



2019 Summary of Benefits

January 1, 2019 – December 31, 2019



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.

2019 Summary of Benefits

January 1, 2019 – December 31, 2019

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/2019documents, or call Customer Service for more information or to request an *Evidence of Coverage*.

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 2019 formulary for each of our plans, as well as any restrictions, online at express-scriptsmedicare.com/2019formulary.



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/2019network.

Using a Part D plan

How are drug costs determined?

Cost may vary, depending on:

- **The drug's tier**
Our plans group each medication into one of five "tiers."
- **The type of pharmacy you use**
Our plans offer standard and preferred retail network pharmacies, home delivery from the Express Scripts PharmacySM, as well as long-term care, home infusion and Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) pharmacies.
- **The number of days the prescription is written for**
Our plans typically offer a 30-day supply, a 90-day supply, or both, depending on the drug tier.
- **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.
- **Initial Coverage Stage**
This stage begins after you pay your yearly deductible. You remain in this stage until your total yearly drug costs reach \$3,820. (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**
This stage begins after your total yearly drug costs exceed \$3,820.
Most members do not reach the Coverage Gap.
- **Catastrophic Coverage Stage**
This stage begins after your year-to-date out-of-pocket costs exceed \$5,100.

Value Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$29.20 – \$56.80

Please refer to page 5 for the premium amount in your state.

Annual Deductible: \$415

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Tier 1 Preferred Generic Drugs	\$1 copay	\$3 copay	\$9 copay	\$27 copay	\$2 copay
Tier 2 Generic Drugs	\$3 copay	\$9 copay	\$12 copay	\$36 copay	\$6 copay
Tier 3 Preferred Brand Drugs	Copay varies by state. Please refer to the table on pages 5 – 6.				
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 7 – 8. (30-day supply only)				
Tier 5 Specialty Drugs	25% of the cost (30-day supply only)				

Saver Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$23.90 – \$25.40

Please refer to page 9 for the premium amount in your state.

Annual Deductible: \$0 for Tiers 1 & 2 Generics; \$415 for Tiers 3, 4 & 5

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Tier 1 Preferred Generic Drugs	\$1 copay	\$3 copay	\$10 copay	\$30 copay	\$2 copay
Tier 2 Generic Drugs	\$4 copay	\$12 copay	\$13 copay	\$39 copay	\$8 copay
Tier 3 Preferred Brand Drugs	18% of the cost	18% of the cost	21% of the cost	21% of the cost	18% of the cost
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 9 – 10. (30-day supply only)				
Tier 5 Specialty Drugs	25% of the cost (30-day supply only)				

Choice Plan Benefit Overview

MONTHLY PREMIUM: RANGES FROM \$79.00 – \$100.00

Please refer to page 11 for the premium amount in your state.

Annual Deductible: \$0 for Tiers 1 & 2 Generics; \$350 for Tiers 3, 4 & 5

Initial Coverage Stage	Preferred Retail Pharmacy		Standard Retail Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Tier 1 Preferred Generic Drugs	\$2 copay	\$6 copay	\$10 copay	\$30 copay	\$0 copay
Tier 2 Generic Drugs	\$7 copay	\$21 copay	\$20 copay	\$60 copay	\$4 copay
Tier 3 Preferred Brand Drugs	\$42 copay	\$126 copay	\$47 copay	\$141 copay	\$126 copay
Tier 4 Non-Preferred Drugs	Coinsurance varies by state. Please refer to the table on pages 11 – 12. (30-day supply only)				
Tier 5 Specialty Drugs	26% of the cost (30-day supply only)				

In all Express Scripts Medicare plans, cost-sharing amounts at long-term care, home infusion, I/T/U and out-of-network pharmacies are the same as at a standard retail pharmacy.

Cost-sharing in the Coverage Gap (or Donut Hole) Stage

If you reach this stage, you will pay 37% of the cost for generic drugs and 25% of the cost for brand drugs, excluding dispensing and any vaccine administration fees, until your year-to-date out-of-pocket costs total \$5,100.

