



EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare

| Value | Choice |

(a Medicare prescription drug plan (PDP) offered by Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only) with a Medicare contract)

S5660 & S5983

Summary of Benefits

January 1, 2016 – December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare prescription drug benefits

- One choice is to get prescription drug coverage through a Medicare prescription drug plan, like **Express Scripts Medicare**[®] (PDP) Value or Choice plans.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage and prescription drug coverage (Part D) through these plans.

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Express Scripts Medicare** (PDP) Value and Choice plans cover and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- 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 <http://www.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.

Sections in this booklet

- Things to Know About **Express Scripts Medicare** (PDP) Value and Choice plans
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Prescription Drug Benefits

This document is available in other formats such as braille and large print.

This document may be available in a non-English language. For additional information, call us at **1.866.477.5704** (TTY: **1.800.716.3231**).

Este documento puede estar disponible en idiomas distintos del inglés. Para obtener información adicional, llame al **1.866.477.5704** (TTY: **1.800.716.3231**).

Things to Know About Express Scripts Medicare (PDP) Value and Choice Plans

Hours of operation

You can call us 24 hours a day, 7 days a week.

Express Scripts Medicare phone numbers and website

- 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**.
- 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).
- Our website: **<http://www.Express-ScriptsMedicare.com>**

Who can join?

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 the following: All 50 states, the District of Columbia and Puerto Rico.

Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (**<http://www.Express-ScriptsMedicare.com>**). Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document, we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap and Catastrophic Coverage.

Which pharmacies can I use?

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan’s pharmacy directory at our website (**<http://www.Express-ScriptsMedicare.com>**). Or, call us and we will send you a copy of the *Pharmacy Directory*.

Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services

How much is the monthly premium?

Please see the chart below for the premium amount in your state.

Service Area	Value premium	Choice premium	Service Area	Value premium	Choice premium
Alabama	\$30.70	\$86.90	Montana	\$55.50	\$93.70
Alaska	\$51.50	\$87.50	Nebraska	\$55.50	\$93.70
Arizona	\$33.20	\$84.00	Nevada	\$68.20	\$82.30
Arkansas	\$29.10	\$75.70	New Hampshire	\$36.90	\$82.50
California	\$60.60	\$100.10	New Jersey	\$37.50	\$75.70
Colorado	\$66.90	\$100.00	New Mexico	\$51.10	\$74.00
Connecticut	\$49.00	\$72.20	New York	\$37.30	\$70.20
Delaware	\$30.30	\$72.00	North Carolina	\$37.30	\$77.20
Dist. of Columbia	\$30.30	\$72.00	North Dakota	\$55.50	\$93.70
Florida	\$94.20	\$105.00	Ohio	\$40.70	\$64.90
Georgia	\$37.60	\$87.00	Oklahoma	\$49.70	\$75.50
Hawaii	\$31.00	\$62.60	Oregon	\$38.40	\$72.80
Idaho	\$40.20	\$73.60	Pennsylvania	\$34.20	\$94.40
Illinois	\$36.30	\$78.40	Puerto Rico	\$52.40	\$70.20
Indiana	\$31.50	\$84.10	Rhode Island	\$49.00	\$72.20
Iowa	\$55.50	\$93.70	South Carolina	\$39.00	\$74.40
Kansas	\$51.10	\$87.40	South Dakota	\$55.50	\$93.70
Kentucky	\$31.50	\$84.10	Tennessee	\$30.70	\$86.90
Louisiana	\$31.90	\$72.00	Texas	\$36.60	\$104.30
Maine	\$36.90	\$82.50	Utah	\$40.20	\$73.60
Maryland	\$30.30	\$72.00	Vermont	\$49.00	\$72.20
Massachusetts	\$49.00	\$72.20	Virginia	\$56.20	\$76.90
Michigan	\$46.50	\$79.60	Washington	\$38.40	\$72.80
Minnesota	\$55.50	\$93.70	West Virginia	\$34.20	\$94.40
Mississippi	\$32.30	\$92.10	Wisconsin	\$53.60	\$92.70
Missouri	\$51.70	\$80.10	Wyoming	\$55.50	\$93.70

How much is the deductible?

Value plan: \$360 per year for all Part D prescription drugs.

