

## 2008 Retiree Q&A's

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### ❖ 2008 Q&A's for Pre-Medicare and Medicare-Eligible Retirees

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#### Prescription (Rx) Coverage

**1. The annual prescription out-of-pocket stop loss increased from \$1,500 to \$2,500. Why was it changed?**

The Rx stop loss was updated in recognition of the rising cost of prescription drugs. This change introduces a new model of prescription out-of-pocket protection consisting of two components: 1) maintaining a total annual prescription stop loss (i.e. \$2,500), and 2) establishing a new \$100/prescription maximum copay. While the traditional annual stop loss was increased, historically, only a small portion of participants (<1%) reach this stop loss each year. With the addition of the \$100 prescription copay maximum, the overall annual out-of-pocket protection will favorably impact a broader number of participants.

**2. Will the annual Rx deductible remain the same in 2008?**

The annual prescription drug deductible will increase from \$265 to \$275 in 2008. The annual deductible is determined by Medicare and applies to both the Pre-Medicare and Medicare-Eligible retirees. The deductible is counted towards the \$2,500 out-of-pocket stop loss.

**3. What can I do to lower my prescription drug expenses?**

Generic medications usually cost less than their brand-name counterparts. Some brand-name medications also have lower cost brand-name alternatives. Talk to your doctor to find out if a lower cost alternative medication is available and appropriate for you. Also, by using the Medco By Mail service, you can save by paying a lower coinsurance for up to a 90-day supply of your long-term medications, compared to what you would pay at a retail pharmacy.

**4. What are maintenance drugs and what is my copay for these medications?**

Maintenance drugs refer to long-term medications that treat chronic problems such as high blood pressure and diabetes. These types of medications will likely be filled for longer than 90 days.

In an effort to provide you with the most cost-effective prescription benefit possible, your plan limits the number of times you can fill long-term maintenance medications at a retail pharmacy with your standard 30% retail copayment. If you count the original time you fill your prescription, when you go for the fourth fill at a retail pharmacy it will be considered as a maintenance prescription. Your cost starting with the fourth fill will be 40% of the discounted retail price or a minimum of \$40 (or the actual discounted price, if less) and will not be subject to the new \$100 copay maximum per prescription fill.

The mail-order service, Medco By Mail, is available to decrease your costs on medications you take on a long-term basis. Your copay is 25% rather than 30% (or 40% after the third fill) at retail. Additionally, long-term maintenance medications are less costly to purchase through Medco By Mail; therefore, your share of the cost of these drugs is higher when you elect to fill them at the local retail pharmacy.

**5. If a 90-day supply of medicine ordered through mail-order actually costs less than the minimum \$45 for brand-name, do I still pay the minimum?**

No. If the actual discounted cost of the brand-name drug is less than \$45 for up to a 90-day supply through Medco By Mail, you pay the actual discounted cost of the drug. If you purchase your prescription through Medco By Mail, you will pay 25% of the total discounted cost of the medication or a minimum of \$16/generic or \$45/brand-name drug (or the total discounted cost if lower than the minimums.)\*

**Example #1:** If the actual discounted cost of a 90-day supply of a brand-name drug is \$40 through Medco By Mail, you will pay \$40. The total price is less than the \$45 minimum; therefore, the minimum does not apply.\*

**Example #2:** If the actual discounted cost of a 90-day supply of a brand-name drug is \$100, you will pay the greater of 25% of \$100 (which is \$25) or the \$45 minimum. Therefore, you will pay \$45.\*

\*Note: Prescription drug benefits for the High Deductible PPO medical option are subject to the medical deductible and differ from the benefits referenced in these responses.

**6. Do all brand-name drugs have generic forms available?**

Not all do, but more than 75% of all prescription drugs have generic versions, and others will soon be available.

