

# **Pharmacy Benefit Overview**

A PDF of this presentation and a recording will be available on the plan website at www.express-scripts.com/ERSMedicareRx.







#### WHAT WE WILL SHARE WITH YOU TODAY



**Pharmacy Benefit Overview** 



Getting the Most from Your Pharmacy Plan



Ways To Manage Your Pharmacy Benefit







## **Express Scripts**



Access affordable prescription drugs safely and efficiently

Thousands of national, regional chain and independent neighborhood pharmacies in our network

Convenient Mail Order services & Specialty
Pharmacy







## When it comes to Pharmacy care, your choice matters.

### **COMPREHENSIVE PHARMACY CARE**



Retail Pharmacies for SHORT-TERM Medication Needs



National network of over 60,000 retail pharmacies.



Extended Days' Supply Retail
Pharmacies or
Express Scripts Mail Order

Options for CHRONIC

Maintenance Medication Needs



Up to a 90 day supply at an EDS pharmacy or Express Scripts Mail Order pharmacy.



Retail or Mail Order for SPECIALTY

Medication Needs



Personalized care from our specialty Pharmacy Accredo to treat chronic, complex conditions.







## Information About Your Plan - A Deeper Dive

### **Important Reminders:**

- If you are taking Insulin, regardless of the Tier, you will never pay more than \$25 for a 30 day supply of Insulin.
- 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' supply of the
  drug you receive.
- You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through an EDS pharmacy or by mail through Express Scripts® Pharmacy. There is no charge for standard shipping.
- Not all drugs are available at a 90-day supply and not all retail pharmacies offer a 90-day supply.











## Information About Your Plan - A Deeper Dive

Formularies are a list of specific drugs covered by the plan and their costs and could change on January 1, 2024.

### Reasons for formulary change:

- The Food and Drug Administration approves a new medication or existing medication as part of treatment for a new disease category.
- A brand-name medication loses its patent and generic versions become available.
- A medication has been withdrawn from the market for safety reasons.
- A medication becomes available without a prescription (over-the-counter drugs are not typically covered under prescription drug plans).
- You can contact Express Scripts Medicare Customer Service for more information regarding formularies and changes.











## Information About Your Plan – Retail or EDS Supply

Tion.	Prescription drug type	Your costs			
Tier		Retail Network		Extended Day Supply (EDS) Network	
	Annual deductible \$50	Retail 30-day supply Non-Maintenance	Retail 30-day supply Maintenance	31–60 day supply	61-90 day supply
1	Preferred Generic Most generic drugs	\$10 copay	\$10 copay	\$20 copay	\$30 copay
2	Preferred Brand Many common brand- name drugs, called preferred brands.	\$35 copay	\$45 copay	\$70 copay	\$105 copay
3	Non-preferred Drug Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$60 copay	\$75 copay	\$120 copay	\$180 copay





## No changes from current plan!

## PHARMACY BENEFIT OVERVIEW

## Information About Your Plan - Mail Service

Tier	Prescription drug type	Mail Order		
	Annual deductible \$50	31–60 day supply	61-90 day supply	
1	Preferred Generic Most generic drugs	\$20 copay	\$30 copay	
2	Preferred Brand Many common brand-name drugs, called preferred brands.	\$70 copay	\$105 copay	
3	Non-preferred Drug  Non-preferred brand-name drugs. In addition, Part D-eligible compound medications are covered in Tier 3.	\$120 copay	\$180 copay	







## Accredo

Personalized patient care for a wide range of complex and chronic conditions.





Specialty clinicians are your guide



An easy route for getting your medication







## Full Coverage in the gap

### **Initial Coverage**

In this drug payment stage, you pay a copay and the plan pays the rest.



You stay in this stage until your total drug costs reach \$5,030.

### Coverage Gap

Your plan provides additional coverage through the gap, and you continue to pay the same copay as you did in the initial coverage stage.



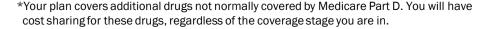
You stay in this stage until your out-of-pocket costs reach \$8,000.

### **Catastrophic Coverage**

In this stage, you will pay \$0 for covered Part D drugs.\*



You stay in this stage for the rest of the plan year.