For the Choice plan, we offer additional coverage in the Coverage Gap for a select number of Tier 3 preferred brand drugs. For these drugs with additional coverage, you pay:

- 13.5% of the negotiated price and a portion of the dispensing fee at a retail network pharmacy that offers preferred cost-sharing,
- 15% of the negotiated price and a portion of the dispensing fee at a retail network pharmacy that offers standard cost-sharing.

Cost-sharing in the Catastrophic Coverage Stage

During this stage, you pay the greater of \$3.40 or 5% of the cost for generic drugs, and the greater of \$8.50 or 5% of the cost for all other drugs.

Value Plan

Refer to the tables that follow for the Premiums, Tier 3 and Tier 4 Cost-Sharing for your state.

Value Plan Premiums by State		You must continue to pay your Medicare Part B premium.			
State	Premium	State	Premium	State	Premium
Alabama	\$30.20	Louisiana	\$31.20	Oklahoma	\$39.50
Alaska	\$33.20	Maine	\$44.10	Oregon	\$47.20
Arizona	\$32.20	Maryland	\$29.20	Pennsylvania	\$36.20
Arkansas	\$35.50	Massachusetts	\$35.20	Puerto Rico	\$40.20
California	\$56.80	Michigan	\$33.40	Rhode Island	\$35.20
Colorado	\$51.20	Minnesota	\$48.00	South Carolina	\$43.40
Connecticut	\$35.20	Mississippi	\$38.40	South Dakota	\$48.00
Delaware	\$29.20	Missouri	\$46.90	Tennessee	\$30.20
District of Columbia	\$29.20	Montana	\$48.00	Texas	\$44.60
Florida	\$56.70	Nebraska	\$48.00	Utah	\$39.20
Georgia	\$36.20	Nevada	\$41.80	Vermont	\$35.20
Hawaii	\$31.50	New Hampshire	\$44.10	Virginia	\$33.40
Idaho	\$39.20	New Jersey	\$35.50	Washington	\$47.20
Illinois	\$43.10	New Mexico	\$41.90	West Virginia	\$36.20
Indiana	\$31.20	New York	\$37.90	Wisconsin	\$40.20
Iowa	\$48.00	North Carolina	\$31.10	Wyoming	\$48.00
Kansas	\$43.90	North Dakota	\$48.00		
Kentucky	\$31.20	Ohio	\$33.60		

Value Plan – Tier 3 Initial Coverage Cost-Sharing by State					
State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Alabama	\$25	\$75	\$35	\$105	\$75
Alaska	\$25	\$75	\$35	\$105	\$75
Arizona	\$25	\$75	\$35	\$105	\$75
Arkansas	\$25	\$75	\$35	\$105	\$75
California	\$25	\$75	\$35	\$105	\$75
Colorado	\$29	\$87	\$39	\$117	\$87
Connecticut	\$26	\$78	\$36	\$108	\$78
Delaware	\$25	\$75	\$35	\$105	\$75
District of Columbia	\$25	\$75	\$35	\$105	\$75
Florida	\$25	\$75	\$35	\$105	\$75
Georgia	\$25	\$75	\$35	\$105	\$75
Hawaii	\$25	\$75	\$35	\$105	\$75
Idaho	\$25	\$75	\$35	\$105	\$75

Value Plan – Tier 3 Initial Coverage Cost-Sharing by State, contd.