**7. How can I find out if there is a lower price alternative to the medication I am currently taking?**

The Medco on-line website ([www.medco.com](http://www.medco.com)) provides two ways to find information on possible alternatives for specific medications. (Alternatively, you can call a Medco customer service representative at 1-800-572-8695.) After you register on the Medco website, you can:

1. **Click on “Save on Prescriptions/MyRxChoices” and select the medication from the list of your recent medications or enter a medication name and click “Go.”** A list of alternative medications and potential savings will be displayed; or
2. **Click on “Price a medication” and enter your medication name.** Once you select the proper dosage strength and form from the list displayed, you will be provided with a comparison of the current cost of a 90-day drug purchased from Medco By Mail and a typical 30-day retail network pharmacy drug price. If alternatives for your medication are identified, a box labeled “Possible alternative(s) for this medication” will appear on the screen. Click on the box for a list of alternatives and prices. Then, talk to your doctor to find out if an alternative medication is appropriate for you.

**8. What is a generic equivalent medication?**

Generic equivalent drugs have the exact same active ingredients, in the same strength, as their brand-name counterparts, and they must meet the same strict standards that the U.S. Food and Drug Administration requires of brand-name drugs. You probably already use lower-cost generics, such as acetaminophen, which is the generic name for *Tylenol*<sup>®</sup>, and ibuprofen, which is the generic name for *Motrin*<sup>®</sup>. So, just as with acetaminophen or ibuprofen, prescription generic equivalent drugs give you the same medication for a lower cost.

**9. What is the difference between a generic alternative and a generic equivalent medication?**

A generic alternative is similar but not identical to a brand-name drug. A generic equivalent has the exact same active ingredients, in the same strength, as the brand-name counterpart.

**10. What will it cost me if I choose a brand-name drug when a generic equivalent is available?**

Your cost will be calculated based on the cost of the generic equivalent drug, subject to the minimum and maximum copayments. In addition, you will be required to pay the additional cost associated with choosing the brand-name drug. Let’s take a mail-order example where the coinsurance is 25% of the drug cost (calculations rounded to nearest \$):

**If the brand-name drug costs \$394 and the generic equivalent costs \$169:**

**... and you choose the brand-name:**

Cost of brand-name drug	\$394
Your 25% coinsurance (based on generic)	\$ 42
Cost difference between brand and generic	\$225
<b>Your Total Cost</b>	<b>\$267</b>
Plan Cost	\$127

**... and if you choose the generic equivalent:**

Cost of generic equivalent	\$169
Your 25% coinsurance	\$ 42
<b>Your Total Cost</b>	<b>\$ 42</b>
Plan Cost	\$127

By choosing the generic equivalent you save \$225. The Plan pays the same amount whether you use the generic equivalent or the brand. Furthermore, if you choose the brand-name drug, the cost difference you pay between the brand and generic does not go towards your \$2,500 annual prescription out-of-pocket stop loss or the \$100 copay maximum per prescription fill.

**11. If my brand-name medication has a generic alternative, but not a generic equivalent, do I have to pay the difference in cost between the brand and generic?**

No. The prescription drug plan only requires that you pay the difference in cost between a brand-name medication and a generic equivalent.

**12. What will it cost me if I choose a brand-name drug when there is no generic equivalent available?**

The cost to you for brand-name drugs with no generic equivalent remains unchanged for 2008. Let's take a mail-order example where the coinsurance is 25% of the drug cost:

**If the brand-name drug costs \$394 (with no generic equivalent):**

Cost of brand-name drug	\$394.00
Your 25% coinsurance	\$ 98.50
<b>Your Total Cost</b>	<b>\$ 98.50</b>
Cost to your Plan	\$295.50

In this example, if the brand-name drug had cost more than \$400.00, your total cost would have been capped at \$100 which is the \$100 copay maximum per prescription fill.

**13. Does the \$100 copay maximum per prescription fill apply to all prescriptions?**

No. The following are exceptions to the \$100 copay maximum per prescription fill:

- the cost difference between a brand-name drug and its generic equivalent;
- the 40% coinsurance (or \$40 minimum copay) for maintenance drugs purchased at a retail pharmacy instead of using Medco By Mail; and
- the coinsurance for prescriptions filled at a non-network pharmacy for which a paper claim form is submitted to Medco.

