

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 with a Medicare contract)

S5660 & S5983

Summary of Benefits

January 1, 2015 – December 31, 2015

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.

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 refer to "Premium Table A" on page 8 to find out the premium in your area.

How much is the deductible?

Value plan: \$320 per year for all Part D prescription drugs.

Choice plan: \$0 per year for Tiers 1 and 2 Part D prescription drugs;
\$50 per year for Tiers 3, 4 and 5 Part D prescription drugs.

Prescription Drug Benefits

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$2,960. 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.

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 (Non-Preferred Generic)	\$2 - \$8 copay*	\$6 - \$24 copay*	\$5 copay	\$13 copay
Tier 3 (Preferred Brand)	17% - 23% of the cost [†]	17% - 23% of the cost [†]	\$40 copay	\$120 copay
Tier 4 (Non-Preferred Brand)	48% of the cost	48% of the cost	48% of the cost	48% of the cost
Tier 5 (Specialty Tier)	25% of the cost	Not offered	31% of the cost	Not offered

* Please refer to “Cost-sharing Table B” on pages 9 – 10 to find out the cost-sharing in your area.

[†] Please refer to “Cost-sharing Table C” on pages 11 – 12 to find out the cost-sharing in your area.

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)	\$3 copay	\$9 copay	\$8 copay	\$20 copay
Tier 2 (Non-Preferred Generic)	\$8 - \$14 copay*	\$24 - \$42 copay*	\$16 copay	\$40 copay
Tier 3 (Preferred Brand)	19% - 25% of the cost [†]	19% - 25% of the cost [†]	\$45 copay	\$135 copay
Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	50% of the cost	50% of the cost
Tier 5 (Specialty Tier)	25% of the cost	Not offered	31% of the cost	Not offered

* Please refer to “Cost-sharing Table B” on pages 9 – 10 to find out the cost-sharing in your area.

[†] Please refer to “Cost-sharing Table C” on pages 11 – 12 to find out the cost-sharing in your area.

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 (Non-Preferred Generic)	Not offered	\$6 - \$24 copay [‡]	Not offered	\$10 copay
Tier 3 (Preferred Brand)	Not offered	25% of the cost	Not offered	\$100 copay
Tier 4 (Non-Preferred Brand)	Not offered	50% of the cost	Not offered	50% of the cost
Tier 5 (Specialty Tier)	25% of the cost	Not offered	31% of the cost	Not offered

[‡] Please refer to “Cost-sharing Table D” on pages 13 – 14 to find out the cost-sharing in your area.

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 (Non-Preferred Generic)	Not offered	\$11- \$29 copay [‡]	Not offered	\$15 copay
Tier 3 (Preferred Brand)	Not offered	25% of the cost	Not offered	\$105 copay
Tier 4 (Non-Preferred Brand)	Not offered	50% of the cost	Not offered	50% of the cost
Tier 5 (Specialty Tier)	25% of the cost	Not offered	31% of the cost	Not offered

[‡] Please refer to “Cost-sharing Table D” on pages 13 – 14 to find out the cost-sharing in your area.

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 \$2,960.

After you enter the Coverage Gap, you pay 45% of the plan’s cost for covered brand-name drugs and 65% of the plan’s cost for covered generic drugs until your costs total \$4,700, 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 \$4,700, you pay the greater of:

- 5% of the cost, or
- \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs.

Premium Table A

Region #	Service Area	Value premium	Choice premium
12	Alabama	\$29.20	\$85.90
34	Alaska	\$55.90	\$81.20
28	Arizona	\$57.00	\$82.90
19	Arkansas	\$27.40	\$56.00
32	California	\$62.40	\$103.00
27	Colorado	\$69.10	\$102.10
02	Connecticut	\$47.40	\$51.00
05	Delaware	\$31.20	\$56.00
05	Dist. of Columbia	\$31.20	\$56.00
11	Florida	\$91.40	\$98.60
10	Georgia	\$34.30	\$85.90
33	Hawaii	\$48.10	\$56.00
31	Idaho	\$38.70	\$50.90
17	Illinois	\$48.20	\$90.30
15	Indiana	\$33.10	\$83.10
25	Iowa	\$50.00	\$92.70
24	Kansas	\$44.90	\$86.30
15	Kentucky	\$33.10	\$83.10
21	Louisiana	\$31.30	\$55.90
01	Maine	\$54.90	\$76.60
05	Maryland	\$31.20	\$56.00
02	Massachusetts	\$47.40	\$51.00
13	Michigan	\$41.90	\$78.70
25	Minnesota	\$50.00	\$92.70
20	Mississippi	\$45.50	\$91.10
18	Missouri	\$51.30	\$56.00