Choice plan: \$360 per year for Part D prescription drugs, except for drugs listed on Tiers 1 and 2, which are excluded from the deductible.

Prescription Drug Benefits

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail-order pharmacies.

Please refer to the Cost-Sharing tables to find out the cost-sharing amount in your state.

Initial Coverage Stage – Standard Retail Cost-Sharing

Tier	Value Plan		Choice Plan	
	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5 copay*	\$15 copay*	\$10 copay	\$30 copay
Tier 2 (Generic)	\$10 - \$20 copay See Table A on pages 8 – 9 for the copayment in your state.	\$30 - \$60 copay	\$20 copay	\$60 copay
Tier 3 (Preferred Brand)	21% - 25% of the cost See Table A on pages 8 – 9 for the coinsurance in your state.	21% - 25% of the cost	\$47 copay	\$141 copay
Tier 4 (Non-Preferred Brand)	47% - 50% of the cost See Table A on pages 8 – 9 for the coinsurance in your state.	47% - 50% of the cost	27% - 50% of the cost	27% - 50% of the cost See Table B on page 10 for the coinsurance in your state.
Tier 5 (Specialty Tier)	25% of the cost	Not offered	25% of the cost	Not offered

* Cost-sharing for Florida residents – One-month supply: \$6 copay; three-month supply: \$18 copay.

Initial Coverage Stage – Preferred Retail Cost-Sharing

Tier	Value Plan		Choice Plan	
	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 copay [†]	\$0 copay [†]	\$1 copay	\$3 copay
Tier 2 (Generic)	\$2 - \$12 copay See Table C on pages 11 – 12 for the copayment in your state.	\$6 - \$36 copay	\$5 copay	\$15 copay
Tier 3 (Preferred Brand)	19% - 23% of the cost See Table C on pages 11 – 12 for the coinsurance in your state.	19% - 23% of the cost	\$42 copay	\$126 copay
Tier 4 (Non-Preferred Brand)	45% - 48% of the cost See Table C on pages 11 – 12 for the coinsurance in your state.	45% - 48% of the cost	25% - 48% of the cost	25% - 48% of the cost See Table D on page 13 for the coinsurance in your state.
Tier 5 (Specialty Tier)	25% of the cost	Not offered	25% of the cost	Not offered

[†]Cost-sharing for Florida residents – One-month supply: \$1 copay; three-month supply: \$3 copay.

Initial Coverage Stage – Standard Mail-Order Cost-Sharing

Tier	Value Plan		Choice Plan	
	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not offered	\$8 copay	Not offered	\$5 copay
Tier 2 (Generic)	Not offered	\$11 - \$41 copay See Table E on page 14 for the copayment in your state.	Not offered	\$10 copay
Tier 3 (Preferred Brand)	Not offered	25% of the cost	Not offered	\$131 copay
Tier 4 (Non-Preferred Brand)	Not offered	50% of the cost	Not offered	27% - 50% of the cost See Table F on page 15 for the coinsurance in your state.
Tier 5 (Specialty Tier)	25% of the cost	Not offered	25% of the cost	Not offered

Initial Coverage Stage – Preferred Mail-Order Cost-Sharing

Tier	Value Plan		Choice Plan	
	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	Not offered	\$3 copay	Not offered	\$0 copay
Tier 2 (Generic)	Not offered	\$6 - \$36 copay See Table E on page 14 for the copayment in your state.	Not offered	\$5 copay
Tier 3 (Preferred Brand)	Not offered	25% of the cost	Not offered	\$126 copay
Tier 4 (Non-Preferred Brand)	Not offered	50% of the cost	Not offered	27% - 50% of the cost See Table F on page 15 for the coinsurance in your state.
Tier 5 (Specialty Tier)	25% of the cost	Not offered	25% of the cost	Not offered

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.[‡]

You may get drugs from an out-of-network pharmacy at the same cost as a network pharmacy.[§]

[‡] Long-term care copayments are the same as at a **standard** retail pharmacy.

[§] Generally, we cover drugs filled at an out-of-network pharmacy *only* when you are not able to use a network pharmacy. We will cover prescriptions that are filled at an out-of-network pharmacy if the prescriptions are related to care for a medical emergency or urgently needed care.