**14. How do I know if it's appropriate for me to take a generic equivalent medication? If it is appropriate, how do I ensure that a generic is always prescribed by my doctor and dispensed by the pharmacist?**

First of all, we encourage you to talk with your doctor and ask whether generic equivalents are right for you. If you are filling your prescription through Medco By Mail, the Medco pharmacists will automatically dispense the generic equivalent unless your physician specifically states not to do so. At retail pharmacies, you should always ask the pharmacist for the generic when filling the prescription.

**15. What if my doctor says I cannot take a generic medication?**

If your doctor believes that a generic equivalent is not appropriate for you, he or she may call Medco toll-free at 1-800-753-2851, 8:00 a.m. to 9:00 p.m. Eastern Time, Monday to Friday, to initiate the coverage review process. If approved, your cost for the medication will be calculated based on the cost of the brand medication subject to the appropriate coinsurance. This special approval is valid for a maximum period of 12 months, after which your doctor will be required to initiate the coverage review process again, if necessary.

**16. My doctor has prescribed me a drug to supplement my calcium intake due to osteoporosis. Is this covered by the plan?**

Prescription vitamins (except for prenatal vitamins), minerals (except for fluoride treatments) and supplements are not covered by the plan because they are generally available over the counter. If you have a question regarding coverage of a particular drug, you can find additional information online at [www.medco.com](http://www.medco.com). Member services representatives are also ready to answer your questions at the toll-free number 1-800-572-8695. Representatives are available 24 hours per day – 7 days per week.

## **Eligibility**

**17. If I should marry during retirement am I able to add my new spouse to my coverage?**

No. Starting on January 1, 2008, retirees can only cover their spouse/partner at the time of retirement and will not be able to add a new spouse to their coverage after they have retired. Existing spouses of retirees not currently covered can be added later if the retiree provides proof of marriage before January 1, 2008 and the spouse lost eligibility for other group coverage within 60 days of the request.

**18. Can dependent children be added during retirement?**

Yes. Retirees can add new dependent children to coverage as long as they meet the dependent eligibility criteria. The dependent children must be unmarried, under age 25 and claimed as a dependent on the federal income tax return filed

by the retiree. If the dependent children are age 19 or older, they must be attending school as full time students.

**19. If I die, will my survivor still be eligible for coverage?**

Yes. Your surviving spouse/partner and eligible dependents will be eligible for continued coverage.

**20. If I die, how long can my dependent children remain on the DuPont Medical Plan after I die?**

Coverage for a survivor who is a minor child will end on the last day of the month in which the child becomes age 21. Covered dependents may elect to continue coverage for up to an additional 36 months under COBRA (a notice and election form will be mailed to those eligible).

**21. If I die, can my surviving spouse add new dependents to his/her DuPont Medical Plan coverage?**

No. Your survivor cannot cover a new spouse/partner or children of a subsequent marriage or domestic partnership. A surviving spouse can only cover as dependent children those children who were previously covered dependents of the deceased pensioner.

**❖ 2008 Q&A's for Medicare-Eligible Retirees Only**

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**General**

**1. Will DuPont still offer retiree prescription drug coverage in 2008?**

Yes. Medicare-eligible retirees will have a choice of taking *Medical Plus Prescription* or *Medical Only* coverage. The DuPont medical plan offers medical and prescription drug coverage on a secondary basis to Medicare. (If you are a Medicare-eligible retiree living outside the US, see section "Prescriptions Filled Outside the U.S. and its Territories for Medicare-Eligible Participants" below.)

**2. Will the DuPont prescription stop loss protection still apply if I elect *Medical Plus Prescription* coverage?**

Yes. For 2008, the DuPont prescription drug benefit individual stop loss (out of pocket maximum) is \$2,500, including the \$275 annual deductible. The individual stop loss applies to each covered person. Once you reach the individual stop loss, the Plan pays 100% of the discounted price of your covered medications for the remainder of the year.

