

Get drug coverage you can rely on from Express Scripts Medicare® (PDP).

Our lowest premium and a \$0 deductible for generics













Saver plan

Low premium and more drug coverage

Value plan

Broadest drug coverage and our lowest deductible

Choice plan

Annual Deductible	\$0 (Tiers 1 & 2) \$405 (Tiers 3, 4 & 5)			\$405			\$0 (Tiers 1 & 2) \$350 (Tiers 3, 4 & 5)				
Initial Coverage Stage Copay (\$) or coinsurance (%) you'll pay (by pharmacy type and days' supply)	Preferred home delivery 90 days	Preferred retail 31 days	Standard retail 31 days	Preferred home delivery 90 days	Preferred retail 31 days	Standard retail 31 days	Preferred home delivery 90 days	Preferred retail 31 days	Standard retail 31 days		
Tier 1 Preferred generic drugs	\$2	\$1	\$5	\$3	\$1	\$5	\$0	\$2	\$10		
Tier 2 Generic drugs	\$8	\$4	\$10	\$9	\$3	\$10	\$4	\$7	\$20		
Tier 3 Preferred brand drugs	18%	18%	20%	\$54-\$84	\$18-\$28	\$23-\$33	\$126	\$42	\$47		
Tier 4 (31-day supply only) Nonpreferred drugs	44%-49%	42%-47%	44%-49%	42%-50%	40%-48%	42%-50%	32%-50%	30%-48%	32%-50%		
Tier 5 (31-day supply only) Specialty drugs	25%			25%			26%				
Major preferred pharmacies				 +Local, independent pharmacies							
		 	 	 	 						


The Part D coverage you expect at a price you don't.

Introducing our new **Saver plan**

- **Low premium of just \$22.60** a month* – that's less than \$1 a day!
- **Coverage for nearly 3,000** of the most commonly used medications
- **\$0 deductible** (Tiers 1 & 2 generics)
- **Low copays at preferred pharmacies**, including CVS Pharmacy, Kroger and with home delivery from the Express Scripts Pharmacy^{SM†}

Enroll between Oct. 15 and Dec. 7, 2017, unless you have a Special Enrollment Period. If you're new to Medicare, you can enroll during your Initial Enrollment Period. Go online or call today.

 express-scriptsmedicare.com

 **1.866.546.8151**
TTY: 1.800.716.3231

8 a.m. to 8 p.m., 7 days a week,
except Thanksgiving and Christmas.

* Premium is \$22.50 in AR, CA, HI, NC and PR; \$24 in PA, SC, VA and WV.

† Other pharmacies are available in our network.

Amounts shown on the other side are for the Annual Deductible and Initial Coverage stages only.

Monthly premiums and Tiers 3 and 4 copays/coinsurance may vary by plan and region.



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. Remember, you must continue to pay your Medicare Part B premium.

Express Scripts Medicare Saver plan's pharmacy network offers limited access to pharmacies with preferred cost-sharing in rural and suburban areas in AR, IA, MN, MT, ND, NE, PR, SD, WI and WY; and in rural areas only in ID, KS, MO, MS, OK and UT. 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 pharmacies with preferred cost-sharing, please call Customer Service at **1.866.546.8151**; TTY: **1.800.716.3231**, or consult the online pharmacy directory at express-scriptsmedicare.com/2018network.

Express Scripts Medicare (PDP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.866.546.8151** (TTY: **1.800.716.3231**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致 **1.866.546.8151** (聽障專線：**1.800.716.3231**)。

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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