

**Express Scripts Medicare (PDP) for
The State of New Hampshire Retirees
Annual Notice of Changes Plan Materials for 2020**

Enclosed are your **Express Scripts Medicare®** (PDP) renewal materials for the 2020 plan year. Please remember that your renewal in this plan is automatic—no action is required to continue your membership for 2020. Please promptly review the enclosed materials to become familiar with the changes to your benefit.

The following renewal materials are enclosed:

- **Quick Reference Guide**
Use this document to find important contact information for your plan.
- **Annual Notice of Changes**
Use this document to see a summary of any changes to your benefits and costs for the upcoming year.
- **Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs (“LIS Rider”)**
If you qualify for a low-income subsidy and have been receiving Extra Help, this document will help you understand the amount of assistance you will be receiving for the 2020 plan year.

Express Scripts Medicare Customer Service
Call here to find out in advance if a drug is covered or to ask other general questions.
Call: 1.844.468.0427
TTY: 1.800.716.3231
Hours: 24 hours a day, 7 days a week

The State of New Hampshire Retiree Health Benefits Office
Write: The State of NH Retiree Health Benefits Office 25 Capitol Street, Rm 412 Concord, NH 03301
Call: 1.603.271.1432
Email: RetireeHealth@nh.gov
Hours: Monday through Friday, 8:00 a.m. to 4:00 p.m., Eastern Time

Quick Reference Guide

Grievance Contact Information	
Use this information to file a grievance.	
Write: Express Scripts Medicare Attn: Grievance Resolution Team P.O. Box 3610 Dublin, OH 43016-0307	Call: 1.844.468.0427 TTY: 1.800.716.3231 Fax: 1.614.907.8547 Hours: 24 hours a day, 7 days a week
Administrative Coverage Reviews and Appeals Contact Information	
Use this information if you need to find out why a drug wasn't covered (or was covered at a higher cost than you expected) and what you can do about it.	
Write: Express Scripts Attn: Medicare Administrative Appeals P.O. Box 66587 St. Louis, MO 63166-6587	Call: 1.800.413.1328 TTY: 1.800.716.3231 Fax: 1.877.328.9660 Hours: Monday through Friday, 8:00 a.m. to 6:00 p.m., Central Time
Initial Clinical Coverage Reviews	
Use this information to find out more about if a drug is restricted in some way, including prior authorization, step therapy, and quantity limit restrictions, and what you can do about these restrictions.	
Write: Express Scripts Attn: Medicare Reviews P.O. Box 66571 St. Louis, MO 63166-6571	Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY: 1.800.716.3231 Fax: 1.877.251.5896 Hours: 24 hours a day, 7 days a week
Clinical Appeals Contact Information	
Use this information if you need to appeal an adverse decision about a drug that is restricted in some way.	
Write: Express Scripts Attn: Medicare Clinical Appeals P.O. Box 66588 St. Louis, MO 63166-6588	Call: 1.844.374.7377 (1.844.ESI.PDPS) TTY: 1.800.716.3231 Fax: 1.877.852.4070 Hours: Monday through Friday, 8:00 a.m. to 8:00 p.m., Central Time
Paper Claim Submission	
Mail request for payment with receipts to: Express Scripts Attn: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718	
To obtain a Direct Claim Form: Download from our website, express-scripts.com , in the Medicare Resources Center found in the Benefits menu, or call Customer Service.	
The Direct Claim Form is not required, but it will help us process the information faster. It's a good idea to make a copy of all of your receipts for your records.	



State of New Hampshire Medicare Part D Plan

Express Scripts Medicare (PDP) for The State of New Hampshire Retirees

Annual Notice of Changes for 2020

You are currently enrolled as a member of **Express Scripts Medicare®** (PDP). The benefit described in this document is your final benefit after combining the standard Medicare Part D benefit with additional coverage being provided by the State of New Hampshire. Next year, there will be some changes to the plan's costs and benefits. *This booklet describes the changes.*

Changes to your Medicare coverage for next year can generally be made from October 15 through December 7. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information.

Additional Resources

- This document is available for free in other languages.
- For help or more information, contact Express Scripts Medicare Customer Service at **1.844.468.0427** (TTY users should call **1.800.716.3231**), 24 hours a day, 7 days a week. We have free language interpreter services available for non-English speakers.
- This information is also available in braille. Please call Express Scripts Medicare Customer Service at the numbers above if you need plan information in another format.

About Express Scripts Medicare

- Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Express Scripts Medicare depends on contract renewal.
- When this booklet says “we,” “us” or “our,” it means *Medco Containment Life Insurance Company*. When it says “plan” or “our plan,” it means Express Scripts Medicare.
- This information is not a complete description of benefits. Call Express Scripts Medicare at the phone 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.

Think About Your Medicare Coverage for Next Year

Each fall, Medicare allows you to change your Medicare health and drug coverage during the Annual Enrollment Period. It's important to review your coverage now to make sure it will meet your needs next year. Please see **Section 3** for more information about deadlines for changing plans. Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** It is important to review benefit and cost changes to make sure they will work for you next year. Please note this is only a summary of changes. Look in **Section 1** for information about benefit and cost changes for our plan.
- Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in **Section 1** for information about changes to our drug coverage. Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Think about your overall costs in the plan.** How much will you spend out of pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?