**3. Why am I receiving prescription benefit offers from other companies?**

Medicare Part D is marketed and administered by several different companies in each state. It differs from traditional Medicare Parts A and B which are centrally designed and administered by Medicare. Since Medicare is encouraging local

plans to compete for enrollees, you will receive marketing materials from several different plans in your area. Note that if you wish to continue your DuPont prescription drug coverage, you cannot enroll in one of the public Medicare Part D plans.

**4. Is the DuPont prescription drug plan my best coverage option?**

Only you can decide which Medicare Part D plan best meets your needs. Compare the DuPont prescription drug coverage, premium, and out-of-pocket costs (including stop loss protection) with those of the other public Medicare Part D plans in your area to decide which plan is best for you.

**5. Why would I choose a public Medicare Part D plan instead of DuPont prescription drug coverage?**

Some retirees may prefer the coverage, premium, and out-of-pocket costs of a public Medicare Part D plan. Public Part D plans will be available for a lower premium, but they may have different coverage and benefits than the DuPont plan. Each individual must select the plan that is best for him/her.

**6. What are the 2008 premiums for the DuPont *Medical Plus Prescription* coverage?**

Premium information will be communicated to retirees in a November home mailing. You will have the premium information before you can begin signing up for any Medicare Part D plan. (Public Medicare Part D plans may enroll new members between November 15, 2007 and December 31, 2007.)

**7. Why does DuPont have a \$275 deductible on the prescription drug coverage?**

The standard Medicare Part D benefit, designed by Medicare, includes a \$275 deductible. DuPont added the deductible in 2006 to the prescription drug coverage. Please note that not all public plans have the same design/deductible.

**8. I called Medco to ask about the DuPont prescription drug coverage and they called it an “enhanced PDP”. What does that mean?**

The term “enhanced PDP” (where PDP stands for Prescription Drug Plan) is an industry term for a Medicare Part D plan that provides a benefit exceeding the standard Medicare requirement. For the DuPont prescription program, our plan combines Medicare Part D coverage with secondary coverage from DuPont.

**9. Where can I go for more information regarding the Medicare prescription drug program?**

- For questions about financial assistance, drug plans offered in your area, and Medicare eligibility, contact Medicare at 1-800-MEDICARE (1-800-633-4227), [www.medicare.gov](http://www.medicare.gov).
- For questions about formularies, covered medications, prescription costs, deductibles, coinsurance, and stop-loss, contact Medco at 1-800-572-8695, <http://www.medcohealth.com>.

- After November 15<sup>th</sup>, for questions about the enrollment process, deductions and premiums, contact DuPont Connection at 1-800-775-5955.

**10. I will be eligible for Medicare in 2008 when I turn age 65, will I need to take any action to continue my medical and prescription drug coverage?**

Yes. As soon as you receive your Medicare ID card, contact DuPont Connection to confirm that you want to remain in the *Medical Plus Prescription* coverage. When you contact DuPont Connection you will need to supply your personal data such as your Health Insurance Claim Number (HICN) or Medicare Number, Name, Date of Birth, and Address. You can contact DuPont Connection up to 60 days before you turn age 65 or within 60 days after you turn age 65.

### **Medical Plan Choices**

**11. Why doesn't DuPont offer a prescription only option, without medical coverage?**

One of the principles of DuPont health care is to provide secondary, catastrophic financial coverage to retirees. Prescription drug costs do not tend to be catastrophic in nature; therefore, DuPont does not provide prescription-only coverage. Retirees who desire only prescription drug coverage have a choice of competitive plans available from private companies.

**12. Will retirees have to re-enroll every year?**

No. Medicare-eligible retirees will have flexibility to reduce their medical coverage at any time throughout the year. Note that retirees will not be allowed to switch back from *Medical-Only* to *Medical Plus Prescription* coverage. Also, a decision to elect *No Coverage* from DuPont is permanent and irrevocable\*, meaning you cannot re-enter the plan once you leave it.