Coverage Gap

Most Medicare drug plans have a Coverage Gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The Coverage Gap begins after the total yearly drug costs (including what our plan has paid and what you have paid) reach \$3,310.

After you enter the Coverage Gap, you pay 45% of the plan’s cost for covered brand-name drugs and 58% of the plan’s cost for covered generic drugs until your costs total \$4,850, which is the end of the Coverage Gap. Not everyone will enter the Coverage Gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

- 5% of the cost, or
- \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs.

Cost-Sharing Table A

Standard Retail Pharmacy Cost-Sharing (In-Network) – Value Plan

One-month and three-month supply cost-sharing by state for covered drugs on Tiers 2, 3 and 4

State	One-month supply			Three-month supply		
	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
Alabama	\$18	21%	50%	\$54	21%	50%
Alaska	\$10	25%	50%	\$30	25%	50%
Arizona	\$14	25%	50%	\$42	25%	50%
Arkansas	\$18	22%	50%	\$54	22%	50%
California	\$19	24%	50%	\$57	24%	50%
Colorado	\$16	25%	50%	\$48	25%	50%
Connecticut	\$13	25%	47%	\$39	25%	47%
Delaware	\$14	23%	50%	\$42	23%	50%
Dist. of Columbia	\$14	23%	50%	\$42	23%	50%
Florida	\$20	23%	50%	\$60	23%	50%
Georgia	\$19	23%	50%	\$57	23%	50%
Hawaii	\$14	25%	50%	\$42	25%	50%
Idaho	\$17	22%	50%	\$51	22%	50%
Illinois	\$18	25%	50%	\$54	25%	50%
Indiana	\$17	22%	50%	\$51	22%	50%
Iowa	\$19	25%	50%	\$57	25%	50%
Kansas	\$16	25%	50%	\$48	25%	50%
Kentucky	\$17	22%	50%	\$51	22%	50%
Louisiana	\$17	22%	50%	\$51	22%	50%
Maine	\$13	25%	50%	\$39	25%	50%
Maryland	\$14	23%	50%	\$42	23%	50%
Massachusetts	\$13	25%	47%	\$39	25%	47%
Michigan	\$17	23%	50%	\$51	23%	50%
Minnesota	\$19	25%	50%	\$57	25%	50%
Mississippi	\$19	25%	50%	\$57	25%	50%
Missouri	\$19	25%	50%	\$57	25%	50%

Cost-Sharing Table A

Standard Retail Pharmacy Cost-Sharing (In-Network) – Value Plan

One-month and three-month supply cost-sharing by state for covered drugs on Tiers 2, 3 and 4

State	One-month supply			Three-month supply		
	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
Montana	\$19	25%	50%	\$57	25%	50%
Nebraska	\$19	25%	50%	\$57	25%	50%
Nevada	\$17	25%	50%	\$51	25%	50%
New Hampshire	\$13	25%	50%	\$39	25%	50%
New Jersey	\$13	24%	50%	\$39	24%	50%
New Mexico	\$16	25%	50%	\$48	25%	50%
New York	\$15	24%	50%	\$45	24%	50%
North Carolina	\$15	25%	50%	\$45	25%	50%
North Dakota	\$19	25%	50%	\$57	25%	50%
Ohio	\$15	25%	50%	\$45	25%	50%
Oklahoma	\$11	25%	50%	\$33	25%	50%
Oregon	\$14	25%	50%	\$42	25%	50%
Pennsylvania	\$12	24%	50%	\$36	24%	50%
Puerto Rico	\$20	25%	50%	\$60	25%	50%
Rhode Island	\$13	25%	47%	\$39	25%	47%
South Carolina	\$17	22%	50%	\$51	22%	50%
South Dakota	\$19	25%	50%	\$57	25%	50%
Tennessee	\$18	21%	50%	\$54	21%	50%
Texas	\$17	25%	50%	\$51	25%	50%
Utah	\$17	22%	50%	\$51	22%	50%
Vermont	\$13	25%	47%	\$39	25%	47%
Virginia	\$15	23%	50%	\$45	23%	50%
Washington	\$14	25%	50%	\$42	25%	50%
West Virginia	\$12	24%	50%	\$36	24%	50%
Wisconsin	\$19	25%	48%	\$57	25%	48%
Wyoming	\$19	25%	50%	\$57	25%	50%

