



Dear The City of Lake Forest,

Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York (hereinafter referred to as "Express Scripts Medicare") is pleased to continue offering the Medicare Part D Employer Group Waiver Plan (EGWP) for 2021 as described below. Please review the below information and reach out to Benistar to review any further plan design changes. If there are no changes then your benefit will renew at the below specifications effective January 1, 2021 and run through December 31, 2021. Mid-year terminations are not permitted and any premature termination shall incur an early termination fee.

Plan Design: BXM50041v12

		Retail Pharmacy Network		Retail Maintenance Drug Program (MDP) Pharmacy			Express Scripts Home Delivery	
Day Supply		Up to 31 Day Supply		32-60 Day Supply		Up to 90 day supply		1-31 Day Supply (Mirrors Retail Cost Share) 32-90 Day Supply (Home Delivery Cost Share)
Network: Medicare Preferred Voluntary Smart90 Network (CVS)		Preferred	Standard	Preferred	Standard	Preferred	Standard	Home Delivery
Initial Coverage Period Member Cost Share	Preferred Generic	\$5.00	\$5.00	\$10.00	\$10.00	\$8.00	\$15.00	\$8.00
	Generic	\$10.00	\$10.00	\$20.00	\$20.00	\$15.00	\$30.00	\$15.00
	Preferred Brand	\$25.00	\$25.00	\$50.00	\$50.00	\$56.00	\$75.00	\$56.00
	Non-Preferred Drugs	\$60.00	\$60.00	\$120.00	\$120.00	\$165.00	\$180.00	\$165.00
	Specialty	\$60.00	\$60.00	\$120.00	\$120.00	\$165.00	\$180.00	\$165.00
Deductible		No						
Maximum Out of Pocket		No						
Coverage Gap¹		Full Coverage - No Coverage Gap; Member copays above apply						
Initial Coverage Limit (ICL)		\$4,130						
Member True Out of Pocket (TrOOP)		\$6,550						
Catastrophic Coverage		Full Coverage - Member cost share post-TrOOP is the greater of 5% or \$3.70 for generic or preferred multi-source drugs and the greater of 5% or \$9.20 for all other drugs with a maximum of the member cost share in the initial coverage period						
Formulary		Medicare Premier Access Open						
Non Part D Drugs²		Covered Excluding Lifestyle drugs						
Part B and ESRD Drugs²		Not Covered						
Generics Policy		Voluntary						
Non-Preferred Generic Drugs		As defined by Express Scripts, Non-preferred Generics will be subject to the Non-preferred Drug Tier copay, all other Generics will be subject to the appropriate Generic Tier copay (excluding Specialty Tier Generics, when applicable)						
Utilization Management Program		Yes - All Approved Standard Part D PA, QLL, ST, CMS Required and High Risk Medication edits are on						
Compound Management Solution		Compound Management Solution in place to mitigate compound drug abuse by means of inclusion and exclusion list						
Federal Poverty Limits		Standard Federal Poverty Limit (FPL) guidelines apply						

Please note that most specialty medications can only be dispensed up to a 31 day supply to Medicare members, or up to a 30 day supply if they are found on the Carelogic drug list (132368). This plan participates in the Voluntary Generics Policy. Standard Federal Poverty Limit (FPL) guidelines apply.

Through our Medicare Preferred Voluntary Smart90 Network members are able to get a three month or 90-day supply at a pharmacy offering preferred cost-sharing or home delivery pharmacy, Express Scripts PharmacySM for a lower copay. The 90-day Preferred Network is anchored by (CVS) along with our home delivery pharmacy, Express Scripts PharmacySM. Members filling a three month or 90-day supply can continue to receive their maintenance medications at a standard pharmacy at a slightly higher standard copay. Members are allowed to continue filling one and two month supplies of any medication at any in-network retail pharmacy without higher copay. The lower copay only applies to extended day/three month supply fills of maintenance medications at preferred retail pharmacies. Pharmacy participation is contingent on contract renewal and is subject to change.

¹ Coverage Gap begins at the Initial Coverage Limit which is \$4,130 in 2021. In cases where the client's co-insurance in the Coverage Gap exceeds the maximum, beneficiaries' co-insurance will be reduced in the Coverage Gap so as not to exceed the maximum allowable co-insurance as defined by CMS.

² Some states require coverage for certain Non Part D, Part B, and ESRD drugs. Express Scripts will comply with state requirements as well as any plan specific coverage requirements.



This group Medicare Part D plan has additional benefits to enhance the Medicare Part D coverage, as required by the Centers for Medicare and Medicaid Services (CMS). Per CMS regulations, the benefit enhancements are considered other health benefits and require filing with and approval by the state department of insurance. Express Scripts Medicare will offer this product in conjunction with Companion Life Insurance Company. The total premium amount consists of two distinct components as outlined below.

Employer Group Waiver Plan Premium - offered by Benistar and Express Scripts Medicare through its contracts with the Centers for Medicare and Medicaid Services.		\$130.94
Additional Enhanced Insurance Premium - offered above and beyond the CMS defined standard benefit.		\$93.06
Total Premium Per Member Per Month (PMPM)		\$224.00

Unless otherwise notified, the terms and conditions of this proposal are binding, accepted, and agreed to by the Plan.

If you choose to not renew your EGWP benefit for the 2021 plan year, you must notify Benistar of your intentions to terminate in accordance with the timeframe required within the Express Scripts agreement.

If you have any questions, please contact Benistar at 888-497-9500.

Sincerely,

Benistar
100 Illinois Street, Suite 260
St. Charles, IL 60174
888-497-9500