\*Exception: If you decline medical coverage while participating in another company's group plan (such as another active employee medical plan) you may re-enroll in DuPont retiree medical and prescription coverage upon losing eligibility for the other group plan.

**13. How do I make my medical plan election?**

First, gather information about the drugs you take. Second, review the various Medicare Part D plans available in your area. Third, compare the public Medicare Part D plans with the DuPont prescription drug program. Finally, choose the plan that works best for you and your family. If you want to switch to *Medical Only* or *No Coverage*, call DuPont Connection at 1-800-775-5955 between November 15, 2007 and December 31, 2007 (Noon Eastern Time) for your change to be effective on January 1, 2008.

**14. If I elect the *Medical Only* option for 2008 and enroll in a public Medicare Part D plan, can I opt back into the *Medical Plus Prescription* option at a later date?**

No, your decision to accept *Medical Only* coverage will be considered permanent and irrevocable. (Exception: If you declined coverage due to the fact that you were covered by another company's group plan, such as your spouse's active employee coverage, and later lose eligibility in the other plan, you will be permitted to re-enroll in DuPont coverage.)

**15. What coverage will I have if, as a retiree, I am not eligible for Medicare coverage but my spouse or dependent are eligible for Medicare benefits?**

If you are a pre-Medicare retiree participating in the DuPont medical plan, your coverage includes both medical and prescription drug coverage. The *Medical Only* (without prescription) option is only available to Medicare-eligible retirees, for whom the federal government provides primary prescription drug coverage. Your premium from DuPont will reflect the fact that your spouse has primary coverage through Medicare. Note that, in order to be covered as your dependent, your spouse cannot enroll in a public Medicare prescription drug plan. He/she will be automatically enrolled in the DuPont Medicare Part D plan.

### **Medicare Part B Prescription Drugs**

**16. What are Medicare Part B drugs?**

Medicare Part B drugs include:

- diabetic supplies (test strips, meters, syringes)
- prescription drugs that are administered at your doctor's office;
- drugs that help to prevent your body from rejecting an organ after transplant (as long as the transplant was paid for by Medicare);
- certain anti-cancer drugs that are taken by mouth;
- certain drugs used in nebulizers (A nebulizer is a small device that turns liquid medicine into a vapor so that it is easily inhaled into the lungs.); and
- certain drugs used in external infusion pumps (An external infusion pump is a small device that gradually delivers fluid or medication through a vein.).

**17. Where can I find a complete list of Medicare Part B approved drugs?**

You can call Medicare Customer Service at 1-800-Medicare (1-800-633-4227) or you can visit Medicare's website at [www.Medicare.gov](http://www.Medicare.gov) and follow the path listed below.

- Click on "Find out What Medicare Covers".
- Select appropriate State.
- Click on "Prescription Drugs" as the coverage topic.
- Click on "View Results".

**18. What is the process to get reimbursed for Medicare Part B drugs?**

Effective January 1, 2008, Medicare Part B prescriptions will be processed through the medical benefit portion under the DuPont medical plan with Medicare as the PRIMARY payor and DuPont/Aetna as the SECONDARY payor. Medicare considers these Part B medications as medical in nature which is why the DuPont medical plan will process them as medical claims rather than

prescription claims. First, you should go to a retail pharmacy that is a Medicare approved supplier to fill your prescription and present your **Medicare Part B** identification card. After filling your prescription, the pharmacy will submit the claim to Medicare on your behalf. Medicare reviews your claim and reimburses you for their portion, as appropriate. If you are enrolled in the “Medicare Direct” program, Medicare will then forward the claim electronically to Aetna for their review.

If you are **not** enrolled in the “Medicare Direct” program with Aetna or if Medicare denies the claim, you will need to wait until you receive a Medicare Explanation of Benefits (EOB) in the mail and then submit it to Aetna for review. Your Aetna claim must include the prescription receipt, Medicare EOB along with a completed Indemnity claim form to Aetna for review. The Aetna address is: Aetna, P.O. 14079, Lexington, KY, 40512-4079.