Region #	Service Area	Value premium	Choice premium
25	Montana	\$50.00	\$92.70
25	Nebraska	\$50.00	\$92.70
29	Nevada	\$68.50	\$76.90
01	New Hampshire	\$54.90	\$76.60
04	New Jersey	\$37.00	\$55.90
26	New Mexico	\$45.70	\$68.00
03	New York	\$36.00	\$55.90
08	North Carolina	\$40.60	\$55.90
25	North Dakota	\$50.00	\$92.70
14	Ohio	\$47.00	\$79.40
23	Oklahoma	\$48.20	\$55.90
30	Oregon	\$59.40	\$55.90
06	Pennsylvania	\$34.70	\$93.40
38	Puerto Rico	\$51.00	\$63.50
02	Rhode Island	\$47.40	\$51.00
09	South Carolina	\$33.00	\$55.90
25	South Dakota	\$50.00	\$92.70
12	Tennessee	\$29.20	\$85.90
22	Texas	\$58.90	\$109.00
31	Utah	\$38.70	\$50.90
02	Vermont	\$47.40	\$51.00
07	Virginia	\$51.50	\$55.90
30	Washington	\$59.40	\$55.90
06	West Virginia	\$34.70	\$93.40
16	Wisconsin	\$51.90	\$91.80
25	Wyoming	\$50.00	\$92.70

Cost-sharing Table B
Retail Cost-sharing – Value Plan
Tier 2: Non-Preferred Generic

	One-Month Supply		Three-Month Supply	
Service Area	Preferred Retail Cost-sharing	Standard Retail Cost-sharing	Preferred Retail Cost-sharing	Standard Retail Cost-sharing
Alabama	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Alaska	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Arizona	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Arkansas	\$5 copay	\$11 copay	\$15 copay	\$33 copay
California	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Colorado	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Connecticut	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Delaware	\$3 copay	\$9 copay	\$9 copay	\$27 copay
Dist. of Columbia	\$3 copay	\$9 copay	\$9 copay	\$27 copay
Florida	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Georgia	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Hawaii	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Idaho	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Illinois	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Indiana	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Iowa	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Kansas	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Kentucky	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Louisiana	\$6 copay	\$12 copay	\$18 copay	\$36 copay
Maine	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Maryland	\$3 copay	\$9 copay	\$9 copay	\$27 copay
Massachusetts	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Michigan	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Minnesota	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Mississippi	\$8 copay	\$14 copay	\$24 copay	\$42 copay
Missouri	\$5 copay	\$11 copay	\$15 copay	\$33 copay

Cost-sharing Table B, contd.
Retail Cost-sharing – Value Plan
Tier 2: Non-Preferred Generic

	One-Month Supply		Three-Month Supply	
Service Area	Preferred Retail Cost-sharing	Standard Retail Cost-sharing	Preferred Retail Cost-sharing	Standard Retail Cost-sharing
Montana	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Nebraska	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Nevada	\$8 copay	\$14 copay	\$24 copay	\$42 copay
New Hampshire	\$2 copay	\$8 copay	\$6 copay	\$24 copay
New Jersey	\$3 copay	\$9 copay	\$9 copay	\$27 copay
New Mexico	\$5 copay	\$11 copay	\$15 copay	\$33 copay
New York	\$4 copay	\$10 copay	\$12 copay	\$30 copay
North Carolina	\$4 copay	\$10 copay	\$12 copay	\$30 copay
North Dakota	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Ohio	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Oklahoma	\$6 copay	\$12 copay	\$18 copay	\$36 copay
Oregon	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Pennsylvania	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Puerto Rico	\$6 copay	\$12 copay	\$18 copay	\$36 copay
Rhode Island	\$4 copay	\$10 copay	\$12 copay	\$30 copay
South Carolina	\$3 copay	\$9 copay	\$9 copay	\$27 copay
South Dakota	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Tennessee	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Texas	\$5 copay	\$11 copay	\$15 copay	\$33 copay
Utah	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Vermont	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Virginia	\$4 copay	\$10 copay	\$12 copay	\$30 copay
Washington	\$4 copay	\$10 copay	\$12 copay	\$30 copay
West Virginia	\$2 copay	\$8 copay	\$6 copay	\$24 copay
Wisconsin	\$6 copay	\$12 copay	\$18 copay	\$36 copay
Wyoming	\$5 copay	\$11 copay	\$15 copay	\$33 copay

