EVERNORTH HEALTH SERVICES

Express Scripts® Medicare (PDP)

TEACHERS' Retirement System TRS KENTUCKY

KNOW YOUR Rx COALITION

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 – Call to speak to a pharmacist to discuss the cost of your medications on the TRS MEHP.
- A national network of over 60,000 pharmacies
- Home delivery for your medications through Express Scripts Pharmacy®
- Accredo Pharmacy for your specialty medications

How to Get Prescriptions from Express Scripts

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 retail pharmacist each time you fill a prescription at a retail pharmacy. The retail pharmacy program includes a deductible of $150. To avoid the $150 deductible, use the home delivery program to save you time and money. The home delivery program does not have a deductible, like retail does. You can obtain up to a 90-day supply of medication for a flat copayment, with no deductible. See reverse side for details.

Home Delivery through Express Scripts Pharmacy®: Call a Know Your Rx Coalition pharmacist at 855-218-5979 to discuss getting set up on the home delivery program and/or managing prescription refills. The fastest way to get a new prescription is to have your doctor submit it electronically. Or you may submit a written prescription from your doctor, along with a completed home delivery form from the Express Scripts website. To place a refill of your home delivery medication, contact Express Scripts by visiting express- scripts.com to create a member account, or by calling 877-866-5834. Ensure you have at least a 10-day supply of medication on hand when moving from your current plan to the MEHP.

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 2027 Prescription Program

STAGE	TIER	IN-NETWORK RETAIL PHARMACY (0-90 DAY SUPPLY)	EXPRESS SCRIPTS HOME DELIVERY (90-DAY SUPPLY)
Stage 1: Yearly Deductible Stage You begin this payment stage when you fill your first prescription of the calendar year.		**$150 deductible at retail** You are responsible for 100% of the drug cost until it reaches $150 then you enter Stage 2 below.	**$0 deductible at home delivery** There is no deductible stage at mail order. Your drug costs are shown in Stage 2 below.
Stage 2: Initial Coverage Stage You pay a copayment or coinsurance for your Part D drugs until your total out-of-pocket costs reach $2,100.	**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
	Preferred Insulin	20% of drug cost ($35/month cap)	$20 copay
	Non-Preferred Insulin	50% of drug cost ($35/month cap)	50% of drug cost ($35/month cap)
	Specialty drugs purchased from Accredo (limited to a 30-day supply) **Generics** $3.33 copay **Brands** $6.66 copay		
Stage 3: Catastrophic Coverage Stage	After your total out-of-pocket costs exceed $2,400 you pay zero for covered Part D medications.		

***All specialty drugs dispensed are limited to a 30-day supply**

Call 855-218-5979 to speak to a Know Your Rx Coalition pharmacist to discuss the cost of your medications on the TRS MEHP.