EVERNORTH HEALTH SERVICES

Express Scripts® Medicare (PDP)

Benefit Overview

Express Scripts Medicare® (PDP)

YOUR 2027 PRESCRIPTION DRUG PLAN BENEFIT:

Infineum USA LP

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. You have the choice of filling your retail prescriptions at pharmacies with preferred cost-sharing and select retail pharmacies. These pharmacies may offer you lower cost-sharing than the standard cost-sharing offered by other pharmacies within our network.

<table>
<tr><td>Deductible stage</td><td colspan="5">You do not pay a yearly deductible</td></tr>
<tr><td rowspan="3">Initial Coverage stage</td><td colspan="5">You will pay the following until your total yearly drug costs (what you pay and a portion of what the plan pays) reach $2,400:</td></tr>
<tr><td>Tier</td><td>Retail One Month (31-day) Supply</td><td>Retail Two Month (32-60-day) Supply</td><td>Retail Three Month (90-day) Supply</td><td>Express Scripts Pharmacy Home Delivery Three-Month (90-day) Supply</td></tr>
<tr><td>Tier 1:
Generic Drugs</td><td>Preferred cost-sharing
$20
Copayment
Standard cost-sharing
$25
Copayment</td><td>Preferred cost-sharing
$40
Copayment
Standard cost-sharing
$45
Copayment</td><td>Preferred cost-sharing
$60
Copayment
Standard cost-sharing
$65
Copayment</td><td>$20
Copayment</td></tr>
<tr><td>Tier 2:
Preferred Brand Drugs</td><td>Preferred cost-sharing
$50
Copayment
Standard cost-sharing
$55
Copayment</td><td>Preferred cost-sharing
$100
Copayment
Standard cost-sharing
$105
Copayment</td><td>Preferred cost-sharing
$150
Copayment
Standard cost-sharing
$155
Copayment</td><td>$60
Copayment</td></tr>
</table>

	Tier 3: **Non-Preferred Drugs**	**Preferred cost-sharing** $70 Copayment **Standard cost-sharing** $75 Copayment	**Preferred cost-sharing** $140 Copayment **Standard cost-sharing** $145 Copayment	**Preferred cost-sharing** $210 Copayment **Standard cost-sharing** $215 Copayment	$100 Copayment
	Tier 4: **Specialty Tier Drugs**	**Preferred cost-sharing** $70 Copayment **Standard cost-sharing** $75 Copayment	**Preferred cost-sharing** $140 Copayment **Standard cost-sharing** $145 Copayment	**Preferred cost-sharing** $210 Copayment **Standard cost-sharing** $215 Copayment	$100 Copayment
	You may receive more than a one-month 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. If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:00 p.m., local time. TTY users should call 711.				
Catastrophic Coverage stage	**If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.** **You may have cost sharing for excluded drugs that may be covered under your enhanced benefit, if your plan covers additional drugs not normally covered by Medicare Part D.**				

IMPORTANT PLAN INFORMATION

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 the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- 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 national or eligible noncitizen.
- 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**.
- 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 Medicare will notify you before the change is made.
- A PDF of our printed drug list for 2027 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2026.
- 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.
- 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.
- The Medicare Prescription Payment Plan is an option to help you manage your out-of-pocket drug costs. This 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.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is $0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:00 p.m., local time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed 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.

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

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

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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