Cost-Sharing Table B

Standard Retail Pharmacy Cost-Sharing (In-Network) – Choice Plan One-month and three-month supply cost-sharing by state for covered drugs on Tier 4

Service Area	One-month supply	Three-month supply	Service Area	One-month supply	Three-month supply
Alabama	36%	36%	Montana	46%	46%
Alaska	34%	34%	Nebraska	46%	46%
Arizona	50%	50%	Nevada	35%	35%
Arkansas	50%	50%	New Hampshire	29%	29%
California	37%	37%	New Jersey	44%	44%
Colorado	47%	47%	New Mexico	29%	29%
Connecticut	45%	45%	New York	47%	47%
Delaware	50%	50%	North Carolina	50%	50%
Dist. of Columbia	50%	50%	North Dakota	46%	46%
Florida	50%	50%	Ohio	50%	50%
Georgia	50%	50%	Oklahoma	50%	50%
Hawaii	42%	42%	Oregon	50%	50%
Idaho	50%	50%	Pennsylvania	50%	50%
Illinois	50%	50%	Puerto Rico	45%	45%
Indiana	46%	46%	Rhode Island	45%	45%
Iowa	46%	46%	South Carolina	50%	50%
Kansas	48%	48%	South Dakota	46%	46%
Kentucky	46%	46%	Tennessee	36%	36%
Louisiana	50%	50%	Texas	43%	43%
Maine	29%	29%	Utah	50%	50%
Maryland	50%	50%	Vermont	45%	45%
Massachusetts	45%	45%	Virginia	50%	50%
Michigan	27%	27%	Washington	50%	50%
Minnesota	46%	46%	West Virginia	50%	50%
Mississippi	34%	34%	Wisconsin	33%	33%
Missouri	50%	50%	Wyoming	46%	46%

Cost-Sharing Table C

Preferred Retail Pharmacy Cost-Sharing (In-Network) – Value Plan

One-month and three-month supply cost-sharing by state for covered drugs on Tiers 2, 3 and 4

State	One-month supply			Three-month supply		
	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
Alabama	\$10	19%	48%	\$30	19%	48%
Alaska	\$2	23%	48%	\$6	23%	48%
Arizona	\$6	23%	48%	\$18	23%	48%
Arkansas	\$10	20%	48%	\$30	20%	48%
California	\$11	22%	48%	\$33	22%	48%
Colorado	\$8	23%	48%	\$24	23%	48%
Connecticut	\$5	23%	45%	\$15	23%	45%
Delaware	\$6	21%	48%	\$18	21%	48%
Dist. of Columbia	\$6	21%	48%	\$18	21%	48%
Florida	\$12	21%	48%	\$36	21%	48%
Georgia	\$11	21%	48%	\$33	21%	48%
Hawaii	\$6	23%	48%	\$18	23%	48%
Idaho	\$9	20%	48%	\$27	20%	48%
Illinois	\$10	23%	48%	\$30	23%	48%
Indiana	\$9	20%	48%	\$27	20%	48%
Iowa	\$11	23%	48%	\$33	23%	48%
Kansas	\$8	23%	48%	\$24	23%	48%
Kentucky	\$9	20%	48%	\$27	20%	48%
Louisiana	\$9	20%	48%	\$27	20%	48%
Maine	\$5	23%	48%	\$15	23%	48%
Maryland	\$6	21%	48%	\$18	21%	48%
Massachusetts	\$5	23%	45%	\$15	23%	45%
Michigan	\$9	21%	48%	\$27	21%	48%
Minnesota	\$11	23%	48%	\$33	23%	48%
Mississippi	\$11	23%	48%	\$33	23%	48%
Missouri	\$11	23%	48%	\$33	23%	48%

Cost-Sharing Table C

Preferred Retail Pharmacy Cost-Sharing (In-Network) – Value Plan

One-month and three-month supply cost-sharing by state for covered drugs on Tiers 2, 3 and 4