State	Preferred Pharmacy		Standard Pharmacy		Preferred Mail Order
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply
Illinois	\$36	\$108	\$46	\$138	\$108
Indiana	\$26	\$78	\$36	\$108	\$78
Iowa	\$30	\$90	\$40	\$120	\$90
Kansas	\$31	\$93	\$41	\$123	\$93
Kentucky	\$26	\$78	\$36	\$108	\$78
Louisiana	\$25	\$75	\$35	\$105	\$75
Maine	\$25	\$75	\$35	\$105	\$75
Maryland	\$25	\$75	\$35	\$105	\$75
Massachusetts	\$26	\$78	\$36	\$108	\$78
Michigan	\$25	\$75	\$35	\$105	\$75
Minnesota	\$30	\$90	\$40	\$120	\$90
Mississippi	\$29	\$87	\$39	\$117	\$87
Missouri	\$25	\$75	\$35	\$105	\$75
Montana	\$30	\$90	\$40	\$120	\$90
Nebraska	\$30	\$90	\$40	\$120	\$90
Nevada	\$32	\$96	\$42	\$126	\$96
New Hampshire	\$25	\$75	\$35	\$105	\$75
New Jersey	\$25	\$75	\$35	\$105	\$75
New Mexico	\$33	\$99	\$43	\$129	\$99
New York	\$25	\$75	\$35	\$105	\$75
North Carolina	\$25	\$75	\$35	\$105	\$75
North Dakota	\$30	\$90	\$40	\$120	\$90
Ohio	\$25	\$75	\$35	\$105	\$75
Oklahoma	\$25	\$75	\$35	\$105	\$75
Oregon	\$25	\$75	\$35	\$105	\$75
Pennsylvania	\$26	\$78	\$36	\$108	\$78
Puerto Rico	\$31	\$93	\$41	\$123	\$93
Rhode Island	\$26	\$78	\$36	\$108	\$78
South Carolina	\$25	\$75	\$35	\$105	\$75
South Dakota	\$30	\$90	\$40	\$120	\$90
Tennessee	\$25	\$75	\$35	\$105	\$75
Texas	\$25	\$75	\$35	\$105	\$75
Utah	\$25	\$75	\$35	\$105	\$75
Vermont	\$26	\$78	\$36	\$108	\$78
Virginia	\$25	\$75	\$35	\$105	\$75
Washington	\$25	\$75	\$35	\$105	\$75
West Virginia	\$26	\$78	\$36	\$108	\$78
Wisconsin	\$25	\$75	\$35	\$105	\$75
Wyoming	\$30	\$90	\$40	\$120	\$90

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

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Alabama	41% of the cost	43% of the cost	43% of the cost
Alaska	41% of the cost	43% of the cost	43% of the cost
Arizona	48% of the cost	50% of the cost	50% of the cost
Arkansas	48% of the cost	50% of the cost	50% of the cost
California	44% of the cost	46% of the cost	46% of the cost
Colorado	48% of the cost	50% of the cost	50% of the cost
Connecticut	38% of the cost	40% of the cost	40% of the cost
Delaware	42% of the cost	44% of the cost	44% of the cost
District of Columbia	42% of the cost	44% of the cost	44% of the cost
Florida	40% of the cost	42% of the cost	42% of the cost
Georgia	45% of the cost	47% of the cost	47% of the cost
Hawaii	36% of the cost	38% of the cost	38% of the cost
Idaho	39% of the cost	41% of the cost	41% of the cost
Illinois	48% of the cost	50% of the cost	50% of the cost
Indiana	39% of the cost	41% of the cost	41% of the cost
Iowa	48% of the cost	50% of the cost	50% of the cost
Kansas	48% of the cost	50% of the cost	50% of the cost
Kentucky	39% of the cost	41% of the cost	41% of the cost
Louisiana	37% of the cost	39% of the cost	39% of the cost
Maine	44% of the cost	46% of the cost	46% of the cost
Maryland	42% of the cost	44% of the cost	44% of the cost
Massachusetts	38% of the cost	40% of the cost	40% of the cost
Michigan	40% of the cost	42% of the cost	42% of the cost
Minnesota	48% of the cost	50% of the cost	50% of the cost
Mississippi	48% of the cost	50% of the cost	50% of the cost
Missouri	45% of the cost	47% of the cost	47% of the cost
Montana	48% of the cost	50% of the cost	50% of the cost
Nebraska	48% of the cost	50% of the cost	50% of the cost
Nevada	48% of the cost	50% of the cost	50% of the cost
New Hampshire	44% of the cost	46% of the cost	46% of the cost
New Jersey	36% of the cost	38% of the cost	38% of the cost
New Mexico	48% of the cost	50% of the cost	50% of the cost
New York	39% of the cost	41% of the cost	41% of the cost
North Carolina	43% of the cost	45% of the cost	45% of the cost
North Dakota	48% of the cost	50% of the cost	50% of the cost

Value Plan – Tier 4 Initial Coverage Cost-Sharing by State, contd.