**19. If I have questions about the Medicare Part B claim process, who should I call?**

Call Aetna at 1-800-445-7175. Aetna will be the claims administrator for Medicare Part B drugs effective January 1, 2008.

**20. What is Medicare Direct?**

Medicare Direct is an electronic service for individuals currently enrolled in Medicare Part B that enables Medicare to automatically forward Part B claims to Aetna for supplemental processing. This eliminates the need for you to send a claim form along with the Medicare EOB to Aetna – thus saving time and postage cost. Once the information is received from Medicare, Aetna will process the claim in accordance with DuPont’s Maintenance of Benefits policy.

**21. How can I enroll in Medicare Direct?**

To enroll, all you need to do is contact Aetna’s Customer Service Center at 1-800-445-7175 and request a Medicare Direct Registration Card. When you receive the card, complete and return it to Aetna. Your spouse and/or covered dependents who are Medicare-eligible may also be enrolled in Medicare Direct. There is no charge for this service.

**22. Can I go to any pharmacy to fill a Medicare Part B prescription?**

You should fill your prescription at a Medicare approved pharmacy/supplier and follow the claim procedure as outlined in Q&A #18 above. It is also recommended that you contact your pharmacy and ask if it is a Medicare Part B approved supplier. See Q&A #30 below to find out where you can find a list of Medicare approved suppliers.

If you have your Medicare Part B prescription filled at a pharmacy that is **not** a Medicare approved pharmacy/supplier, you will need to pay the pharmacy for the full cost of the medication at the time of purchase. Although Medicare will not reimburse claims for prescriptions filled by a non-Medicare approved

supplier, you will still need to send your claim to Medicare in order for you to receive a Medicare Explanation of Benefits (EOB). The Medicare EOB is required when filing your claim with Aetna.

**23. How do I submit my claim to Aetna after it has been reviewed by Medicare?**

If you are enrolled in the “Medicare Direct” program with Aetna, Medicare will submit your claim to Aetna on your behalf. If you are **not** enrolled in the “Medicare Direct” program with Aetna, or if Medicare **denies** the claim, you will need to submit your claim which includes the prescription receipt, Medicare Explanation of Benefits (EOB) along with an Indemnity claim form to Aetna for review. The Aetna address is: Aetna, P.O. 14079, Lexington, KY, 40512-4079.

**24. Where can I find the Indemnity claim form for Aetna to file my claim?**

The form is located on the DuPont Retiree Website at:  
<http://www.dupont.com/retiree/new/pdfdocs/Indemnity2005.pdf>. Alternatively, you can call Aetna at 1-800-445-7175 to have a claim form mailed to you.

**25. If my pharmacy isn’t a Medicare approved supplier and won’t send my claim to Medicare, where do I submit my claim?**

You will need to send your claim to Medicare at:  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard,  
Baltimore MD  
21244-1850

**26. How will my Medicare Part B prescription claims be reimbursed through Aetna?**

Similar to your medical coverage, Medicare will be considered primary for your Medicare Part B prescription coverage and DuPont will be secondary.

Your DuPont secondary coverage under the medical plan will pay benefits only if the traditional Medicare payment is less than the MEDCAP Standard (the Indemnity Option) normal benefit. Aetna determines the medical plan’s normal benefit, subtracts Medicare’s payment and then reimburses the balance, if any. *Please note that, even if the medical plan pays “zero” as secondary to Medicare, you still get deductible and stop-loss credit based on the medical plan’s normal benefit.*

**27. Will my Medicare Part B prescription costs be applied to my medical stop loss or to my prescription stop loss?**

Your Medicare Part B prescription costs will be applied to your medical stop loss (\$1,600/individual: \$3,200/family) but will not apply to your Medicare Part D prescription stop loss (\$2,500/individual).

