

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"). 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		F	Retail	Re	etail Maintenance [Drug Program (MD	P)	Express Scripts Home Delivery
Day Supply		Up to 31	Day Supply	32-60 Da	ıy Supply	Up to 90 E	Day Supply	1-31 Day Supply (Mirrors Retail Cost Share) 32-90 Day Supply (Home Delivery Cost Share)
Network: Volun Medicare Prefe	tary Smart90 rred Network (CVS)	Preferred	Standard	Preferred	Standard	Preferred	Standard	Home Delivery
	Preferred Generic*	\$5.00	\$5.00	\$10.00	\$10.00	\$8.00	\$15.00	\$8.00
Initial	Generic*	\$10.00	\$10.00	\$20.00	\$20.00	\$15.00	\$30.00	\$15.00
Coverage Period Member Cost	Preferred Brand	\$25.00	\$25.00	\$50.00	\$50.00	\$56.00	\$75.00	\$56.00
Share	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						
	,	\$2,100						
Catastrophic C	overage		ember cost share post TrOOP is \$0					
Formulary		Medicare Pren	nier Access Open					
Non Part D Dru	gs ⁴	Not Covered						
Part B and ESR	D Drugs ⁴	Not Covered						
Generic Defini	tion			on-preferred Generi y (excluding Specia			Drug Tier copay, all	other Generics will be subject to
	agement Program			licable Non Part D/l				
Compound Mar	agement Solution						on 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 Bene	efits	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. The total premium amount consists of two distinct components as outlined below.

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

¹The 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.

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 con	tact Benistar at 888-497-9500.	
Sincerely.		

Benistar 100 Illinois Street, Suite 260 St. Charles, IL 60174 888-497-9500

Data Class: Confidential

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

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

⁵If 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.

⁶Express 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.

⁷Express 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

⁸Express 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."