

Benefit Overview

Express Scripts Medicare® (PDP) for Plumbers' Welfare Fund, Local 130, U.A.

YOUR 2025 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 with additional coverage being provided by Plumbers' Welfare Fund, Local 130, U.A. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. Some network retail pharmacies in your plan will only dispense a one-month supply, while Walgreens as well as select retail pharmacies will provide up to a 90-day supply. Please visit our website at express-scripts.com or call Express Scripts Medicare Customer Service for more information.

Plan Premium	Your group benefits administrator will tell you the amount that you pay for your plan. If you have any questions, please contact your group benefits administrator.																							
Initial Coverage stage	<p>You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$2,000:</p> <table border="1" data-bbox="342 1003 1472 1612"> <thead> <tr> <th data-bbox="342 1003 662 1178">Tier</th> <th data-bbox="662 1003 927 1178">Retail One-Month (31-day) Supply</th> <th data-bbox="927 1003 1192 1178">Retail Three-Month (90-day) Supply</th> <th data-bbox="1192 1003 1472 1178">Express Scripts® Pharmacy Home Delivery Three-Month (90-day) Supply</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 1178 662 1255">Tier 1: Generic Drugs</td> <td data-bbox="662 1178 927 1255">\$10 copayment</td> <td data-bbox="927 1178 1192 1255">\$30 copayment</td> <td data-bbox="1192 1178 1472 1255">\$20 copayment</td> </tr> <tr> <td data-bbox="342 1255 662 1367">Tier 2: Preferred Brand Drugs</td> <td data-bbox="662 1255 927 1367">25% coinsurance \$50 maximum</td> <td data-bbox="927 1255 1192 1367">25% coinsurance \$150 maximum</td> <td data-bbox="1192 1255 1472 1367">25% coinsurance \$75 maximum</td> </tr> <tr> <td data-bbox="342 1367 662 1478">Tier 3: Non-Preferred Drugs</td> <td data-bbox="662 1367 927 1478">25% coinsurance \$100 maximum</td> <td data-bbox="927 1367 1192 1478">25% coinsurance \$300 maximum</td> <td data-bbox="1192 1367 1472 1478">25% coinsurance \$125 maximum</td> </tr> <tr> <td data-bbox="342 1478 662 1612">Tier 4: Specialty Tier Drugs</td> <td data-bbox="662 1478 927 1612">25% coinsurance \$100 maximum</td> <td data-bbox="927 1478 1192 1612">25% coinsurance \$300 maximum</td> <td data-bbox="1192 1478 1472 1612">25% coinsurance \$125 maximum</td> </tr> </tbody> </table> <p data-bbox="342 1633 1472 1751">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.</p>				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	25% coinsurance \$50 maximum	25% coinsurance \$150 maximum	25% coinsurance \$75 maximum	Tier 3: Non-Preferred Drugs	25% coinsurance \$100 maximum	25% coinsurance \$300 maximum	25% coinsurance \$125 maximum	Tier 4: Specialty Tier Drugs	25% coinsurance \$100 maximum	25% coinsurance \$300 maximum	25% coinsurance \$125 maximum
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Catastrophic Coverage stage	<p>If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.</p> <p>You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.</p>
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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 supply of generic drugs at a time. Contact your plan if you have questions about cost sharing 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 Plumbers' Welfare Fund, Local 130, U.A.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- 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.
- To find a network pharmacy near you, visit our website at [**express-scripts.com/pharmacies**](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. 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 will notify you before the change is made.
- A PDF of our printed drug list for 2025 will be available by logging into [**express-scripts.com/documents**](https://www.express-scripts.com/documents) beginning on October 15, 2024.
- Most adult Part D vaccines are covered at no cost to you.
- 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.
- Some retail pharmacies in your plan only provide a one-month supply of your covered prescriptions at the one-month supply cost share.
- Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.

- Starting in 2025, the Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- If you request an exception for a drug and Express Scripts Medicare approves the exception, you will pay the cost-sharing amount set by your plan for that drug.
- Each month, you will need to pay \$25.00 per person to continue your participation in this plan. In addition to the \$25.00 per person monthly premium for prescription drug coverage, you must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.
- The plan keeps track of the costs of your prescription drugs and any payments made when you fill or refill your prescription. This summary, called the *Explanation of Benefits* (Part D EOB), is available electronically by visiting our website, **express-scripts.com**. You can also request a printed copy to be mailed to you by calling Express Scripts Medicare Customer Service at the phone numbers on the back of this document.

For an explanation of your plan's rules, contact Express Scripts Medicare Customer Service at the numbers on the back of this document or review the *Evidence of Coverage* (EOC) by visiting our website, **express-scripts.com/documents**. You can request a copy of the EOC by calling Express Scripts Medicare Customer Service.

Does my plan cover Medicare Part B or non-Part D drugs?

This plan does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare prescription drug benefit (Part D) and that are on our formulary. However, in addition to providing coverage of Medicare Part D drugs, this plan does cover some 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 yearly drug costs or yearly out-of-pocket expenses. Please see your formulary for additional information. Please call Customer Service for additional information about specific drug coverage and your cost-sharing amount.

Will my income affect my cost for Medicare Part D coverage?

Some people may pay an extra amount called the Part D Income-Related Monthly Adjustment Amount (Part D-IRMAA) because of their yearly income. If you have to pay an extra amount, Social Security – *not your Medicare plan* – will send a letter telling you what the extra amount will be and how to pay it. If you have any questions about this extra amount, contact Social Security at 1.800.772.1213 between 8 a.m. and 7 p.m., Monday through Friday to speak with a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778.

Read the *Medicare & You 2025* 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.

Express Scripts Medicare Customer Service

1.866.635.5306

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 phone numbers above for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

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

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

For questions about premiums, enrollment and eligibility, please contact your benefits administrator at **1.312.226.5000**. Hours of operation are Monday, Tuesday, Wednesday & Friday, 7:30 a.m. to 4:30 p.m., and Thursday, 7:30 a.m. to 8:00 p.m.

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