Cost-sharing Table C
Retail Cost-sharing – Value Plan
Tier 3: Preferred Brand

	One-Month Supply		Three-Month Supply	
Service Area	Preferred Retail Cost-sharing	Standard Retail Cost-sharing	Preferred Retail Cost-sharing	Standard Retail Cost-sharing
Alabama	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Alaska	18% of the cost	25% of the cost	18% of the cost	25% of the cost
Arizona	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Arkansas	22% of the cost	24% of the cost	22% of the cost	24% of the cost
California	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Colorado	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Connecticut	21% of the cost	23% of the cost	21% of the cost	23% of the cost
Delaware	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Dist. of Columbia	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Florida	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Georgia	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Hawaii	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Idaho	21% of the cost	23% of the cost	21% of the cost	23% of the cost
Illinois	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Indiana	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Iowa	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Kansas	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Kentucky	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Louisiana	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Maine	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Maryland	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Massachusetts	21% of the cost	23% of the cost	21% of the cost	23% of the cost
Michigan	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Minnesota	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Mississippi	19% of the cost	21% of the cost	19% of the cost	21% of the cost
Missouri	23% of the cost	25% of the cost	23% of the cost	25% of the cost

Cost-sharing Table C, contd.
Retail Cost-sharing – Value Plan
Tier 3: Preferred Brand

	One-Month Supply		Three-Month Supply	
Service Area	Preferred Retail Cost-sharing	Standard Retail Cost-sharing	Preferred Retail Cost-sharing	Standard Retail Cost-sharing
Montana	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Nebraska	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Nevada	17% of the cost	19% of the cost	17% of the cost	19% of the cost
New Hampshire	23% of the cost	25% of the cost	23% of the cost	25% of the cost
New Jersey	23% of the cost	25% of the cost	23% of the cost	25% of the cost
New Mexico	23% of the cost	25% of the cost	23% of the cost	25% of the cost
New York	23% of the cost	25% of the cost	23% of the cost	25% of the cost
North Carolina	23% of the cost	25% of the cost	23% of the cost	25% of the cost
North Dakota	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Ohio	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Oklahoma	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Oregon	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Pennsylvania	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Puerto Rico	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Rhode Island	21% of the cost	23% of the cost	21% of the cost	23% of the cost
South Carolina	23% of the cost	25% of the cost	23% of the cost	25% of the cost
South Dakota	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Tennessee	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Texas	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Utah	21% of the cost	23% of the cost	21% of the cost	23% of the cost
Vermont	21% of the cost	23% of the cost	21% of the cost	23% of the cost
Virginia	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Washington	23% of the cost	25% of the cost	23% of the cost	25% of the cost
West Virginia	23% of the cost	25% of the cost	23% of the cost	25% of the cost
Wisconsin	22% of the cost	24% of the cost	22% of the cost	24% of the cost
Wyoming	23% of the cost	25% of the cost	23% of the cost	25% of the cost

Cost-sharing Table D
Mail Order Three-month Supply – Value Plan
Tier 2: Non-Preferred Generic