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Ohio	44% of the cost	46% of the cost	46% of the cost
Oklahoma	38% of the cost	40% of the cost	40% of the cost
Oregon	42% of the cost	44% of the cost	44% of the cost
Pennsylvania	35% of the cost	37% of the cost	37% of the cost
Puerto Rico	48% of the cost	50% of the cost	50% of the cost
Rhode Island	38% of the cost	40% of the cost	40% of the cost
South Carolina	48% of the cost	50% of the cost	50% of the cost
South Dakota	48% of the cost	50% of the cost	50% of the cost
Tennessee	41% of the cost	43% of the cost	43% of the cost
Texas	48% of the cost	50% of the cost	50% of the cost
Utah	39% of the cost	41% of the cost	41% of the cost
Vermont	38% of the cost	40% of the cost	40% of the cost
Virginia	36% of the cost	38% of the cost	38% of the cost
Washington	42% of the cost	44% of the cost	44% of the cost
West Virginia	35% of the cost	37% of the cost	37% of the cost
Wisconsin	44% of the cost	46% of the cost	46% of the cost
Wyoming	48% of the cost	50% of the cost	50% of the cost

Saver Plan

Refer to the tables that follow for the Premiums and Tier 4 Cost-Sharing for your state.

Saver Plan Premiums by State		You must continue to pay your Medicare Part B premium.			
State	Premium	State	Premium	State	Premium
Alabama	\$24.50	Louisiana	\$24.60	Oklahoma	\$24.00
Alaska	\$24.00	Maine	\$24.00	Oregon	\$24.00
Arizona	\$24.00	Maryland	\$24.00	Pennsylvania	\$25.40
Arkansas	\$25.10	Massachusetts	\$24.00	Puerto Rico	\$23.90
California	\$23.90	Michigan	\$24.00	Rhode Island	\$24.00
Colorado	\$24.00	Minnesota	\$25.00	South Carolina	\$25.40
Connecticut	\$24.00	Mississippi	\$24.50	South Dakota	\$25.00
Delaware	\$24.00	Missouri	\$24.80	Tennessee	\$24.50
District of Columbia	\$24.00	Montana	\$25.00	Texas	\$24.00
Florida	\$24.10	Nebraska	\$25.00	Utah	\$24.00
Georgia	\$24.00	Nevada	\$24.00	Vermont	\$24.00
Hawaii	\$23.90	New Hampshire	\$24.00	Virginia	\$25.40
Idaho	\$24.00	New Jersey	\$24.10	Washington	\$24.00
Illinois	\$24.00	New Mexico	\$24.00	West Virginia	\$25.40
Indiana	\$24.00	New York	\$24.00	Wisconsin	\$24.00
Iowa	\$25.00	North Carolina	\$23.90	Wyoming	\$25.00
Kansas	\$24.00	North Dakota	\$25.00		
Kentucky	\$24.00	Ohio	\$24.00		

Tier 4 Initial Coverage Cost-Sharing by State			
State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Alabama	32% of the cost	34% of the cost	34% of the cost
Alaska	32% of the cost	34% of the cost	34% of the cost
Arizona	34% of the cost	36% of the cost	36% of the cost
Arkansas	31% of the cost	33% of the cost	33% of the cost
California	32% of the cost	34% of the cost	34% of the cost
Colorado	33% of the cost	35% of the cost	35% of the cost
Connecticut	34% of the cost	36% of the cost	36% of the cost
Delaware	33% of the cost	35% of the cost	35% of the cost
District of Columbia	33% of the cost	35% of the cost	35% of the cost
Florida	33% of the cost	35% of the cost	35% of the cost
Georgia	32% of the cost	34% of the cost	34% of the cost
Hawaii	33% of the cost	35% of the cost	35% of the cost
Idaho	32% of the cost	34% of the cost	34% of the cost
Illinois	32% of the cost	34% of the cost	34% of the cost

Saver Plan –Tier 4 Initial Coverage Cost-Sharing by State, contd.

