



Prescription Drug OPT DOWN form

You are electing to change from the Express Scripts Medicare Unlimited Drug Plan to the Express Scripts Medicare Limited Drug Plan for January 1, 2018.

As explained in your Electric Boat Renewal Notification and in your 2018 Benefit Guide, the 2018 Electric Boat Retiree Prescription program provides two plan options: **the Limited and the Unlimited plan.**

Both the **Limited** and **Unlimited** drug plan options will have the same retail and mail order copays during the Initial Coverage Stage. However, coverage while in the **Coverage Gap** differs between the **Limited** and **Unlimited** Plans. Under both plans, you reach the Initial Coverage Limit and enter the Coverage Gap if and when your total drug costs reach **\$3,750 in 2018**. The Initial Coverage Limit of **\$3,750** is calculated based on your total drug costs which is the **total of your actual copays PLUS what Express Scripts pays for your drugs on your behalf.**

The **Limited** drug plan does continue to cover Tier 1 generic drugs at the same maximum Tier 1 generic drug copay. However, under the **Limited** plan, in **2018, members reaching the Coverage Gap will pay 35% for Medicare approved brand name drugs while 85% of the retail cost of Medicare approved brand name drugs will count towards their out of pocket maximum or TROOP.** Once a **Limited** drug plan member reaches an out of pocket maximum of **\$5,000 or their TROOP in 2018**, the member becomes eligible for Catastrophic Coverage. Medicare approved drugs will then be subject to a maximum cost share which will be the **greater of 5% coinsurance or \$3.35** for generics or preferred drugs and **\$8.35** for all other drugs.

Under the Electric Boat **Unlimited** Prescription Drug Plan, for drugs dispensed while in the **Coverage Gap**, members will continue to pay the same copays paid while in the Initial Coverage Stage for Tier 1, Tier 2 and Tier 3 drugs. **Tier 4 specialty drugs**, however, are subject to a **25% coinsurance** while in the Coverage Gap under the **Unlimited** drug plan when purchasing these Tier 4 drugs through an Express Scripts Preferred Pharmacy or through Express Scripts Home Delivery. While in the Catastrophic Coverage Stage, **Unlimited** drug plan members will be subject to a maximum cost share which will be the **greater of 5% coinsurance or \$3.35** for generics or preferred drugs and **\$8.35** for all other drugs. **Unlimited drug plan members are protected by an Out-of-Pocket Cost Cap of \$5,000 in 2018.**

This form is **ONLY REQUIRED** if you are currently in the Electric Boat Retiree **Unlimited** Prescription Drug Plan AND would like to “opt down” to the **Limited** plan in 2018. The premium for the **Limited** plan is **\$89.39** per member per month, while the premium for the **Unlimited** plan is **\$165.28** per member per month. **By choosing to “opt down” to the Limited plan, you must understand that you will NOT be able to re-enroll in the Unlimited prescription drug plan in the future as enrollment in the Unlimited prescription drug plan is only offered to retirees and spouses when they are initially eligible for the Electric Boat Retiree Medical and Prescription Drug Plan.**

If you are assessed a Part D-Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or Railroad Retirement Board benefit check or be billed directly by Medicare.

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a coverage gap or a late enrollment penalty. Many people qualify for these savings and don't even know it. For more information about this extra help, contact your local Social Security office or call Social Security at 1-800-772-1213. TTY users should call

1-800-325-0778. You can also apply for extra help online at www.socialsecurity.gov/prescriptionhelp. If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay part of your plan premium. We will bill you for the amount that Medicare doesn't cover.

Name:		Medicare Number:	
Home Phone Number:			
Permanent Street Address: (P.O. Box not allowed)			
City:		State:	Zip:
Mailing Address (if different):			
City:		State:	Zip:
Please Read and Sign			

Express Scripts Medicare (PDP) is a Medicare prescription drug plan and has a contract with the Federal Government.

I understand that beginning on the date Express Scripts Medicare coverage begins, I must get all of my prescription drug services from Express Scripts Medicare. Prescriptions authorized by Express Scripts Medicare and contained in my Express Scripts Medicare Evidence of Coverage document will be covered. I understand that I am electing to change from the Electric Boat Unlimited Prescription Drug Plan to the Electric Boat Limited Prescription Drug Plan. I will receive a new ID card for the Limited Prescription Drug Plan. In addition, I understand that in electing to “opt down” to the Limited Plan, I will NOT be able to re-enroll in the Electric Boat Unlimited Plan at a later date.

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the state where the individual resides) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under state law to complete this enrollment application, and 2) documentation of this authority is available upon request by Express Scripts Medicare (PDP) or Medicare.

Signature:	Today's Date:
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