

Benefit Overview

Express Scripts Medicare® (PDP) for New York Power Authority

YOUR 2021 PRESCRIPTION DRUG PLAN BENEFIT

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. This is the New York Power Authority (NYPA) prescription drug plan for Salaried retirees, their covered spouses or dependent children, or surviving spouses who are eligible for Medicare and enrolled in the Choice plan.

NYPA Member Out-of-Pocket Maximum	Your NYPA retiree coverage includes a yearly combined medical and prescription drug out-of-pocket maximum of \$2,500, which includes only costs you have paid. Once you reach this amount, you will pay \$0 for your covered prescription drugs for the remainder of the plan year.			
Initial Coverage stage	You will pay the following until you reach the NYPA out-of-pocket maximum of \$2,500, or until your total yearly drug costs (total paid by you and the plan) reach \$4,130, whichever comes first.			
	Tier	Retail One-Month (31-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy® Home Delivery* Three-Month (90-day) Supply
	Tier 1: Generic Drugs	\$10 copayment	\$30 copayment	\$20 copayment
	Tier 2: Preferred Brand Drugs	\$20 copayment	\$60 copayment	\$40 copayment
	Tier 3: Non-Preferred Brand Drugs	\$35 copayment	\$105 copayment	\$70 copayment
	If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.			
	*Your copayment may be different from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts Pharmacy®. There is no charge for standard shipping.			

	Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more information.
Coverage Gap stage	<p>If you have not met the NYPA out-of-pocket maximum of \$2,500, but your total yearly drug costs reach \$4,130, you will continue to have the same copayment that you had in the Initial Coverage stage.</p> <p>Once you reach \$6,550 in yearly out-of-pocket drug costs for your Medicare Part D drugs, you move to the Catastrophic Coverage stage. Medicare Part D yearly out-of-pocket drug costs include what you paid, the amount other organizations paid on your behalf, such as Medicare's Extra Help program, and any manufacturer discounts for your Medicare Part D drugs. It does not include any payments made by the plan.</p>
Catastrophic Coverage stage	<p>If you have not met your NYPA out-of-pocket maximum of \$2,500, but your Medicare Part D yearly out-of-pocket drug costs exceed \$6,550, you will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • a \$3.70 copayment for covered generic drugs (including brand drugs treated as generics) • a \$9.20 copayment for all other covered drugs. <p>The maximum you will pay is the same copayment that you had during the Initial Coverage stage.</p>

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one month's supply of generic drugs at a time. Contact Express Scripts Medicare Customer Service if you have questions about your copayment or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy.

You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact Express Scripts Medicare Customer Service at the numbers on the back of this document for more details.

IMPORTANT PLAN INFORMATION

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or are lawfully present in the United States, and are eligible for benefits from NYPA and enrolled in the Salaried Choice plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, long-term care or home delivery.
- To find a network pharmacy near you, visit our website at **express-scripts.com/pharmacies**.
- Your plan uses an Express Scripts Medicare standard formulary – a list of covered drugs for the Medicare Part D portion of your benefit. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. The additional prescription drug coverage provided by NYPA covers certain drugs that are not on the Express Scripts Medicare standard formulary.
- You will receive a copy of the *2021 Formulary* – the list of covered drugs for the Medicare Part D portion of your benefit – in your Welcome Kit after your enrollment is processed by Medicare. You may also access the most recent version of your plan's list of covered drugs by visiting the Express Scripts Medicare website at **express-scripts.com/documents**. If you do not see your drugs, call Express Scripts Medicare Customer Service to find out if your drug is covered through the additional prescription drug coverage provided by NYPA.
- From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts Medicare may notify you 30 days before the change is made. However, when a new generic drug replaces a brand drug on the formulary, you will not receive advance notice that the brand drug will no longer be available or that the brand drug is being moved to a different tier.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than your copayment for that drug, you will pay the actual cost, not the higher copayment.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the Non-Preferred Brand Drug copayment for that drug.
- You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
- When you use your Part D prescription drug benefits, Express Scripts Medicare will send you *Your Monthly Prescription Drug Summary*, also called an *Explanation of Benefits*, to help you understand and keep track of your benefits. You will receive it the month after each month that you get a prescription filled. You may be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting Express Scripts Medicare Customer Service at the phone number on the back of this document.

Coverage for Medicare Part B and non-Part D drugs

Through the additional prescription drug coverage provided by NYPA, you are covered for Medicare Part B medications, as well as for some other medications that are not normally covered by a Medicare prescription drug plan. These non-Part D drugs include:

- Prescription drugs when used for anorexia, weight loss or weight gain
- Prescription drugs when used for the symptomatic relief of cough or cold
- Prescription vitamins and mineral products not covered by Part D
- Prescription drugs when used for the treatment of sexual or erectile dysfunction
- Certain diabetic supplies not covered by Part D
- Part B products, such as oral chemotherapy agents

Please note: The copayment you pay for these medications will not count toward your Medicare Part D total drug costs or Medicare Part D total out-of-pocket expenses. However, your copayment will count toward your NYPA out-of-pocket maximum. Please call Express Scripts Medicare Customer Service for additional information about specific drug coverage and your copayment.

