

Benefit Overview

Express Scripts Medicare™ (PDP) for Greenfield School District

YOUR 2015 PRESCRIPTION DRUG PLAN BENEFIT

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

Deductible Stage	You do not pay a yearly deductible.			
Initial Coverage Stage	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,960:			
	Tier	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	\$25 copayment	\$75 copayment	\$50 copayment
	Tier 3: Non-Preferred Brand Drugs	\$50 copayment	\$150 copayment	\$125 copayment
	Tier 4: Specialty Tier Drugs	\$50 copayment	\$150 copayment	\$125 copayment
	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts PharmacySM. There is no charge for standard shipping.</p>			
Coverage Gap Stage	After your total yearly drug costs reach \$2,960, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage, until you qualify for the Catastrophic Coverage stage.			
Non-Part D Drugs	Not Covered			
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$4,700, 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 of Initial Coverage Stage member cost share • a \$6.60 copayment for all other covered drugs with a maximum of Initial Coverage Stage member cost share 			