

**Express Scripts Medicare™ (PDP) for the State of Delaware  
Medicare Retiree Prescription Plan  
Frequently Asked Questions**

*(Last Updated 9-2016)*

***Section 1 – General Information (Questions 1-5)***

***Section 2 – Enrollment Information (Questions 6-10)***

***Section 3 – Using the Express Scripts Medicare Plan (Questions 11-23)***

**SECTION 1 - GENERAL INFORMATION**

1. [What is the State of Delaware’s prescription drug plan for Medicare eligible retirees?](#)
2. [Is this different from standard Medicare Part D plans?](#)
3. [Since this is a Medicare Part D plan, am I responsible for drug costs in the deductible and the coverage gap \(donut hole\) stages?](#)
4. [What is the additional coverage provided under the State of Delaware’s Express Scripts Medicare \(PDP\) plan?](#)
5. [How and/or where can I receive my medications?](#)

**SECTION 2 – ENROLLMENT INFORMATION**

6. [I am retired and will be turning 65 soon. What do I need to do to enroll in this prescription plan?](#)
7. [If I pay more for my Medicare Part B coverage because I am a high income earner, will I also pay more for my Medicare Part D Prescription Drug Plan?](#)
8. [What is a high income earner and how does it affect what I pay for Medicare Part D?](#)
9. [If my income falls into one of the high income earner brackets listed above, how will I know and when can I expect the additional premiums to start being deducted from my Social Security check?](#)
10. [My spouse’s former employer has elected to outsource Medicare retiree benefits. The employer will no longer cover my spouse directly, but provides a set amount per year toward enrolling in coverage through another Medicare retiree benefits vendor. Is my spouse required to enroll in this medical and/or prescription coverage, since it is no longer provided directly from the former employer?](#)

### **SECTION 3 – USING THE EXPRESS SCRIPTS MEDICARE PLAN**

11. What are the copays for my medications under this plan?
12. Does the Express Scripts Medicare list of covered drugs change each year?
13. Are Erectile Dysfunction medications, (examples; Viagra, Cialis etc.) covered under the State’s Express Scripts Medicare Prescription Drug Plan (PDP)?
14. If I am new to this plan, do I need to have my doctor write new prescriptions for my medications after my effective date even if I have refills left?
15. How do I know if a medication requires a Prior Authorization (PA)?
16. I take a brand name drug because I cannot take the generic equivalent. Do I need to get a prior authorization to fill the brand?
17. I am enrolling in Express Scripts Medicare PDP and am currently taking a specialty medication which I fill through the specialty pharmacy (either Accredo or Biotek). Will the specialty pharmacy get my new information?
18. I am a military retiree. How does this plan work with Tricare?
19. Can I fill my prescriptions at a U.S. military base pharmacy, such as Dover Air Force Base?
20. Am I required to use the Express Scripts mail order pharmacy? Is there any difference in cost if I use the Express Scripts mail order pharmacy instead of a retail pharmacy?
21. Can I use a manufacturer’s discount card when I fill a brand medication?
22. I see that my copayments may go down if I reach the Catastrophic Phase when out-of-pocket drug costs have reached the \$4,950 limit that Medicare has set for the 2017 calendar year. Is there a maximum amount that the plan will pay – will my coverage end if my costs are too high?
23. How are the drug costs calculated toward the Catastrophic Phase, and how will I know if I reach that amount?

## **SECTION 1 - GENERAL INFORMATION**

**1. What is the State of Delaware’s prescription drug plan for Medicare eligible retirees?**

This is an enhanced Medicare Part D plan administered by Express Scripts and called *Express Scripts Medicare (PDP) Prescription Drug Plan*.

**2. Is this different from standard Medicare Part D plans?**

Yes, the State’s Express Scripts Medicare (PDP) plan is an enhanced Medicare Part D plan which provides additional coverage for certain prescription drugs and ***eliminates the deductible and coverage gap*** which are normally part of a standard Medicare Part D plan.