If you decide to stay with Express Scripts Medicare:

If you want to stay with us next year, it's easy – you don't need to do anything. You will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, look in **Section 2.2** to learn more about your choices. Please see **Section 3** for information about deadlines for changing plans. If you enroll in a new plan, your new coverage will begin on January 1, 2020.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

You will be informed of any changes to the amount that you pay for your premium prior to January 1, 2020. If you have any questions, please contact your group benefits administrator.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty.
- If you have a higher income, you may have to pay an additional amount each month *directly to the government* for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs.

Section 1.2 – Changes to Part D Prescription Drug Coverage

Changes to Your Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called “Important Information for Those Who Receive Extra Help Paying for Their Prescription Drugs” (also called the “Low Income Subsidy Rider” or “LIS Rider”), which tells you about your drug coverage and costs. If you get Extra Help and didn’t receive this insert with this packet, please call Customer Service and ask for the LIS Rider. Phone numbers for Customer Service are on the front cover of this booklet.

This plan has three drug payment stages. Which “Drug Payment Stage” you are in may affect how much you pay for a Part D drug.

The following chart summarizes changes to the plan’s drug payment stages and your cost-sharing amounts for covered prescription drugs. The changes shown will take effect on January 1, 2020, and will stay the same for the entire calendar year. How much you pay for a drug depends on which “tier” the drug is in. The costs in this chart are for prescriptions filled at network pharmacies. Generally, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. There may be restrictions for prescriptions filled at out-of-network pharmacies, such as a limit on the amount of the drug you can receive.

	2019 (this year)	2020 (next year)
<p>MEMBER OUT-OF-POCKET MAXIMUM</p> <p>This plan has a yearly out-of-pocket maximum (costs paid by yourself only). Once you reach this amount, you will pay \$0 for your covered prescription drugs for the remainder of the calendar year, and the cost-share amounts listed in the various stages will not apply to you.</p>	\$750	\$750
<p>YEARLY DEDUCTIBLE STAGE</p>	Because this plan does not have a deductible, this stage does not apply to you.	Because this plan does not have a deductible, this stage does not apply to you.
<p>INITIAL COVERAGE STAGE</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>The table below shows your costs for drugs in each of our three drug tiers. We moved some of the drugs on the drug list to different drug tiers. To see if any of your drugs have been moved to different tiers, look them up online at express-scripts.com/documents starting on October 15, 2019, or call Express Scripts Medicare Customer Service.</p> <p>For 2020, you will stay in this stage until the total cost of your Part D drugs reaches \$4,020 (in 2019, the limit is \$3,820). Once you reach this limit, you move on to the Coverage Gap stage. Most members will not reach the Coverage Gap stage.</p>	
<p>Drugs in Tier 1 <i>(Generic Drugs)</i> Cost for a one-month (31-day) supply of a drug in Tier 1 that is filled at a retail network pharmacy</p> <p>Cost for a three-month (90-day) supply of a drug in Tier 1 that is filled through our home delivery service</p>	<p>You pay \$10 per prescription.</p> <p>You pay \$10 per prescription.</p>	<p>You pay \$10 per prescription.</p> <p>You pay \$10 per prescription.</p>

	2019 (this year)	2020 (next year)
<p>Drugs in Tier 2 <i>(Preferred Brand Drugs)</i> 31-day supply filled at a retail network pharmacy</p> <p>90-day supply filled through our home delivery service</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>	<p>You pay \$25 per prescription.</p> <p>You pay \$50 per prescription.</p>
<p>Drugs in Tier 3 <i>(Non-Preferred Brand Drugs)</i> 31-day supply filled at a retail network pharmacy</p> <p>90-day supply filled through our home delivery service</p>	<p>You pay \$40 per prescription.</p> <p>You pay \$80 per prescription.</p>	<p>You pay \$40 per prescription.</p> <p>You pay \$80 per prescription.</p>
<p>COVERAGE GAP STAGE</p> <p>Because the member out-of-pocket maximum and your total out-of-pocket drug costs include different costs, you may reach the Catastrophic Coverage stage (\$6,350) prior to reaching your member out-of-pocket maximum.</p> <p>If you reach the out-of-pocket limit first, you leave the Coverage Gap stage and move on to the Catastrophic Coverage stage.</p> <p>If you reach your State of New Hampshire Retiree Plan member out-of-pocket maximum first, you will pay \$0 for your covered prescription drugs for the remainder of the plan year.</p>	<p>During this stage, the plan will continue to cover your drugs at the same cost-sharing amount as in the Initial Coverage stage until you qualify for the Catastrophic Coverage stage.</p> <p>For 2020, you will stay in the Coverage Gap stage until you pay \$6,350 out of pocket for Part D drugs (in 2019, you pay \$5,100).</p> <p>Once you reach this yearly out-of-pocket amount, you move on to the Catastrophic Coverage stage.</p>	