State	One-month supply			Three-month supply		
	Tier 2	Tier 3	Tier 4	Tier 2	Tier 3	Tier 4
Montana	\$11	23%	48%	\$33	23%	48%
Nebraska	\$11	23%	48%	\$33	23%	48%
Nevada	\$9	23%	48%	\$27	23%	48%
New Hampshire	\$5	23%	48%	\$15	23%	48%
New Jersey	\$5	22%	48%	\$15	22%	48%
New Mexico	\$8	23%	48%	\$24	23%	48%
New York	\$7	22%	48%	\$21	22%	48%
North Carolina	\$7	23%	48%	\$21	23%	48%
North Dakota	\$11	23%	48%	\$33	23%	48%
Ohio	\$7	23%	48%	\$21	23%	48%
Oklahoma	\$3	23%	48%	\$9	23%	48%
Oregon	\$6	23%	48%	\$18	23%	48%
Pennsylvania	\$4	22%	48%	\$12	22%	48%
Puerto Rico	\$12	23%	48%	\$36	23%	48%
Rhode Island	\$5	23%	45%	\$15	23%	45%
South Carolina	\$9	20%	48%	\$27	20%	48%
South Dakota	\$11	23%	48%	\$33	23%	48%
Tennessee	\$10	19%	48%	\$30	19%	48%
Texas	\$9	23%	48%	\$27	23%	48%
Utah	\$9	20%	48%	\$27	20%	48%
Vermont	\$5	23%	45%	\$15	23%	45%
Virginia	\$7	21%	48%	\$21	21%	48%
Washington	\$6	23%	48%	\$18	23%	48%
West Virginia	\$4	22%	48%	\$12	22%	48%
Wisconsin	\$11	23%	46%	\$33	23%	46%
Wyoming	\$11	23%	48%	\$33	23%	48%

Cost-Sharing Table D

Preferred Retail Pharmacy Cost-Sharing (In-Network) – Choice Plan One-month and three-month supply cost-sharing by state for covered drugs on Tier 4

Service Area	One-month supply	Three-month supply	Service Area	One-month supply	Three-month supply
Alabama	34%	34%	Montana	44%	44%
Alaska	32%	32%	Nebraska	44%	44%
Arizona	48%	48%	Nevada	33%	33%
Arkansas	48%	48%	New Hampshire	27%	27%
California	35%	35%	New Jersey	42%	42%
Colorado	45%	45%	New Mexico	27%	27%
Connecticut	43%	43%	New York	45%	45%
Delaware	48%	48%	North Carolina	48%	48%
Dist. of Columbia	48%	48%	North Dakota	44%	44%
Florida	48%	48%	Ohio	48%	48%
Georgia	48%	48%	Oklahoma	48%	48%
Hawaii	40%	40%	Oregon	48%	48%
Idaho	48%	48%	Pennsylvania	48%	48%
Illinois	48%	48%	Puerto Rico	43%	43%
Indiana	44%	44%	Rhode Island	43%	43%
Iowa	44%	44%	South Carolina	48%	48%
Kansas	46%	46%	South Dakota	44%	44%
Kentucky	44%	44%	Tennessee	34%	34%
Louisiana	48%	48%	Texas	41%	41%
Maine	27%	27%	Utah	48%	48%
Maryland	48%	48%	Vermont	43%	43%
Massachusetts	43%	43%	Virginia	48%	48%
Michigan	25%	25%	Washington	48%	48%
Minnesota	44%	44%	West Virginia	48%	48%
Mississippi	32%	32%	Wisconsin	31%	31%
Missouri	48%	48%	Wyoming	44%	44%

Cost-Sharing Table E
Standard and Preferred Mail-Order Pharmacy Cost-Sharing – Value Plan
Three-month supply cost-sharing by state for covered drugs on Tier 2