**3. Since this is a Medicare Part D plan, am I responsible for drug costs in the deductible and the coverage gap (donut hole) stages?**

No. The state’s enhanced prescription plan provides coverage during the deductible and coverage gap stages. You will continue to pay the copays you now pay. Please refer to the prescription copay rates available online from the State of Delaware Benefits Office website at; [http://ben.omb.delaware.gov/script/retiree\\_medicare.shtml](http://ben.omb.delaware.gov/script/retiree_medicare.shtml), located under ***“What Are My Copays”***. The State’s enhanced prescription plan will pay the remaining costs.

**4. What is the additional coverage provided under the State of Delaware’s Express Scripts Medicare (PDP) plan?**

Some drugs that are not covered in a standard Medicare Part D Plan *will be covered* as part of the State’s enhanced drug benefit plan. This plan provides coverage for Medicare Part B medications, as well as for some other non–Part D medications that are NOT normally covered by a Medicare prescription drug plan. The amounts paid for these medications will not count toward your total drug costs or total out-of-pocket expenses. Plus, some prescription drugs in Medicare Part D’s “non-preferred” category will be covered in a lower tier as “preferred” under the State plan. These medications are listed separately in your Express Scripts Medicare (PDP) renewal materials mailed to your home prior to each new plan year. The additional coverage information is available online from the State of Delaware Benefits Office website at; [http://ben.omb.delaware.gov/script/retiree\\_medicare.shtml](http://ben.omb.delaware.gov/script/retiree_medicare.shtml).

**5. How and/or where can I receive my medications?**

You may have your prescriptions filled at any pharmacy that participates in the Express Scripts network. Veterans Administration (VA) pharmacies and Military Base Pharmacies (such as Dover Air Force Base are not included in the network – see also Q&A’s 18 and 19). There are network pharmacies in all 50 states. To locate a network pharmacy please visit the Express Scripts website at; [www.express-scripts.com](http://www.express-scripts.com). You can also look in your *Pharmacy Directory*. If you don’t have a copy of the *Pharmacy Directory* and would like one, please contact Express Scripts directly at 1-877-680-4883.

## **SECTION 2 – ENROLLMENT INFORMATION**

### **6. I am retired and will be turning 65 soon. What do I need to do to enroll in this prescription plan?**

About 4 months before you turn 65, you will receive a letter from the Office of Pensions advising you to enroll in Medicare Part B for your medical coverage, with an effective date of the first day of your birthday month, unless your birthday is the first of the month. (If your birthday is the first of the month, your coverage will become effective on the first of the previous month.) You should NOT enroll in an individual Medicare Part D plan at this time.

When you receive your Medicare card, you will need to provide a **signed** copy of the card to the Office of Pensions as soon as possible so that your enrollment in the Special Medicfill Medicare supplement plan can be entered into the Pension system for Highmark Delaware Special Medicfill and Express Scripts Medicare (PDP) for the State of Delaware.

A completed health application is required and can be obtained from the Office of Pensions. When you select **Special Medicfill** (Medicare supplement plan) **with prescription coverage**, you will be automatically enrolled in Express Scripts Medicare (PDP). If you do not elect this coverage combination, you would need to wait until the next annual Medicare supplement Open Enrollment in October for coverage beginning the following January. Please note that you cannot enroll in prescription coverage only; it must be in combination with Special Medicfill.

You should then receive information and welcome kits for Special Medicfill and for the new prescription plan before your Medicare eligibility date, and you would use the new ID card beginning on the effective date of your coverage. Please contact the Office of Pensions at 1-800-722-7300 for assistance if you are unable to obtain your Medicare enrollment far enough in advance of your effective date. (Late enrollment may cause penalties and/or coverage problems.)

### **7. If I pay more for my Medicare Part B coverage because I am a high income earner, will I also pay more for my Medicare Part D Prescription Drug Plan?**

Yes. Please see next question for details.

