EXPRESS SCRIPTS® Medicare (PDP)

Dear City of Mesquite,

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 2026 as described in this renewal notice and in accordance with the terms and conditions of your current Express Scripts Medicare Agreement (hereinafter "Agreement").[1] Please review the renewal notice and reach out to Benistar to review any further plan design changes by October 15th, 2025. If there are no changes then your benefit, premium, and appropriate EGWP Enrollee communications will renew at the below specifications effective January 1,2026 and run through December 31,2026.

If you choose not to renew your EGWP benefit for the 2026 plan year, Express Scripts Medicare must be notified of your intentions to terminate in accordance with the timeframe required within the Express Scripts Medicare agreement. Mid-year terminations are not permitted.

EGWP Benefit Design2: BXM80411

Pharmacy		**Retail**		**Retail Maintenance Drug Program (MDP)**				**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: Voluntary Smart90 Medicare Preferred 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	$200.00	$200.00	$400.00	$400.00	$600.00	$600.00	$600.00
Deductible		NA						
Member True Out of Pocket (TrOOP)		$2,100						
Catastrophic Coverage		Member cost share post TrOOP is $0						
Formulary		Medicare Premier Access Open						
Non Part D Drugs[4]		Not Covered						
Part B and ESRD Drugs[4]		Not Covered						
Generic Definition		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		All PA, QLL & ST (Part D and applicable Non Part D/Part B), CMS Required, and High Risk edits						
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						
Other[5]		Member cost share is capped at $35 for a one-month supply of each insulin covered by the plan and member cost share is $0 for Part D vaccines covered by the plan as required by CMS.						
Additional Benefits		NA						

**Please note that most specialty medications can only be dispensed up to a 31 day supply, or up to a 30 day supply if they are found on the Carelogic drug list (132368); Additionally, only medications in a limited number of drug categories can be dispensed in less than a 35 day supply from Home Delivery including but not limited to diabetic supplies, state and federally controlled drugs, and a limited number of other medications,; mail order pharmacy may update the list at their discretion; copays mirror Retail or Home Delivery unless state regulations apply. This plan participates in the Voluntary Generics Policy. Standard Federal Poverty Limit (FPL) guidelines apply.*

This group Medicare Part D plan has additional benefits to enhance the Medicare Part D coverage, in accordance with the Centers for Medicare and Medicaid Services (CMS). Per CMS regulations, the benefit enhancements are considered other health benefits and may require filing with and approval by the state Department of Insurance. Express Scripts Medicare may offer this product or may offer this product in conjunction with a supplemental insurance company.[6] The total premium amount consists of two distinct components as outlined below.

2026

Employer Group Waiver Plan Premium PMPM	$127.26
Enhanced Insurance Premium PMPM	$73.84
Total Member Premium Per Member Per Month (PMPM)[7] [8]	$201.10

[1]The information in this renewal notice is subject to the Confidentiality provision in the Medicare Part D Employer/Union-Only Sponsored Group Waiver Plan Prescription Drug Policy.

[2]Required improvements to the plan designs will be incorporated as mandated by CMS.

[4]Some states require coverage for certain Non-Part D, Part B, and ESRD drugs. Above Program descriptions are available upon request.

[5]If an applicable state requirement has a lower member cost share cap for insulin that is deemed applicable to the supplemental product, the state requirement will apply.

[6]Express Scripts Medicare may offer this product or may offer this product in conjunction with one of the following supplemental insurance companies based on your plan's situs state: Companion Life Insurance Company, Companion Life Insurance Company of California, Niagara Life and Health Insurance Company or Pan-American Insurance Company.

[7]Express Scripts Medicare will comply with applicable state Department of Insurance requirements that are available upon request for the provision of a supplemental product to the Part D plan. If any government action, change in federal or state law or regulation, change in the interpretation of any law or regulation, or any action by a pharmaceutical manufacturer has an adverse effect on the pricing terms outlined in this renewal herein or if the above options are modified or the offering of proposed options are modified without express consent of Express Scripts, then Express Scripts Medicare will have the right, upon notice, to modify these pricing terms. The parties agree that these pricing terms are subject to the Pricing Assumptions

[8]Express Scripts Medicare reserves the right to re-evaluate the proposed renewal in the event of a significant membership (241 lives) reduction to the extent that it materially changes the average member morbidity enrolled within the plan."

Unless otherwise notified, the terms and conditions of this renewal notice are binding, accepted, and agreed to by the Plan and are hereby incorporated into your Agreement. In the event that your organization has not accepted these terms and conditions or otherwise notified Express Scripts Medicare in writing in accordance with our Agreement by the timeframe required within our Agreement, you shall be deemed to have accepted and agreed to the terms and conditions herein.

Print Name _____ Signature _____ Date _____

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