EXPRESS SCRIPTS®
Medicare (PDP)

Prescription Drug OPT DOWN form

You are electing to change from the Express Scripts Medicare Unlimited Rx Drug Plan to the Express Scripts Medicare Limited Rx or Value Rx Drug Plan effective January 1, 2022.

The Unlimited Rx Plan vs. The Limited Rx or Value Rx Drug Plan

Under both plans, you exit the Initial Coverage Stage and enter the Coverage Gap if and when your total drug costs reach $4,430. Your total drug cost is the combined total of your actual copays and cost shares **PLUS** what Express Scripts pays for your drugs on your behalf.

Once you reach the Coverage Gap, under the 2022 Unlimited Rx Drug Plan:

You pay the following cost share until your TRUE out-of-pocket (TROOP) reaches $7,050:	
Tier 1 Generics	Lesser of the same generic copay as Initial Coverage Stage or 25%
Tier 2 and Tier 3 Drugs	Same Copay as Initial Coverage Stage
Tier 4 Specialty Drugs	25%
Once the $7,050 TROOP is reached in 2022, you enter the Catastrophic Stage and you pay the following until you reach the 2022 Member Out-of-Pocket Cost Cap:	
Generic Drugs	Greater of 5% or $3.95
Brand Name Drugs	Greater of 5% or $9.85
Member Out-of-Pocket Cost Cap	**$3,500**
Monthly Premium	**$219.31**

Once you reach the Coverage Gap, under the LIMITED or VALUE Plan – (this is what you are electing):

You pay the following cost share until your TRUE out-of-pocket (TROOP) reaches $7,050:		
Tier 1 (& Tier 2 Value) Generics	Lesser of the same generic copay as Initial Coverage Stage or 25%	
All Other Tiers and Drugs	25%	
Once the $7,050 TROOP is reached in 2022, you enter the Catastrophic Stage and you pay the following for the remainder of the year:		
Generic Drugs	Greater of 5% or $3.95-**(except for Value Rx -Tier 1 & 2 generics through mail order at $0 copay)**	
Brand Name Drugs	Greater of 5% or $9.85	
Monthly Premium	**Limited Rx - $110.83**	**Value Rx - $87.68**

The Limited Rx or Value Rx Plan do NOT have an Out-Pocket Cost Cap.

EXPRESS SCRIPTS®
Medicare (PDP)

Prescription Drug OPT DOWN form
Unlimited Rx to Limited or Value Rx

Name:	**Medicare Number:**	
Home Phone Number:	**Email Address:**	
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.

1) **I understand that I am electing to OPT DOWN from the Electric Boat Unlimited Rx Prescription Drug Plan to the Electric Boat Limited or Value Rx Prescription Drug Plan.**
2) **I will receive a new ID card for the Limited or Value Rx Prescription Drug Plan.**
3) **I understand that in electing to OPT DOWN to the Limited or Value Rx Plan, I will NOT be able to re-enroll in the Electric Boat Unlimited Rx Plan at a later date.**
4) **I understand that the Limited or Value Rx Plan does not have an Out-of-Pocket Cost Cap.**

Signature:	**Today's 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.