### **8. What is a high income earner and how does it affect what I pay for Medicare Part D?**

If your income falls in the following income brackets based on a two year review of your tax returns by the Centers for Medicare and Medicaid Services (CMS), the listed premium will be deducted from your Social Security check. The additional premiums for 2017 are as follows:

- Single Pensioners with incomes as follows pay additional monthly premiums of:
  - For income \$85,001 to \$107,000; additional premium = \$13.30
  - For income \$107,001 to \$160,000; additional premium = \$34.20
  - For income \$160,001 to \$214,000; additional premium = \$ 55.20
  - For income over \$214,000; additional premium = \$76.20

- Married Pensioners with incomes as follows pay additional monthly premiums of:
  - For income \$170,001 to \$214,000; additional premium = \$13.30
  - For income \$214,001 to \$320,000; additional premium = \$34.20
  - For income \$320,001 to \$428,000; additional premium = \$55.20
  - For income over \$428,000; additional premium = \$76.20
- Married Pensioners who file separate tax returns from their spouses and have incomes as follows pay additional monthly premiums of:
  - For income \$85,001 to \$129,000; additional premium = \$55.20
  - For income greater than \$129,000; additional premium = \$76.20

**9. If my income falls into one of the high income earner brackets listed above, how will I know and when can I expect the additional premiums to start being deducted from my Social Security check?**

You will receive a letter from the Social Security Administration to notify you of the additional premium to be deducted from your Social Security check, and when the additional deduction will begin.

**10. My spouse’s former employer has elected to outsource Medicare retiree benefits. The employer will no longer cover my spouse directly, but provides a set amount per year toward enrolling in coverage through another Medicare retiree benefits vendor. Is my spouse required to enroll in this medical and/or prescription coverage, since it is no longer provided directly from the former employer?**

Yes, unless the amount provided by your former employer covers less than 50% of the cost of the least expensive plan available for your spouse only, he or she must enroll in the former employer coverage. However, your spouse is not required to enroll in prescription coverage through the employer, if the former employer offers stand-alone prescription coverage.

**SECTION 3 – USING THE EXPRESS SCRIPTS MEDICARE PLAN**

**11. What are the copays for my medications under this plan?**

The copays for calendar year 2017 are \$8.00 and \$16.00 for generics; \$28.00 and \$56.00 for preferred brands, and \$50.00 and \$100.00 for non-preferred brands. Refer to the prescription copay rates available online from the State of Delaware Benefits Office website at; [http://ben.omb.delaware.gov/script/retiree\\_medicare.shtml](http://ben.omb.delaware.gov/script/retiree_medicare.shtml), located under **“What Are My Copays”**. You may call the Express Scripts Medicare dedicated information line at 1-877-680-4883 should you require further assistance.

**12. Does the Express Scripts Medicare list of covered drugs change each year?**

Yes. The list of covered drugs can change each year. You can review the Formulary (list of covered drugs) including a separate list of drug exclusions available online from the State of Delaware Benefits Office website at; [http://ben.omb.delaware.gov/script/retiree\\_medicare.shtml](http://ben.omb.delaware.gov/script/retiree_medicare.shtml) located under **“Which Medication Are Covered?”** You can check the price of any medication after January 1, 2017 by calling 1-877-680-4883.

**13. Are Erectile Dysfunction medications, (examples; Viagra, Cialis etc.) covered under the State’s Express Scripts Medicare (PDP) Prescription Drug Plan?**

No, effective January 1, 2016, erectile dysfunction medications are no longer covered, unless medically necessary for a condition other than erectile dysfunction. Coverage of erectile dysfunction medications for medical necessity requires coverage review for a prior authorization (PA).

You or your doctor may contact the Express Scripts Medicare (PDP) dedicated coverage review information line at 1-800-413-1328 for further coverage review assistance. Erectile Dysfunction medications can be obtained at the pharmacy with a prescription, paying 100% of Express Scripts discounted price.

**14. If I am new to this plan, do I need to have my doctor write new prescriptions for my medications after my effective date even if I have refills left?**

Yes, a new prescription is required. Your prescriptions that have a Prior Authorization (PA) in place in a non-Medicare drug plan will require approval under the Express Scripts Medicare (PDP). Please refer to Q&A #15 that follows.

