ANAHEIM UNION HIGH SCHOOL DISTRICT

Group Supplement to Medicare plan/ Prescription Drugs Information For Employee/Spouse Age 65 or older

MEDICAL CARRIER: TRANSAMERICA®

2027

MEDICAL	YOU PAY
Deductible (Indicate Type)	$0
Inpatient Hospital (Part A)	$0
Skilled Nursing Care (Days 1-100)	$0
Office Visits – Primary, Specialist (Part B)	$0
Diagnostic Tests, X-Rays, Lab Services, Radiology Services (Part B)	$0
Outpatient Care (Part B)	$0
Emergency and Urgent Care (Part B)	$0
Durable Medical Equipment (Part B)	$0
Foreign Travel Emergency	$250 deductible, 20% coinsurance for Medicare Covered Emergency Services. ($50k Lifetime Max)

RX CARRIER: EXPRESS SCRIPTS®

PRESCRIPTION			
Annual Out-Of-Pocket Maximum	$2400		
Annual Deductible	$0		
PRESCRIPTION PLAN TIERS	**Retail 30 Day Supply You Pay Up To**	**Retail 90 Day Supply You Pay Up To**	**Mail Order 90 Day Supply You Pay Up To**
Tier 1 (Generic)	$10	$30	$20
Tier 2 (Preferred Brand)	$30	$90	$60
Tier 3 (Non-Preferred Brand)	$60	$180	$120

2027 Post 65 Retiree Medical/Rx Premiums

The rates shown below are the full rates for your retiree healthcare program for 2027, and have not been reduced to show AUHSD's contribution towards your retiree benefits (if applicable):

Medicare Supplemental	Rx	Total Monthly
$345.00	$378.85	$723.85

All premiums are based on a per member per month rate. Medical and Prescription Drug benefits are bundled and cannot be elected independently. The Prescription Drug coverage included with the Anaheim Union High School District Post 65 Retiree Plan is considered Creditable Coverage with Medicare.

RetireeFirst

2027 – Anaheim Union High School District group supplement to Medicare with Prescription Drug Plan

Your Dedicated Advocacy Phone Number(s)
714.455.2140(TTY 711) or toll free 833.976.0632(TTY 711)

Frequently Asked Questions

Plan Design

Medical

TRANSAMERICA®

Medical	You pay
Deductible	$0
Office Visit: Primary Care	$0
Office Visit: Specialist	$0
Inpatient Hospital	$0
Outpatient Care	$0
Home Health Care	$0
Skilled Nursing Facility	$0 (Days 1-100)
Emergency Room	$0
Urgent Care	$0

Ambulance Service	$0
Lab Services	$0
Radiology Services	$0
Durable Medical Equipment	$0
Preventative Screenings	$0
Foreign Travel (World-wide) Coverage	$250 Deductible, 20% Coinsurance up to a $50,000 lifetime maximum.

A group supplement to Medicare pays 20% of your claim after Original Medicare Plan pays 80%. Services not covered by Medicare are not covered by this plan.

Prescription Carrier



Prescription	30-day Retail You pay up to	90-day Retail You pay up to	Express Scripts Pharmacy by Evernorth® Home Delivery Three-Month (90-day) Supply
Annual Deductible: $0			
Tier 1 Generic	$10	$30	$20
Tier 2 Preferred Brand	$30	$90	$60
Tier 3 Non-Preferred Brand	$60	$180	$120

RetireeFirst

Plan Questions

1. **How do I enroll in this plan?**
   To finalize your enrollment into the plan, the enclosed application, authorized representative form, and ACH form need to be completed and returned to RetireeFirst in the included pre-paid envelope.

2. **Can I stay with the current plan?**
   No, all Medicare-eligible retirees and/or dependents must change over to this plan. Your current plan will no longer be available.

3. **When will I receive my ID card and welcome kit?**
   Cards and welcome kits should arrive in the month prior to your start date. Retirees and Medicare-eligible dependents will each receive their own card. Please note that each enrollee may not receive their plan information on the same day; this is normal.

4. **What do I do if I lose my card?**
   Please call RetireeFirst at **714.455.2140 (TTY 711) or toll free 833.976.0632 (TTY 711)** and we will obtain a new one on your behalf, mail you a temporary card, and call your pharmacy and/or providers if needed.

5. **If I leave the plan, will it affect any of my other benefits?**
   Yes, it will. Please reach out to RetireeFirst at **714.455.2140 (TTY 711) or toll free 833.976.0632 (TTY 711).**

6. **How much do I have to pay for the plan?**
   RetireeFirst can be reached at **714.455.2140 (TTY 711) or toll free 833.976.0632 (TTY 711).** to answer any billing questions.