Prescriptions filled at VA pharmacies cannot be covered by this plan

Veterans Affairs (VA) pharmacies are not permitted to be included in Medicare Part D pharmacy networks. The federal government does not allow you to receive benefits from more than one government program at the same time.

If you are eligible for VA benefits, you can still use VA pharmacies under your VA benefits. However, the cost of your medications filled at VA pharmacies and what you pay out-of-pocket will not count toward your Medicare Part D total drug cost or out-of-pocket cost accumulators.

Each time you get a prescription filled, you can compare your Express Scripts Medicare benefit to your VA benefit to determine the best option for you. You may choose to use your VA benefit at your VA pharmacy or to transfer your prescription(s) to an Express Scripts Medicare network pharmacy.

If you have low income, you may be eligible for Extra Help

To see if you qualify for Extra Help, Medicare's program for those with low income:

- Call Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
- Call the Social Security Office at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.
- Go to <https://www.socialsecurity.gov/prescriptionhelp>
- Call State Medicaid Office.

Your income could affect your premium for Medicare Part D coverage

Similar to Medicare Part B, some people may have to pay an extra amount for Medicare Part D. If your modified adjusted gross income (MAGI) reported on your federal tax return is above a certain amount, Medicare requires that you pay an extra amount for your Medicare coverage. It is called an Income-Related Monthly Adjustment Amount or IRMAA. For Medicare Part D, it is referred to as “Part D-IRMAA.”

You will be notified by Social Security if you have to pay the Part D-IRMAA and the extra amount will be withheld from your Social Security or Office of Personnel Management benefit check. If your benefit check isn’t enough to cover the extra amount, you will get a bill from Medicare. For more information about the extra amount you may have to pay based on your income, go to <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>. **This extra amount must be paid separately and cannot be paid to NYPA or Express Scripts Medicare.**

If you have any questions about the Part D-IRMAA, contact Social Security at 1.800.772.1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

Refer to the *Evidence of Coverage* for more information about your plan

For an explanation of the rules for the Medicare Part D portion of your plan, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or check your *Evidence of Coverage* (EOC) when you receive it in your Welcome Kit. If you have not yet received an EOC, please contact Express Scripts Medicare Customer Service at the numbers on the back of this document to request one. You can also review the EOC by visiting our website, **[express-scripts.com/documents](https://www.express-scripts.com/documents)**.

You have the right to file a grievance or appeal plan decisions about payment or services if you disagree. For more information about these processes, call Express Scripts Medicare Customer Service at the number on the back of this document or review the *Evidence of Coverage*.

Read the *Medicare & You* 2021 handbook

The *Medicare & You* handbook has a summary of Original Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. You can get a copy at the Medicare website (<https://www.medicare.gov>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

If you decide not to participate in this coverage, you can contact Medicare at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, for assistance with selecting another Part D plan. TTY users should call 1.877.486.2048.

If you leave this plan and don’t get other creditable prescription drug coverage (coverage that is at least as good as Medicare’s coverage) for 63 or more days, you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

Express Scripts Medicare Customer Service

1.866.211.5424

24 hours a day, 7 days a week

We have free language interpreter services available for non-English speakers.

TTY: 1.800.716.3231

You can also visit us on the Web at **express-scripts.com**.

This information is not a complete description of benefits. Call Express Scripts Medicare at the numbers above for more information.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Other pharmacies are available in our network.

This document may be available in braille. Please call Express Scripts Medicare Customer Service at the phone numbers listed above for assistance.

For questions about enrollment and eligibility, please contact the NYPA HR Services at 1.914.287.3114. Hours of Operation are Monday through Friday, 9:00 a.m. to 5:00 p.m., Eastern Time.

Express Scripts Medicare® (PDP) for New York Power Authority is "offered by Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (for members located in New York State only).", which contracts with the Federal government. This coverage is Medicare Part D coverage and is in addition to your coverage under Medicare Parts A and B. You must keep your Medicare Parts A and/or B coverage in order to qualify for this plan. You must inform NYPA of any other prescription drug coverage you may have.

The Centers for Medicare & Medicaid Services must approve Express Scripts' plan each year. You can continue to get Medicare coverage as a member of this plan only as long as both Express Scripts and NYPA choose to continue to offer this plan, and CMS renews its approval of the Express Scripts plan.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

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