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Indiana	34% of the cost	36% of the cost	36% of the cost
Iowa	30% of the cost	32% of the cost	32% of the cost
Kansas	32% of the cost	34% of the cost	34% of the cost
Kentucky	34% of the cost	36% of the cost	36% of the cost
Louisiana	32% of the cost	34% of the cost	34% of the cost
Maine	32% of the cost	34% of the cost	34% of the cost
Maryland	33% of the cost	35% of the cost	35% of the cost
Massachusetts	34% of the cost	36% of the cost	36% of the cost
Michigan	32% of the cost	34% of the cost	34% of the cost
Minnesota	30% of the cost	32% of the cost	32% of the cost
Mississippi	31% of the cost	33% of the cost	33% of the cost
Missouri	31% of the cost	33% of the cost	33% of the cost
Montana	30% of the cost	32% of the cost	32% of the cost
Nebraska	30% of the cost	32% of the cost	32% of the cost
Nevada	32% of the cost	34% of the cost	34% of the cost
New Hampshire	32% of the cost	34% of the cost	34% of the cost
New Jersey	33% of the cost	35% of the cost	35% of the cost
New Mexico	31% of the cost	33% of the cost	33% of the cost
New York	32% of the cost	34% of the cost	34% of the cost
North Carolina	32% of the cost	34% of the cost	34% of the cost
North Dakota	30% of the cost	32% of the cost	32% of the cost
Ohio	34% of the cost	36% of the cost	36% of the cost
Oklahoma	32% of the cost	34% of the cost	34% of the cost
Oregon	31% of the cost	33% of the cost	33% of the cost
Pennsylvania	33% of the cost	35% of the cost	35% of the cost
Puerto Rico	34% of the cost	36% of the cost	36% of the cost
Rhode Island	34% of the cost	36% of the cost	36% of the cost
South Carolina	33% of the cost	35% of the cost	35% of the cost
South Dakota	30% of the cost	32% of the cost	32% of the cost
Tennessee	32% of the cost	34% of the cost	34% of the cost
Texas	33% of the cost	35% of the cost	35% of the cost
Utah	32% of the cost	34% of the cost	34% of the cost
Vermont	34% of the cost	36% of the cost	36% of the cost
Virginia	34% of the cost	36% of the cost	36% of the cost
Washington	31% of the cost	33% of the cost	33% of the cost
West Virginia	33% of the cost	35% of the cost	35% of the cost
Wisconsin	31% of the cost	33% of the cost	33% of the cost
Wyoming	30% of the cost	32% of the cost	32% of the cost

Choice Plan

Refer to the tables that follow for the Premiums and Tier 4 Cost-Sharing for your state.

Choice Plan Premiums by State		You must continue to pay your Medicare Part B premium.			
State	Premium	State	Premium	State	Premium
Alabama	\$87.10	Louisiana	\$88.10	Oklahoma	\$96.80
Alaska	\$97.00	Maine	\$98.00	Oregon	\$90.00
Arizona	\$98.30	Maryland	\$97.20	Pennsylvania	\$100.00
Arkansas	\$96.70	Massachusetts	\$94.80	Rhode Island	\$94.80
California	\$99.70	Michigan	\$87.90	South Carolina	\$96.00
Colorado	\$94.50	Minnesota	\$94.30	South Dakota	\$94.30
Connecticut	\$94.80	Mississippi	\$99.90	Tennessee	\$87.10
Delaware	\$97.20	Missouri	\$95.10	Texas	\$99.90
District of Columbia	\$97.20	Montana	\$94.30	Utah	\$93.80
Florida	\$98.90	Nebraska	\$94.30	Vermont	\$94.80
Georgia	\$97.30	Nevada	\$97.40	Virginia	\$93.30
Hawaii	\$79.00	New Hampshire	\$98.00	Washington	\$90.00
Idaho	\$93.80	New Jersey	\$93.30	West Virginia	\$100.00
Illinois	\$96.80	New Mexico	\$81.50	Wisconsin	\$99.70
Indiana	\$87.20	New York	\$92.90	Wyoming	\$94.30
Iowa	\$94.30	North Carolina	\$95.20		
Kansas	\$99.10	North Dakota	\$94.30		
Kentucky	\$87.20	Ohio	\$84.40		

