



Teachers' Retirement System of the State of Kentucky (TRS) has chosen the Know Your Rx Coalition to manage your Medicare (Part D) prescription benefit plan, **Express Scripts Medicare®(PDP)**, through the TRS Medicare Eligible Health Plan (MEHP).

This includes:

- Access to a Know Your Rx Coalition Pharmacist at 855-218-5979
- A national network of over 65,000 pharmacies
- Home delivery for your medications through Express Scripts Pharmacy®
- Accredo Pharmacy for your specialty medications
- A 24-hour, 365-day-a-year Patient Care Contact Center at Express Scripts

How to Get Prescriptions from a Participating Retail Pharmacy

Before your coverage begins, you will receive a welcome package that contains, among other things, an ID card. You will need to show this ID card to your pharmacist each time you fill a prescription. The retail pharmacy program includes a deductible stage. See reverse side.

How to Get Prescriptions from Express Scripts Home Delivery

Take advantage of savings and convenience by using Express Scripts Pharmacy home delivery program for your maintenance medications. The Express Scripts Pharmacy home delivery program does not have a deductible, like retail does. **To begin Express Scripts Pharmacy home delivery (even if you already use home delivery through the KEHP), first ensure you have at least a 14-day supply of your medication(s) on hand** because you must wait until your MEHP effective date before you can send in **new** prescriptions. You can mail your prescription written for a 90-day supply (including refills) along with your completed Express Scripts Pharmacy home delivery form in the self-addressed envelope you receive in your welcome package. The form is only required the **FIRST** time you send in a new prescription. Usually a home delivery pharmacy order will get to you in no more than 10 days. However, sometimes your home delivery may be delayed. Make sure you have at least a 14-day supply of medication on hand. To refill your home delivery medication, contact Express Scripts by visiting express-scripts.com to create a member account, or by calling 877-866-5834.

Release of Information

By joining this Medicare prescription drug plan, you acknowledge that TRS will release your information to Medicare and other plans as is necessary for treatment, payment and health care operations. You also acknowledge that TRS will release your information, including prescription drug event data to Medicare, which may release it for research and other purposes that follow all applicable Federal statutes and regulations.

Extra Help

Medicare beneficiaries with low or limited income and resources may be able to get Extra Help to pay for prescription drug premiums as well as get help with other Medicare costs. To see if you qualify for Extra Help, call 800-MEDICARE (800-633-4227). TTY users call 877-486-2048, 24 hours a day/7 days a week.

Your 2022 Prescription Program

STAGE	TIER	IN-NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90-DAY SUPPLY)
<p>Stage 1: Yearly Deductible Stage You begin this payment stage when you fill your first prescription of the calendar year. You stay in this stage until you have paid \$150 for your drugs at retail.</p>		\$150	\$0
<p>Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach \$7,050.</p>	Tier 1: Generic Drugs	20% of drug cost	\$10 copay
	Tier 2: Preferred Drugs (includes brand and generic)	20% of drug cost	\$20 copay
	Tier 3: Non-Preferred Drugs (includes brand and generic)	50% of drug cost	50% of drug cost
	Specialty drugs purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		
<p>Stage 3: Coverage Gap Stage</p>	After your total yearly drug costs reach \$4,430, you will generally pay the same cost-sharing amount as in the Initial Coverage Stage (above) until your yearly out-of-pocket drug costs reach \$7,050.		
<p>Stage 4: Catastrophic Coverage Stage After your total out-of-pocket costs exceed \$7,050 you pay the greater of the copayments or coinsurance noted in the columns to the right, with a max not to exceed the standard cost-sharing amount during the Initial Coverage Stage at home delivery.</p>	Tier 1: Generic Drugs	5% of drug cost with \$3.95 min	5% of drug cost with \$3.95 min and \$10 max
	Tier 2: Preferred Drugs (includes brand and generic)	5% of drug cost with \$9.85 min	5% of drug cost with \$9.85 min and \$20 max
	Tier 3: Non-Preferred Drugs (includes brand and generic)	5% of drug cost with \$9.85 min	5% of drug cost with \$9.85 min
	Specialty drugs purchased from Accredo (limited to a one-month supply) Generics \$3.33 copay Brands \$6.66 copay		