Service Area	Standard Mail-Order Cost-Sharing	Preferred Mail-Order Cost-Sharing	Service Area	Standard Mail-Order Cost-Sharing	Preferred Mail-Order Cost-Sharing
Alabama	\$35	\$30	Montana	\$38	\$33
Alaska	\$11	\$6	Nebraska	\$38	\$33
Arizona	\$23	\$18	Nevada	\$32	\$27
Arkansas	\$35	\$30	New Hampshire	\$20	\$15
California	\$38	\$33	New Jersey	\$20	\$15
Colorado	\$29	\$24	New Mexico	\$29	\$24
Connecticut	\$20	\$15	New York	\$26	\$21
Delaware	\$23	\$18	North Carolina	\$26	\$21
Dist. of Columbia	\$23	\$18	North Dakota	\$38	\$33
Florida	\$41	\$36	Ohio	\$26	\$21
Georgia	\$38	\$33	Oklahoma	\$14	\$9
Hawaii	\$23	\$18	Oregon	\$23	\$18
Idaho	\$32	\$27	Pennsylvania	\$17	\$12
Illinois	\$35	\$30	Puerto Rico	\$41	\$36
Indiana	\$32	\$27	Rhode Island	\$20	\$15
Iowa	\$38	\$33	South Carolina	\$32	\$27
Kansas	\$29	\$24	South Dakota	\$38	\$33
Kentucky	\$32	\$27	Tennessee	\$35	\$30
Louisiana	\$32	\$27	Texas	\$32	\$27
Maine	\$20	\$15	Utah	\$32	\$27
Maryland	\$23	\$18	Vermont	\$20	\$15
Massachusetts	\$20	\$15	Virginia	\$26	\$21
Michigan	\$32	\$27	Washington	\$23	\$18
Minnesota	\$38	\$33	West Virginia	\$17	\$12
Mississippi	\$38	\$33	Wisconsin	\$38	\$33
Missouri	\$38	\$33	Wyoming	\$38	\$33

Cost-Sharing Table F
Standard and Preferred Mail-Order Pharmacy Cost-Sharing – Choice Plan
Three-month supply cost-sharing by state for covered drugs on Tier 4

Service Area	Standard Mail-Order Cost-Sharing	Preferred Mail-Order Cost-Sharing	Service Area	Standard Mail-Order Cost-Sharing	Preferred Mail-Order Cost-Sharing
Alabama	36%	36%	Montana	46%	46%
Alaska	34%	34%	Nebraska	46%	46%
Arizona	50%	50%	Nevada	35%	35%
Arkansas	50%	50%	New Hampshire	29%	29%
California	37%	37%	New Jersey	44%	44%
Colorado	47%	47%	New Mexico	29%	29%
Connecticut	45%	45%	New York	47%	47%
Delaware	50%	50%	North Carolina	50%	50%
Dist. of Columbia	50%	50%	North Dakota	46%	46%
Florida	50%	50%	Ohio	50%	50%
Georgia	50%	50%	Oklahoma	50%	50%
Hawaii	42%	42%	Oregon	50%	50%
Idaho	50%	50%	Pennsylvania	50%	50%
Illinois	50%	50%	Puerto Rico	45%	45%
Indiana	46%	46%	Rhode Island	45%	45%
Iowa	46%	46%	South Carolina	50%	50%
Kansas	48%	48%	South Dakota	46%	46%
Kentucky	46%	46%	Tennessee	36%	36%
Louisiana	50%	50%	Texas	43%	43%
Maine	29%	29%	Utah	50%	50%
Maryland	50%	50%	Vermont	45%	45%
Massachusetts	45%	45%	Virginia	50%	50%
Michigan	27%	27%	Washington	50%	50%
Minnesota	46%	46%	West Virginia	50%	50%
Mississippi	34%	34%	Wisconsin	33%	33%
Missouri	50%	50%	Wyoming	46%	46%

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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Additional Information About Express Scripts Medicare (PDP)

January 1, 2016 – December 31, 2016

Enrollment Information

Beneficiaries may enroll in the plan only during specific times of the year. For information or to enroll, call us at the numbers listed in the *Summary of Benefits*.

Or, you may enroll in one of the following ways:

Mail a completed enrollment form to:

Express Scripts Medicare
P.O. Box 14717
Lexington, KY 40512-9874

Enroll through our website, <http://www.Express-ScriptsMedicare.com>.

Enroll through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at <http://www.medicare.gov>.

Coverage Limits and Restrictions

Some drugs covered by the plan have coverage limits or restrictions (such as a quantity limit, prior authorization, or step therapy). You may obtain information on these drugs by calling us or by viewing the formulary on our website, <http://www.Express-ScriptsMedicare.com>.

For information on how to request an exception to drug restrictions or limits, you may call us at the numbers listed in the *Summary of Benefits* or view the plan's *Evidence of Coverage* on our website, <http://www.Express-ScriptsMedicare.com>.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. You must continue to pay your Medicare Part B premium.

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