

# Your 2016 ORNL Prescription Drug Benefit...

## ...For Retirees & Spouses over age 65

## ...Provides Comprehensive Drug Coverage

Your plan combines coverage **through the Medicare Part D program with ORNL**-provided additional coverage. This added coverage lowers the cost you pay for your prescriptions and provides coverage for drugs that are not on the Medicare Part D formulary.

## ...Allows You the Flexibility to Use a Network Pharmacy or any Pharmacy You Choose

While benefits are higher when you use a network pharmacy, you can go to any pharmacy you choose and still receive prescription benefits.

- Call Express Scripts at 1-877-701-9946 for assistance with locating a network pharmacy. This number is listed on your Express Scripts ID card.

## ...Offers a Convenient Home Delivery Option

The home delivery option, designed for maintenance drugs, provides up to a 90-day supply of a drug. You will pay the required copayment. New prescriptions can be ordered by mail. Complete an order form and mail it with your prescription.

- *Mail to:* Express Scripts  
PO Box 30493  
Tampa, FL 33633-0561
- *Fax:* Have your doctor call 1-888-327-9791 for information on how to fax to Express Scripts.
- *Internet Refills:* [www.express-scripts.com](http://www.express-scripts.com)
- *Telephone Refills:* 1-877-701-9946  
Have your ID card and refill bottle with the prescription information ready.

### ORNL Prescription Drug Plan, Administered by Express Scripts

**2016 Premiums: Shared Cost: \$89/month per person      Full Cost: \$178/month per person**

<b>Deductible stage</b>	You pay a \$150 yearly deductible for prescriptions filled at retail. Prescriptions filled at mail will not be subject to a deductible. After you pay your yearly retail-only deductible, you will pay the following:		
<b>Tier Name</b>	<b>Retail Final Cost-Share (31-day supply)</b>	<b>Retail Final Cost-Share (90-day supply)</b>	<b>Mail-Order Final Cost-Share (90-day supply)</b>
Tier 1: Generic Drugs	20% coinsurance \$10 minimum	20% coinsurance \$30 minimum	\$15 copayment
Tier 2: Preferred Brand Drugs	30% coinsurance \$10 minimum	30% coinsurance \$30 minimum	\$35 copayment
Tier 3: Non-Preferred Brand Drugs	30% coinsurance \$10 minimum	30% coinsurance \$30 minimum	\$35 copayment