

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

(Last Updated 11/23/2015)

**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 plan for Medicare eligible retirees?**

This is an enhanced Medicare Part D plan administered by Express Scripts and called **Express Scripts Medicare (PDP) for the State of Delaware** (PDP stands for Prescription Drug Plan).

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

Yes, the State’s Express Scripts Medicare 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 plan provides coverage during the deductible and coverage gap stages. You will continue to pay the same copays you now pay through the 2016 plan year. The State’s enhanced plan will pay the remaining costs.

### **4. What is the additional coverage provided under the State’s Express Scripts Medicare™ PDP?**

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. 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. What pharmacies can I use? Are pharmacies outside of Delaware included?**

The retail pharmacy network remains the same as 2015. Veterans Administration (VA) pharmacies and Military Base Pharmacies (such as Dover Air Force Base are not included in the network – see also Questions 18 and 19). There are network pharmacies in all 50 states, and you can contact Express Scripts at 1-877-680-4883 to ask about a particular pharmacy or location.

## **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 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 coverage) ***with prescription coverage***, you will be automatically enrolled in Express Scripts Medicare. If you do not elect this coverage combination, you would need to wait until the next 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 2016 are as follows:

- Single Pensioners with incomes as follows pay additional monthly premiums of:
  - For income \$85,001 to \$107,000; additional premium = \$12.70
  - For income \$107,001 to \$160,000; additional premium = \$32.80
  - For income \$160,001 to \$214,000; additional premium = \$ 52.80
  - For income over \$214,000; additional premium = \$72.90

- Married Pensioners with incomes as follows pay additional monthly premiums of:
  - For income \$170,001 to \$214,000; additional premium = \$12.70
  - For income \$214,001 to \$320,000; additional premium = \$32.80
  - For income \$320,001 to \$428,000; additional premium = \$52.80
  - For income over \$428,000; additional premium = \$72.90
- 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 = \$52.80
  - For income greater than \$129,000; additional premium = \$72.90

**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 prescription coverage, since it is no longer provided directly from the former employer?**

Unless the amount provided by your former employer covers less than 50% of the cost of the least expensive premium available for your spouse only, he or she must enroll in medical coverage. However, your spouse is not required to enroll in prescription coverage through the employer.

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

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

The copays for calendar year 2016 are changing, they 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. You may call the Express Scripts Medicare dedicated information line at 1-877-680-4883 or check the Express Scripts Medicare website for the copay amount for a specific medication.

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

Yes. The State of Delaware enhancements cover some of the drugs that may have changed in the Medicare Part D drug list, but some changes that were made in the State’s non-Medicare plans will affect the list for 2016. You can check the price of any medication after January 1, 2016 by calling 1-877-680-4883.

**Please note:** There may be instances when a drug listed on the formulary is not covered under the Express Scripts Medicare Prescription Drug Plan. A list of excluded medications is forthcoming and will be available on the Statewide Benefits website at [http://ben.omb.delaware.gov/script/retiree\\_medicare.shtml](http://ben.omb.delaware.gov/script/retiree_medicare.shtml).

**13. 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?**

No. Your prescriptions will carry over to the new plan and all refills can be processed. However, you will need to present your new ID card to your retail pharmacy after your effective date so the refills can be processed.

**14. I am enrolling in Express Scripts Medicare 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, 2016 and you are not required to obtain new prescriptions. The special services provided by Accredo and Biotek will also remain the same. However, after your new coverage begins, you will no longer be required by the plan to use mail order, and you may fill your specialty prescriptions at a retail pharmacy with no difference in your copay.

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

No, effective January 1, 2016, erectile dysfunction medications will not be 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).

Additional information on the coverage review process is forthcoming. Erectile Dysfunction medications can be obtained at the pharmacy with a prescription, paying 100% of Express Scripts discounted price.

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

After January 1, 2016, you or your doctor can contact the Express Scripts Medicare dedicated information line at 1-877-680-4883. 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 Part B or under 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.

**17. 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.

**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 see also questions 5 and 18.

**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 \$4,850 limit set for the 2016 calendar year. Is there a maximum amount that the plan will pay – will my coverage end if my costs are too high?**

No. Your coverage continues regardless of the amount of drug costs you incur, through the end of the calendar year.

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

The Catastrophic Phase is reached when the total of (1) your out-of-pocket costs (copays) for Medicare Part D drugs, plus (2) the 50% brand discounts applied to your prescriptions, reach \$4,850. Copays for medications covered under the enhanced portion of your benefit do not count toward this total. You will receive an Explanation of Benefits statement from Express Scripts each month you fill a prescription, and this document will include the amount of your drug costs that apply toward reaching the Catastrophic Phase. In addition, you will receive a letter from Express Scripts if you do reach this amount.

**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**