Service Area	Preferred Mail-Order Cost-sharing	Standard Mail-Order Cost-sharing
Alabama	\$15 copay	\$20 copay
Alaska	\$6 copay	\$11 copay
Arizona	\$15 copay	\$20 copay
Arkansas	\$15 copay	\$20 copay
California	\$15 copay	\$20 copay
Colorado	\$6 copay	\$11 copay
Connecticut	\$12 copay	\$17 copay
Delaware	\$9 copay	\$14 copay
Dist. of Columbia	\$9 copay	\$14 copay
Florida	\$12 copay	\$17 copay
Georgia	\$12 copay	\$17 copay
Hawaii	\$12 copay	\$17 copay
Idaho	\$12 copay	\$17 copay
Illinois	\$15 copay	\$20 copay
Indiana	\$12 copay	\$17 copay
Iowa	\$15 copay	\$20 copay
Kansas	\$15 copay	\$20 copay
Kentucky	\$12 copay	\$17 copay
Louisiana	\$18 copay	\$23 copay
Maine	\$6 copay	\$11 copay
Maryland	\$9 copay	\$14 copay
Massachusetts	\$12 copay	\$17 copay
Michigan	\$15 copay	\$20 copay
Minnesota	\$15 copay	\$20 copay
Mississippi	\$24 copay	\$29 copay
Missouri	\$15 copay	\$20 copay

Cost-sharing Table D, contd.
Mail Order Three-month Supply – Value Plan
Tier 2: Non-Preferred Generic

Service Area	Preferred Mail-Order Cost-sharing	Standard Mail-Order Cost-sharing
Montana	\$15 copay	\$20 copay
Nebraska	\$15 copay	\$20 copay
Nevada	\$24 copay	\$29 copay
New Hampshire	\$6 copay	\$11 copay
New Jersey	\$9 copay	\$14 copay
New Mexico	\$15 copay	\$20 copay
New York	\$12 copay	\$17 copay
North Carolina	\$12 copay	\$17 copay
North Dakota	\$15 copay	\$20 copay
Ohio	\$6 copay	\$11 copay
Oklahoma	\$18 copay	\$23 copay
Oregon	\$12 copay	\$17 copay
Pennsylvania	\$6 copay	\$11 copay
Puerto Rico	\$18 copay	\$23 copay
Rhode Island	\$12 copay	\$17 copay
South Carolina	\$9 copay	\$14 copay
South Dakota	\$15 copay	\$20 copay
Tennessee	\$15 copay	\$20 copay
Texas	\$15 copay	\$20 copay
Utah	\$12 copay	\$17 copay
Vermont	\$12 copay	\$17 copay
Virginia	\$12 copay	\$17 copay
Washington	\$12 copay	\$17 copay
West Virginia	\$6 copay	\$11 copay
Wisconsin	\$18 copay	\$23 copay
Wyoming	\$15 copay	\$20 copay

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, 2015 – December 31, 2015

Enrollment Information

Members 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:

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>).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1.800.758.4574**; New York residents: call **1.800.758.4570**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1.800.758.4574**; para residentes de New York: llame al **1.800.758.4570**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1.800.758.4574**；New York 居民请致电 **1.800.758.4570**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1.800.758.4574**；New York 居民請致電 **1.800.758.4570**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1.800.758.4574**; mga residente ng New York: tumawag sa **1.800.758.4570**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1.800.758.4574**; résidents de New York : appelez le **1.800.758.4570**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất cứ câu hỏi nào của quý vị về chương trình sức khỏe và thuốc men. Nếu quý vị cần thông dịch viên, xin gọi chúng tôi theo số **1.800.758.4574**; cư dân New York: gọi **1.800.758.4570**. Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1.800.758.4574**; Einwohner von New York rufen **1.800.758.4570** an. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1.800.758.4574** 번으로 문의해 주십시오. 단, New York 거주자는 **1.800.758.4570** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1.800.758.4574**; жителям города New York просьба звонить по телефону **1.800.758.4570**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1.800.758.4574**؛ سكان New York: الاتصال على **1.800.758.4570**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1.800.758.4574** पर फोन करें; New York निवासी **1.800.758.4570** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1.800.758.4574**; i residenti a New York devono contattare il numero **1.800.758.4570**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1.800.758.4574**; para residentes em New York: ligue para **1.800.758.4570**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1.800.758.4574**; moun New York yo: rele **1.800.758.4570**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1.800.758.4574**; numer dla osób zamieszkałych w New York: **1.800.758.4570**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1.800.758.4574**、または New York 在住の方は **1.800.758.4570** にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.