Your 2018 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
- 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**

<table>
<thead>
<tr>
<th>2018 Premiums:</th>
<th>Shared Cost: $80/month per person</th>
<th>Full Cost: $160/month per person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible stage</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>Tier Name</td>
<td>Retail Final Cost-Share (31-day supply)</td>
<td>Retail Final Cost-Share (90-day supply)</td>
</tr>
<tr>
<td>Tier 1: Generic Drugs</td>
<td>20% coinsurance $10 minimum</td>
<td>20% coinsurance $30 minimum</td>
</tr>
<tr>
<td>Tier 2: Preferred Brand Drugs</td>
<td>30% coinsurance $10 minimum</td>
<td>30% coinsurance $30 minimum</td>
</tr>
<tr>
<td>Tier 3: Non-Preferred Brand Drugs</td>
<td>30% coinsurance $10 minimum</td>
<td>30% coinsurance $30 minimum</td>
</tr>
</tbody>
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