15
Wyoming	$0	$0	$0	$5	$10	$15	$0	$15

Choice Plan – Tier 4 Initial Coverage Cost-Sharing by State

30-day, 60-day and 90-day Supplies
Preferred Retail Pharmacy, Standard Retail Pharmacy,
Preferred Mail Order, Standard Mail Order

State	Coinsurance	State	Coinsurance
Alabama	50%	Montana	50%
Alaska	48%	Nebraska	50%
Arizona	50%	Nevada	50%
Arkansas	50%	New Hampshire	50%
California	49%	New Jersey	47%
Colorado	50%	New Mexico	50%
Connecticut	50%	New York	50%
Delaware	50%	North Carolina	50%
District of Columbia	50%	North Dakota	50%
Florida	50%	Ohio	50%
Georgia	50%	Oklahoma	50%
Hawaii	49%	Oregon	50%
Idaho	49%	Pennsylvania	50%
Illinois	50%	Rhode Island	50%
Indiana	50%	South Carolina	50%
Iowa	50%	South Dakota	50%
Kansas	50%	Tennessee	50%
Kentucky	50%	Texas	50%
Louisiana	50%	Utah	49%
Maine	50%	Vermont	50%
Maryland	50%	Virginia	50%
Massachusetts	50%	Washington	50%
Michigan	46%	West Virginia	50%
Minnesota	50%	Wisconsin	50%
Mississippi	50%	Wyoming	50%
Missouri	50%		

NOTES

EXPRESS SCRIPTS®
Medicare (PDP)

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at **1.866.477.5704;** TTY: **1.800.716.3231.**

UNDERSTANDING THE BENEFITS

- [ ] Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

UNDERSTANDING IMPORTANT RULES

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copayments/coinsurance may change on January 1, 2022.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at medicare.gov or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Opioids (regardless of tier) and all drugs in Tier 5 are limited to a 30-day supply at all pharmacy types.

All mail-order medications are priced at a 90-day cost-share, even if the prescription is written for fewer days.

Express Scripts Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in Alaska; the Saver plan also includes limited lower-cost, preferred pharmacies in suburban areas in Puerto Rico, and the Choice plan also includes limited lower-cost, preferred pharmacies in rural areas in Oklahoma. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**); TTY: **1.800.716.3231,** or consult the online pharmacy directory at **express-scriptsmedicare.com/2021network**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.758.4574;** para residentes del estado de New York: **1.800.758.4570** (TTY: **1.800.716.3231**).

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