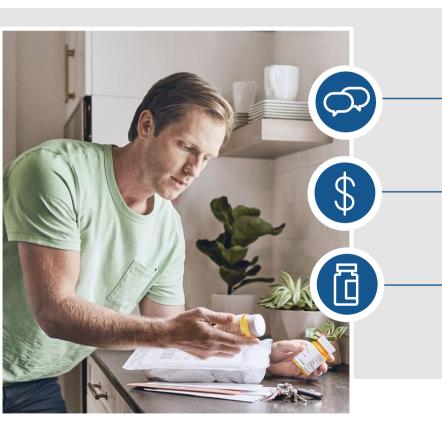








## Getting the Most from your Plan



Ask your doctor for a generic or a lower-cost equivalent

If using a coupon, be sure to speak to the pharmacist first about any coupons you may plan to use.

Take your medications as prescribed and set reminders to help you stay on track







### **GETTING THE MOST FROM YOUR PLAN**

## Long-term Medications

### Convenient mail order from Express Scripts® Pharmacy



Express Scripts<sup>®</sup> Pharmacy will contact your doctor to get your new prescription

Delivered straight to your door with free standard shipping, with auto-refills and reminders available

Talk with a pharmacist by phone 24/7





#### GETTING THE MOST FROM YOUR PLAN

## Vaccinations: Don't Miss Your Shot to Protect Yourself



Covered by your prescription plan at a participating retail pharmacy

Common vaccines covered under your plan include Shingles, Tetanus, Hepatitis A & B, RSV, and more

Don't forget to present your ID card to the pharmacist

Did you know?

The Shingrix vaccine is more than 90% effective at preventing shingles and long-term nerve pain.





## Resources for You

- Download the Express Scripts® mobile app for free go to your mobile device's app store and search for "Express Scripts."
- Create your digital profile at HSMedicareRx.com or on the Express Scripts® mobile app which helps you connect to:
  - Your digital prescription ID card
  - Lower-cost medication options
  - Nearby, in-network pharmacies
  - Easy medication refills
  - · Home delivery with order tracking



Call the customer service number on your ID card – available 24/7 for general support or to talk to a specially trained pharmacist for complex concerns or health conditions.







## Resources to Help you with Transition

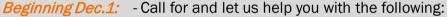
ESI Member Services: 866-264-4676

Hearing Impaired: Dial Relay Texas 711 or 1-800-716-3231

- Customer Service available 24 hours a day, seven days a week.

**Beginning Oct.30:** - Call for any general plan benefit questions.

- Get a preview of your 2024 plan and visit us at express-scripts.com/ERSMedicareRx.



- \* Web / Mobile App Registration
- \* Price your medication(s)
- \* Locate your pharmacy



- Beginning Jan.1: Begin using your new Express Scripts Prescription card.
  - Access most current information on your 2024 plan by visiting the updated site, HSmedicareRx.com.
  - If using mail order, request new prescriptions or refills as needed.
  - Discontinue using your RX coverage with United Healthcare.



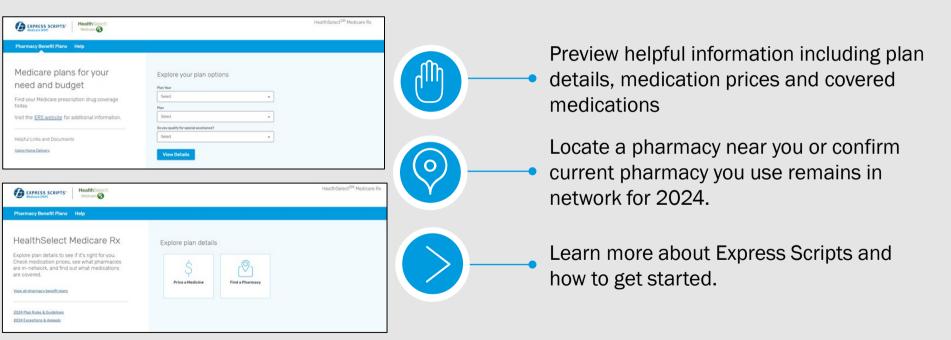








## express-scripts.com/ERSMedicareRx





## Prescription ID Card

### When will I get a new card?

- In December, Express Scripts will send members new ID cards to use starting Jan.1 2024.





**RxBIN** 610014

RxPCNMEDDPRIMERxGrpXXXXXXXIssuer9151014609

(80840)

ID No. AZZA27012308
Name JOHN Q. SAMPLE
Issued XX/XX/XXXX

Medicare R Prescription Drug Coverage X CMS-S5660-xxx

**Health**Select!

Medicare R



Includes important information



Customer service telephone number



Digital prescription ID card available







# **Thank You**



