

2017 PRESCRIPTION DRUG PLAN SUMMARY

Underwritten by Express Scripts Insurance Company

5-Tier Medicare Part D Plan

This plan offers a five tier co-payment plan for prescription drugs. This is a plan with **no annual deductible**. You will be responsible for a co-payment for your prescription drugs. If your out-of-pocket costs reach \$4,950 ("Catastrophic Limit") your co-payment will be reduced to the greater of a \$3.30 co-payment for generic drugs (including brand drugs treated as generic) and a \$8.25 co-payment for all other drugs, or a 5% co-insurance. You will be responsible for the following co-payments for your prescription drugs:

5-Tier Rx	Member Pays: (30 Day Retail)	Member Pays: (90 Day Mail Order)
Annual Deductible:	\$0.00	
Tier 1: Preferred Generic	\$10	\$20
Tier 2: Non-Preferred Generic	\$10	\$20
Tier 3: Preferred Brand	\$45	\$90
Tier 4: Non-Preferred Brand	50% (\$70 min - \$100 max)	50% (\$140 min - \$200 max)
Tier 5: Specialty	\$150	\$300

*After your total yearly drug costs reach \$3,700, you will pay the same copay schedule as noted above. The co-payments shown already include the manufacturer discounts on brand name drugs by the Medicare Coverage Gap Discount Program.

If you have any questions or need help with enrolling, please contact:

AmWINS Group Benefits Customer Care Center

Toll-Free at 1-877-248-7595

Monday through Friday, 8:00 AM to 8:00 PM Eastern Time

Or:

MDA Insurance

Toll-Free at 1-877-906-9924

Monday through Friday, 8:00 AM to 5:00 PM Eastern Time