**28. I am enrolled in Medicare Direct with Aetna, but received a letter back from Medicare that my Part B claim was denied. Will my claim be paid by Aetna?**

You will need to submit your claim to Aetna and include the prescription receipt, Medicare Explanation of Benefits (EOB) along with an Indemnity claim form for their review. The Aetna address is: Aetna, P.O. 14079, Lexington, KY, 40512-4079. Aetna's determination will depend on the denial reason from Medicare. If Medicare denied your claim based on medical necessity, Aetna will also deny it for this reason. If this is a Part B medication and denied for any other reason, Aetna will review your claim based on the DuPont plan of benefits to determine if it is payable under the plan.

**29. Can a prescription drug be covered under Medicare Part B and Medicare Part D?**

No. Prescriptions are covered under one or the other, but not both. You can contact Medicare at 1-800-633-4227 for additional information.

**30. Where can I find a list of Medicare approved suppliers?**

To find a list of Medicare approved suppliers, you can call Medicare Customer Service at 1-800-Medicare (1-800-633-4227) or you can visit the Medicare website at [www.Medicare.gov](http://www.Medicare.gov) and follow the path noted below:

- Click on “Find Suppliers of Medical Equipment in Your Area”
- Select the “state” you are looking for
- Select the type of service you want to receive (for prescriptions note “Drugs/Pharmaceuticals”)
- Select “View Results”

**Medicare Part B Appeals**

**31. If a Medicare Part B prescription claim is denied by Medicare how do I appeal this decision?**

Contact Medicare Customer Service at 1-800-633-4227.

**32. If a Medicare Part B prescription claim is denied by Aetna how do I appeal this decision?**

You can call and initiate a verbal appeal through Aetna Customer Service at 1-800-445-7175 or you can submit a written appeal to the Aetna Claims office at the following address:

Aetna  
Appeals Resolution Team  
PO Box 14463  
Lexington, KY 40512

**Mail Order and Medicare Part B**

**33. Can I use Mail Order for my Medicare Part B prescriptions?**

No. You will need to go to a retail pharmacy to fill your Medicare Part B prescription. If you mail your prescription to Medco in error, Medco will only return your prescription (which may take up to 7 business days) and advise you of the need to take your prescription to a Medicare approved pharmacy.

**34. If I currently have a copy of my Part B prescription on file with Medco with outstanding refills, will Medco return my prescription or forward it to a pharmacy?**

No. You will need to go to your doctor and get another prescription.

## **Public Medicare Part D Plans**

**35. Where can I get information on all of the public Medicare Part D plans available in my area?**

Medicare can provide you with information on the public Medicare Part D plans in your state. Their Internet site, [www.medicare.gov](http://www.medicare.gov), contains comparison tools and information. If you prefer, you may call Medicare at 1-800-MEDICARE. Once you have compared the public Part D plans, consider whether you wish to enroll in a public Part D plan or continue your DuPont prescription drug benefits.

**36. Can I enroll in both DuPont *Medical Plus Prescription* and another Medicare Part D plan?**

No. Medicare does not allow you to be enrolled in two Medicare Part D plans at the same time.

- If you, the DuPont retiree, enroll in a Medicare Part D plan offered in your area, you and your covered dependents will be switched to the DuPont *Medical Only* coverage option. You should call DuPont Connection as soon as you enroll in another Medicare Part D plan to request the change from *Medical Plus Prescription* to *Medical Only* so that your premiums and coverage can be changed the first of the following month.

- If you are enrolled in the *Medical Plus Prescription* option and your covered dependent enrolls in a public Medicare Part D plan, he/she will be dropped from DuPont medical and prescription coverage\*. You will continue to have *Medical Plus Prescription* coverage for yourself and your other covered dependents.

\*Once dropped from DuPont coverage, your dependent cannot be added back onto your DuPont coverage unless he/she loses eligibility for coverage under another company's group plan. A decision to voluntarily end coverage in another Medicare plan or a loss of coverage due to non-payment of premiums is not considered a loss of eligibility. Please contact DuPont Connection for details regarding declination rules.

