

# Benefit Overview

Express Scripts Medicare™ (PDP) for Saddleback Valley USD

## YOUR 2017 PRESCRIPTION DRUG PLAN BENEFIT

The following table provides a summary of your benefit, including deductible and cost-sharing information.

<b>Deductible Stage</b>	You do not pay a yearly deductible.			
<b>Initial Coverage Stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,700:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Mail Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$0 copayment	\$0 copayment	\$0 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$30 copayment	\$90 copayment	\$60 copayment
	Tier 3: <b>Non-Preferred Drugs</b>	\$60 copayment	\$180 copayment	\$120 copayment
	Tier 4: <b>Specialty Drugs</b>	33% coinsurance	33% coinsurance	33% coinsurance
	<p>Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.</p> <p>You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) through home delivery from Express Scripts Pharmacy<sup>SM</sup>. There is no charge for standard shipping</p>			
<b>Coverage Gap Stage</b>	<p>After your total yearly drug costs reach \$3,700, you will pay the following until you qualify for the Catastrophic Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <i>Brand-name drugs</i>: You pay <b>40% of the total cost (plus a portion of the dispensing fee)</b>.</li> <li>• <i>Generic drugs</i>: You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.</li> </ul>			
<b>Non-Part D Drugs</b>	Covered, excluding lifestyle			
<b>Compound Solution</b>	Compound Management Solution applies. Compound Management Solution is in place to mitigate compound drug abuse by means of inclusion and exclusion lists.			
<b>Catastrophic Coverage Stage</b>	<p>After your yearly out-of-pocket drug costs reach \$4,950, you will pay <b>the greater of 5% coinsurance or:</b></p> <ul style="list-style-type: none"> <li>• a \$3.30 copayment for covered generic drugs (including brand drugs treated as generics) with a maximum of Initial Coverage Stage member cost share</li> <li>• a \$8.25 copayment for all other covered drugs</li> </ul>			