**15. How do I know if a medication requires a Prior Authorization (PA)?**

After January 1, 2017, you or your doctor may contact the Express Scripts Medicare (PDP) dedicated coverage review information line at 1-800-413-1328. Express Scripts will be able to tell you if your medication requires a Prior Authorization. If you do not obtain a prior authorization, the drugs may not be covered. These drugs are noted with “PA” next to them on the formulary.

Some drugs may be covered under Medicare Part B or under Medicare Part D, depending on your medical condition. Your doctor will need to get a prior authorization for these drugs as well, so your pharmacy can process your prescription correctly. You will be able to get a 31-day supply of medication at the pharmacy while the PA approval is being established.

**16. I take a brand name drug because I cannot take the generic equivalent. Do I need to get a prior authorization to fill the brand?**

No, under the Medicare Part D plan, you may take the brand name drug if you cannot take the generic equivalent without a prior authorization. However, you will pay the *non-preferred copay* for the brand name drug dispensed.

**17. I am enrolling in Express Scripts Medicare (PDP) and am currently taking a specialty medication which I fill through the specialty pharmacy (either Accredo or Biotek). Will the specialty pharmacy get my new information?**

If you are new to the plan, the specialty pharmacy will have your new ID information effective January 1, 2017 and you are not required to obtain new prescriptions. The special services provided by Accredo and Biotek will also remain the same.

**18. I am a military retiree. How does this plan work with Tricare?**

Express Scripts Medicare (PDP) for the State of Delaware will be your primary plan and Tricare will be secondary. Most retail pharmacies are able to process both Express Scripts Medicare (PDP) and Tricare at the point of service, but you should check with your pharmacy. ***Please note: Tricare does not permit use of a Tricare mail order pharmacy if you are enrolled in any other Medicare Part D plan, including the State's plan.***

**19. Can I fill my prescriptions at a U.S. military base pharmacy, such as Dover Air Force Base?**

Since the military bases are federal institutions, your Express Scripts Medicare (PDP) for the State of Delaware coverage cannot be processed at the base pharmacy. For more information about using your coverage through Express Scripts Medicare (PDP) for the State of Delaware refer to Q&A #5.

**20. Am I required to use the Express Scripts mail order pharmacy? Is there any difference in cost if I use the Express Scripts mail order pharmacy instead of a retail pharmacy?**

No, you may use participating 90-day retail pharmacies with no difference in copay.

**21. Can I use a manufacturer's discount card when I fill a brand medication?**

No. The prescription processes through your State of Delaware coverage, but the discount does not. Some manufacturer's discount cards cannot be used along with any Medicare Part D plan. You should call the phone number on the discount card to inquire.

**22. I see that my copayments may go down if I reach the Catastrophic Phase when out-of-pocket drug costs have reached the \$4,950 limit that Medicare has set for the 2017 calendar year. Is there a maximum amount that the plan will pay – will my coverage end if my costs are too high?**

No. Once you are in the Catastrophic Coverage stage, you will stay in this payment stage until the end of the calendar year. The plan will continue to cover your drugs through the 2017 plan year at the same cost-sharing amount. You will not pay more than what you have already been paying in the Initial Coverage stage.

**23. How are the drug costs calculated toward the Catastrophic Phase, and how will I know if I reach that amount?**

When your out-of-pocket costs have reached the \$4,950 limit for the calendar year, you will move on to the Catastrophic Coverage stage. Copays for medications covered under the enhanced portion of your benefit (see Q&A #4), do not count toward this total. You will receive the Part D Explanation of Benefits (Part D EOB) summary from Express Scripts that will help you keep track of how much you and the plan, as well as any third parties, have spent on your behalf for your prescription drugs during the plan year. When you reach a total of \$4,950 in out-of-pocket costs for the year, this report will tell you when you have moved to the Catastrophic Coverage stage.

**Contacts:      Express Scripts Medicare Member Services: 1-877-680-4883**  
**State of Delaware Office of Pensions: 1-800-722-7300**  
**Statewide Benefits Office: 1-800-489-8933**