



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, 2024.

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 **\$5,030**. 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 2024 Unlimited Rx Drug Plan:

You pay the following cost share until your TRUE out-of-pocket (TROOP) reaches \$8,000:	
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 \$8,000 TROOP is reached in 2024, you enter the Catastrophic Stage and you pay the following until you reach the 2024 Member Out-of-Pocket Cost Cap:	
Generic Drugs	\$0
Brand Name Drugs	\$0
Member Out-of-Pocket Cost Cap	\$3,500
Monthly Premium	\$205 for 2024, 2025 & 2026

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 \$8,000:	
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 \$8,000 TROOP is reached in 2024, you enter the Catastrophic Stage and you pay the following for the remainder of the year:	
Generic Drugs	\$0
Brand Name Drugs	\$0
Monthly Premium	Limited Rx - \$127.00 Value Rx - \$89 for 2024/2025/2026

The Limited Rx and the Value Rx Plan do NOT have an Out-Pocket Cost Cap in 2024.



**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 and Value Rx Plans do not have an Out-of-Pocket Cost Cap in 2024.**
- 5) I understand that the Limited Rx plan will not be offered in 2025 and if I choose the Limited Rx plan for 2024, I will be transitioned to the Value Rx plan effective January 1, 2025.**

Signature:	Today's Date:
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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.