	2019 (this year)	2020 (next year)
<p>CATASTROPHIC COVERAGE STAGE</p> <p>This stage is the last of the drug payment stages. If you reach this stage, you will stay in this stage until the end of the calendar year.</p>	<p>You pay the greater of:</p> <p>\$3.40 for a generic drug (including drugs treated as generics) and \$8.50 for all other drugs</p> <p>OR</p> <p>5% of the total cost, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</p>	<p>You pay the greater of:</p> <p>\$3.60 for a generic drug (including drugs treated as generics) and \$8.95 for all other drugs</p> <p>OR</p> <p>5% of the total cost, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</p>

Changes to Our Drug List

Our list of covered drugs is called a formulary or “drug list.” Our drug list is available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents). This brings you to a PDF of our printed drug list for 2020, which will be available beginning on October 15, 2019. We made some changes to our drug list, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. The drug list includes many – *but not all* – of the drugs that we will cover next year. If a drug is not on our list, it might still be covered. Contact Customer Service to determine whether your drug is covered.

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. To learn what you must do to ask for an exception, contact Customer Service at the numbers on the front of this document.
- **Find a different drug** that we cover. You can call Customer Service at the numbers on the front cover of this document to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of certain drugs in the first 90 days of coverage of each plan year to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, contact Customer Service.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you currently have a formulary exception on file, you may need to submit a new request for an exception. The approval letter you received contains a start and end date for the approval. Please refer to this letter to determine if a request for a new exception is needed.

Most of the changes in the drug list are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the drug list during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online drug list as scheduled and provide other required information to reflect drug changes.

Section 1.3 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Some network retail pharmacies, including CVS and select retail pharmacies in your plan, will provide up to a 90-day supply, while others will only dispense a one-month supply. Please visit our website at **express-scripts.com** or call Express Scripts Medicare Customer Service for more information.

There are changes to our network of pharmacies for next year. However, the majority of pharmacies that participate in our network in 2019 will continue to participate in 2020. You can access information about what pharmacies are in our network by logging into **express-scripts.com/pharmacies** or by calling Customer Service. You can also ask us to mail you a *Pharmacy Directory*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Express Scripts Medicare

To stay in this plan, you don't need to do anything. You will automatically stay enrolled as a member of our plan for 2020.

Section 2.2 – If You Want to Change Plans

We hope to keep you as a member for next year, but if you are considering changing prescription drug plans, please contact your group benefits administrator for specific information about your group benefit. There may be additional implications to other benefits, such as loss of medical and/or dental coverage if you choose a plan outside your former employer's or your retiree group's offering. Your group benefits administrator will also be able to instruct you on how to terminate your current coverage.

Once you have discussed your options regarding coverage with your group benefits administrator, you may find more information about plans available in your area by contacting Medicare. You may visit <https://www.medicare.gov> and click on "Find Health and Drug Plans" or call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week.

As a reminder, Express Scripts Medicare offers other Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums and cost-sharing amounts.

SECTION 3 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can generally make changes from **October 15 through December 7**. The Annual Enrollment Period established by your former employer or your retiree group may differ from these dates. Please contact your group benefits administrator for more information. Your change in coverage will take effect on January 1, 2020.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid or those who get Extra Help paying for their drugs are allowed to make a change at other times of the year.

Note: If you're in a drug management program, you may not be able to change plans.

SECTION 4 Programs That Offer Free Counseling About Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. A SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can contact the SHIP in your state by contacting Medicare.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to seventy-five (75) percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not have a coverage gap or a late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week;
 - 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 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state's pharmaceutical assistance program.** The State Pharmaceutical Assistance Program helps people pay for prescription drugs based on their financial need, age or medical condition. To learn more about the program, check with your State Pharmaceutical Assistance Program.

- **Prescription cost-sharing assistance for persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. For information on eligibility criteria, covered drugs, or how to enroll in the program, check with your state AIDS Drug Assistance Program.

SECTION 6 Questions?

We're here to help. Please call Customer Service at **1.844.468.0427**. Customer Service is available 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**.

Section 6.1 – Other Plan Information

Rights and rules about next year's benefits

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2020. The *2020 Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. You may request a copy of the *Evidence of Coverage* by calling Customer Service at the numbers on the front of this document. A copy of the *Evidence of Coverage* is located on our website at **express-scripts.com/documents**. You may also call Customer Service to ask us to mail you a copy.

Visit our website

You can visit our website at **express-scripts.com** for the most up-to-date information about our pharmacy network and drug coverage.

Notice of Privacy Practices

We have sent you a *Notice of Privacy Practices* upon your enrollment in this plan. Any changes made to this notice will be made available on our website. Should you require another copy of this notice, please contact Express Scripts Medicare Customer Service.

Section 6.2 – Getting Help From Medicare

- **To get information directly from Medicare:** Call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.
- **Visit the Medicare website:** You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on “Review and Compare Your Coverage Options.”)

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- **Read *Medicare & You 2020*:** You can read the *Medicare & You 2020* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it 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.