













Three drug plans to meet your needs from Express Scripts Medicare® (PDP)

	SAVER			VALUE			CHOICE		
	Our lowest premium and a \$0 deductible for generics			More drug coverage and low copays			Broadest drug coverage and our lowest deductible		
Annual Deductible	\$0 (Tiers 1 & 2) \$415 (Tiers 3, 4 & 5)			\$415			\$0 (Tiers 1 & 2) \$350 (Tiers 3, 4 & 5)		
Initial Coverage Stage Copay (\$) or Coinsurance (%) by pharmacy type and days' supply	Preferred home delivery 90 days	Preferred retail 30 days	Standard retail 30 days	Preferred home delivery 90 days	Preferred retail 30 days	Standard retail 30 days	Preferred home delivery 90 days	Preferred retail 30 days	Standard retail 30 days
Tier 1 Preferred generic drugs	\$2	\$1	\$10	\$2	\$1	\$9	\$0	\$2	\$10
Tier 2 Generic drugs	\$8	\$4	\$13	\$6	\$3	\$12	\$4	\$7	\$20
Tier 3 Preferred brand drugs	18%	18%	21%	\$75-\$108	\$25-\$36	\$35-\$46	\$126	\$42	\$47
Tier 4 (30-day supply only) Nonpreferred drugs	32%-36%	30%-34%	32%-36%	37%-50%	35%-48%	37%-50%	38%-50%	36%-48%	38%-50%
Tier 5 (30-day supply only) Specialty drugs	25%			25%			26%		
Preferred Retail Pharmacies				 +Local, independent pharmacies			 +Local, independent pharmacies		
	    			   					

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

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


The Saver plan is ideal if you want our lowest premium and a \$0 deductible for generics.



- ✓ **Premiums as low as \$23.90** a month¹ – that's less than \$1 a day!
- ✓ **Coverage for more than 2,800** of the most commonly used medications
- ✓ **\$0 deductible** for Tiers 1 & 2 generics
- ✓ **Low copays at preferred pharmacies**, including CVS Pharmacy®, Walmart, the Kroger Family of Pharmacies and with home delivery from the Express Scripts Pharmacy^{SM2}

Enroll between Oct. 15 and Dec. 7, 2018, 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.

¹ Monthly premiums and Tiers 3 and 4 copays/coinsurance may vary by plan and region.

² Other pharmacies are available in our network.

This information is not a complete description of benefits. Call **1.866.546.8151** (TTY: **1.800.716.3231**) for more information.

Express Scripts Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in rural areas in AK; the Saver plan also includes limited lower-cost, preferred pharmacies in rural areas in IA, MN, MT, ND, NE, SD and WY; and in suburban areas in PR. 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 **1.866.546.8151** (TTY: **1.800.716.3231**), or consult the online pharmacy directory at **express-scriptsmedicare.com/2019network**.

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。請致電 **1.866.546.8151** (TTY: **1.800.716.3231**)。

Images are for representative purposes only and do not depict actual patients.

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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