**37. If I enroll in another Medicare Part D plan, do I need to notify DuPont Connection?**

Yes. Call DuPont Connection at 1-800-775-5955 and inform them that you wish to switch to *Medical Only* coverage. If you call before January 1, 2008, your DuPont coverage and premiums will be changed to reflect *Medical Only* – or – *No Coverage* effective January 1, 2008. Otherwise, your premiums will be adjusted the first of the month following your call. It is important that you call to inform DuPont Connection of the change as soon as you enroll in another Medicare Part D Plan. You must not use your DuPont prescription drug card once your other Medicare Part D Plan becomes effective.

- 38. If I elect the *Medical Only* option and enroll in a public Medicare Part D plan, will DuPont contribute toward the premium I need to pay for the public Part D plan?**

No. DuPont only contributes toward the DuPont benefit.

- 39. What happens if my Medicare-eligible spouse enrolls in a public Medicare Part D plan when I have *Medical Plus Prescription with DuPont*?**

If your spouse enrolls in another Medicare Part D plan, your spouse will be dropped from your DuPont medical and prescription coverage\*. You will continue to have *Medical Plus Prescription* coverage for yourself and any of your other covered dependents. Medicare does not permit individuals to be enrolled in two Part D plans simultaneously and considers the most recent enrollment to be the only valid one; that's why your spouse will be dropped from DuPont coverage (medical and prescription).

\*Once dropped from DuPont coverage, your dependent cannot be added back onto your DuPont coverage unless he/she loses eligibility for coverage under another company's group plan. A decision to voluntarily end coverage in another Medicare plan or a loss of coverage due to non-payment of premiums is not considered a loss of eligibility. Please contact DuPont Connection for details regarding declination rules.

- 40. If I enroll in a public Medicare Part D plan (and take *Medical Only* coverage through DuPont) will Medco transfer my mail order prescription to my new carrier?**

No. If you change plans, you will need to go to your doctor and obtain a new prescription.

- 41. If I enroll in a public Medicare Advantage plan that does not provide prescription drug coverage, can I stay in the *Medical Plus Prescription* option?**

Yes. Note, however, that your Medicare Advantage benefit will be primary to your DuPont medical coverage, just as Medicare Parts A and B are primary to DuPont medical coverage. For prescriptions, you would use the DuPont prescription card.

### **Formulary – The List of Preferred Drugs**

- 42. Does the DuPont prescription drug plan use a formulary?**

Yes. DuPont uses a Medco formulary, which is a listing of preferred drugs, but the DuPont plan does not require that you use a formulary medication. The same benefit applies whether you use a formulary or non-formulary medication.

- 43. Who determines what drugs are on the formulary?**

Medco has a Pharmacy and Therapeutics Committee that reviews various drugs and identifies which drugs are “preferred” based on quality, effectiveness, and cost.

## **Prescriptions Filled Outside the U.S. and its territories for Medicare-Eligible Participants**

**44. I currently live outside the U.S. Will the prescriptions I fill overseas be covered?**

No. The DuPont retiree medical plan provides prescription drug coverage that integrates Medicare Part D coverage with secondary DuPont prescription coverage in a single plan. Medicare Part D does not provide coverage to individuals living outside of the U.S. and its territories; therefore, DuPont cannot provide prescription coverage since our plan includes a Medicare Part D component.

**45. I live in the U.S. and frequently travel to other countries. If I need an urgent medication while traveling overseas, will it be covered? Will the plan cover a maintenance medication purchased outside the U.S. if I run out?**

If you are traveling and become ill, your short-term urgent medication will be covered. In this situation, you will have to pay the full cost (rather than paying just your coinsurance) when you fill your prescription. You can file a claim with Medco. You will be responsible for paying the difference between what the Plan would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescription.

Maintenance\* and non-urgent medications filled outside the U.S. and its territories will not be covered. If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave. When possible, take along all the medication you will need. You may be able to order your prescription drugs ahead of time through the mail-order service.

\*Consider calling Medco before you depart on your trip and request an early refill to accommodate your travel plans.

**46. I purchase some of my medications through the mail from Canada. Are these medications covered?**

No. At the present time, purchasing drugs from another country by mail is illegal.