Tier 4 Initial Coverage Cost-Sharing by State			
State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Alabama	48% of the cost	50% of the cost	50% of the cost
Alaska	43% of the cost	45% of the cost	45% of the cost
Arizona	48% of the cost	50% of the cost	50% of the cost
Arkansas	48% of the cost	50% of the cost	50% of the cost
California	45% of the cost	47% of the cost	47% of the cost
Colorado	39% of the cost	41% of the cost	41% of the cost
Connecticut	48% of the cost	50% of the cost	50% of the cost
Delaware	48% of the cost	50% of the cost	50% of the cost
District of Columbia	48% of the cost	50% of the cost	50% of the cost
Florida	36% of the cost	38% of the cost	38% of the cost
Georgia	48% of the cost	50% of the cost	50% of the cost
Hawaii	44% of the cost	46% of the cost	46% of the cost
Idaho	38% of the cost	40% of the cost	40% of the cost
Illinois	48% of the cost	50% of the cost	50% of the cost

Tier 4 Initial Coverage Cost-Sharing by State, contd.

State	Preferred Pharmacy	Standard Pharmacy	Preferred Mail Order
	30-day supply	30-day supply	30-day supply
Indiana	48% of the cost	50% of the cost	50% of the cost
Iowa	48% of the cost	50% of the cost	50% of the cost
Kansas	48% of the cost	50% of the cost	50% of the cost
Kentucky	48% of the cost	50% of the cost	50% of the cost
Louisiana	48% of the cost	50% of the cost	50% of the cost
Maine	48% of the cost	50% of the cost	50% of the cost
Maryland	48% of the cost	50% of the cost	50% of the cost
Massachusetts	48% of the cost	50% of the cost	50% of the cost
Michigan	40% of the cost	42% of the cost	42% of the cost
Minnesota	48% of the cost	50% of the cost	50% of the cost
Mississippi	48% of the cost	50% of the cost	50% of the cost
Missouri	48% of the cost	50% of the cost	50% of the cost
Montana	48% of the cost	50% of the cost	50% of the cost
Nebraska	48% of the cost	50% of the cost	50% of the cost
Nevada	48% of the cost	50% of the cost	50% of the cost
New Hampshire	48% of the cost	50% of the cost	50% of the cost
New Jersey	41% of the cost	43% of the cost	43% of the cost
New Mexico	47% of the cost	49% of the cost	49% of the cost
New York	48% of the cost	50% of the cost	50% of the cost
North Carolina	48% of the cost	50% of the cost	50% of the cost
North Dakota	48% of the cost	50% of the cost	50% of the cost
Ohio	48% of the cost	50% of the cost	50% of the cost
Oklahoma	46% of the cost	48% of the cost	48% of the cost
Oregon	46% of the cost	48% of the cost	48% of the cost
Pennsylvania	48% of the cost	50% of the cost	50% of the cost
Rhode Island	48% of the cost	50% of the cost	50% of the cost
South Carolina	48% of the cost	50% of the cost	50% of the cost
South Dakota	48% of the cost	50% of the cost	50% of the cost
Tennessee	48% of the cost	50% of the cost	50% of the cost
Texas	48% of the cost	50% of the cost	50% of the cost
Utah	38% of the cost	40% of the cost	40% of the cost
Vermont	48% of the cost	50% of the cost	50% of the cost
Virginia	45% of the cost	47% of the cost	47% of the cost
Washington	46% of the cost	48% of the cost	48% of the cost
West Virginia	48% of the cost	50% of the cost	50% of the cost
Wisconsin	45% of the cost	47% of the cost	47% of the cost
Wyoming	48% of the cost	50% of the cost	50% of the cost

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.

This information is not a complete description of benefits. Call Customer Service at **1.800.758.4574** (New York State residents: **1.800.758.4570**); TTY: **1.800.716.3231** for more information.

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 rural areas in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming; and in suburban areas in Puerto Rico. 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/2019network**.

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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