

**NH School Health Care Coalition  
SCHOOLCARE 65+**

**January 1, 2019**

**Summary of Benefits – Plan F**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\***

Note: Benefits will be paid for only those expenses which are determined to be Medicare Eligible by the Federal Medicare Program or its administrators, except as otherwise specified. For complete details, please see the Master Policy.

Services	Medicare Pays	SCHOOLCARE 65+ Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies: First 60 days 61st thru 90th day 91st day and after : While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the Additional 365 days	All but \$1,364 All but \$341 a day All but \$682 a day \$0 \$0	\$1,364 (Part A Ded.) \$341 a day \$682 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$170.50 a day \$0	\$0 Up to \$170.50 a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Balance

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\* When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provide in the policy's "Core Benefits." During this time the hospital is prohibited from billing you the balance based on any difference between its billed charges and the amount Medicare would have paid.

(over)

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR\*\*\***

\*\*\*Once you have been billed \$185 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Medicare Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	SCHOOLCARE 65+ Pays	You Pay
<b>MEDICAL EXPENSES - In or Out of the Hospital and Outpatient Hospital Treatment</b> , such as physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment: First \$185 of Medicare Approved Amounts*** Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 Generally 80% \$0	100% of the amount not paid by Medicare	\$0 \$0 \$0
<b>BLOOD</b> First 3 pints Next \$185 of Medicare Approved Amounts*** Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs 100% of the amount not paid by Medicare	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES</b> Tests for Diagnostic Services	100%	\$0	\$0

**MEDICARE PARTS A & B**

<b>HOME HEALTH CARE Medicare Approved Services</b> Medically necessary skilled care services and medical supplies Durable medical equipment: First \$185 of Medicare Approved Amounts*** Remainder of charges	100% \$0 80%	\$0 100% of the amount not paid by Medicare	\$0 \$0 \$0
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**OTHER BENEFITS**

<b>FOREIGN TRAVEL</b> Not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA: First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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# Benefit Overview

## Express Scripts Medicare® (PDP) for SCHOOLCARE

### YOUR 2019 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.

<b>Plan Premium</b>	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.			
<b>Initial Coverage stage</b>	You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$3,820:			
	<b>Tier</b>	<b>Retail One-Month (31-day) Supply</b>	<b>Retail Three-Month (90-day) Supply</b>	<b>Home Delivery Three-Month (90-day) Supply</b>
	Tier 1: <b>Generic Drugs</b>	\$7 copayment	\$21 copayment	\$10 copayment
	Tier 2: <b>Preferred Brand Drugs</b>	\$25 copayment	\$75 copayment	\$35 copayment
	Tier 3: <b>Non-Preferred Brand Drugs</b>	\$25 copayment	\$75 copayment	\$35 copayment
	Tier 4: <b>Specialty Tier Drugs</b>	10% coinsurance	10% coinsurance	10% coinsurance
	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.			
	You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through the Express Scripts Pharmacy <sup>SM</sup> . 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.			

<b>Coverage Gap stage</b>	After your total yearly drug costs reach \$3,820, you will continue to pay the same cost-sharing amount as in the Initial Coverage stage until your yearly out-of-pocket drug costs reach \$5,100.
<b>Catastrophic Coverage stage</b>	After your yearly out-of-pocket drug costs (what you and others pay on your behalf, including manufacturer discounts but excluding payments made by your Medicare prescription drug plan) reach \$5,100, you will pay <b>the greater of 5% coinsurance or:</b> <ul style="list-style-type: none"> <li>• a \$3.40 copayment for covered generic drugs (including drugs treated as generics), with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage</li> <li>• an \$8.50 copayment for all other covered drugs, with a maximum not to exceed the standard cost-sharing amount during the Initial Coverage stage.</li> </ul>

### **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 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 SCHOOLCARE.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](http://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.

- Beginning October 1, 2018, you can access your plan’s 2019 list of covered drugs by visiting our website at **express-scripts.com/drugs**.
- 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 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 Non-Preferred Brand Drug cost-share 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 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 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**. 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?**

In addition to providing coverage of Medicare Part D drugs, this plan provides coverage for some Medicare Part B medications, as well as for some other 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 drug costs or total out-of-pocket expenses. 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 your income is more than \$85,000 for individuals and married individuals filing separately or \$170,000 for married individuals filing jointly, you’ll have to pay an extra amount directly to the government for your Medicare Part D coverage. 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 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1.800.325.0778.

**Read the *Medicare & You* 2019 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**

**1.866.838.3932**

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](http://express-scripts.com)**.

This information is not a complete description of benefits. Contact Express Scripts Medicare 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**).

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 SCHOOLCARE at **1.800.562.5254**. Hours of operation are Monday through Friday, 8:30 a.m. to 4:30 p.m., Eastern Time.

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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