7. **Who do I call if I need assistance with the plan?**
   Please call RetireeFirst at **714.455.2140 (TTY 711) or toll free 833.976.0632 (TTY 711).** to reach your dedicated Anaheim Union HSD Retiree Advocacy Team, Monday-Friday, 8am-5pm, PST.

Medical Questions

8. **Is there a medical deductible?**
   No, there is no medical deductible.

9. **Is there co-insurance or copays?**
   Yes, please refer to page 2 regarding foreign travel.

10. **Does this plan require referrals?**
    No, this plan does not require referrals.

11. **Does this plan require pre-certifications?**
    No, this plan does not require pre-certifications.

12. **Does this plan have a network?**
    No, you can go to any willing Medicare provider, hospital, or facility.

13. **Can I go to my current providers?**
    Yes, you can see any provider that accepts Medicare.

14. **Do I use my Medicare card?**
    Yes, you will use both your Medicare card and your Transamerica ID Card at your provider's office.

Prescription Questions

15. **Is there a prescription deductible?**
    No, there is no prescription deductible.

16. **Is there co-insurance or copays?**
    Yes, there is a cost share associated with this plan for prescriptions drugs. Please refer to the prescription benefit chart on page 2 of this document to better understand the prescription co-pays.

17. **Are my prescriptions covered?**
    Most likely yes, the prescription list is a comprehensive formulary just as before. Please call RetireeFirst at **714.455.2140 (TTY 711) or toll free 833.976.0632 (TTY 711)** if you need help looking up your prescriptions.

18. **Can I go to the same retail pharmacy?**
    Most likely, yes. There should be little to no pharmacy disruption. Express Scripts has over 67,000 pharmacies in network. You do NOT need new prescriptions for retail pharmacy refills. You will need to show both your Medicare and your new Express Scripts prescription card.

19. **Is there a mail order pharmacy?**
    There is a mail order pharmacy called Express Scripts Pharmacy by Evernorth® Home Delivery which can be reached at (888) 345-2560. You can also call your dedicated RetireeFirst Advocates at **(714) 455-2140(TTY 711) or toll free (833) 976-0632(TTY 711)** with questions about mail order prescriptions.

20. **Is there a specialty mail order pharmacy?**
    Express Scripts has a specialty pharmacy called Accredo which can be reached at (877) 222-7336. You can also call RetireeFirst at **(714) 455-2140(TTY 711) or toll free (833) 976-0632(TTY 711)** with questions about specialty prescriptions.

21. **Will my prescriptions transfer from the old plan?**
    If you use the retail pharmacy, and have refills remaining, you do NOT need to obtain new prescriptions. If you use mail order, you WILL need to obtain new prescriptions from your provider.

22. **Can I still go to the Veterans Affairs (VA) for my prescriptions?**
    Yes, if you obtain some prescriptions from the VA, you may continue to do so.

23. **Do I need prior authorizations for certain prescription medicines?**
    Some prescriptions may require a prior authorization. Please contact RetireeFirst at **(714) 455-2140(TTY 711) or toll free (833) 976-0632(TTY 711)** if you have questions or need assistance with prior authorizations as well as any other requirements such as step therapy, quantity limit, or formulary exceptions.

24. What is the catastrophic phase and is there coverage?

The catastrophic phase is a phase of coverage designed to protect you from having to pay very high out-of-pocket costs for prescription drugs. It is the final phase in your prescription drug plan and your copays will be $0. You will remain in this phase for the rest of the plan year. This coverage phase kicks in when you reach a true out of pocket total of $2400 for prescription drugs. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

25. What is the annual maximum out-of-pocket (MOOP) and how does it work?

Once your out-of-pocket costs for prescription drugs reaches $2400, your copays will be $0. You will remain in this phase of coverage for the rest of the plan year. Keep in mind, lifestyle and non-part D prescription drugs do not count toward your out-of-pocket total.

Transamerica Group Retiree Medical Insurance Card Sample:

Front:



Back:



Disclaimer: For complete benefit details please refer to the carrier issued materials. This document includes a simplified summary of benefits and does not create any contractual rights.

Anaheim Union High School District
Retiree Medical Insurance
Plan Description

Underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA; Transamerica Financial Life Insurance Company, Harrison, NY

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD*

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Transamerica Financial Life Insurance Company is authorized to conduct business in New York. Transamerica Life Insurance Company a is authorized to conduct business in all other states.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	$0
61st -90th days:	All but Part A coinsurance each	Part A coinsurance each day	$0
91st day and after:			
While using 60 lifetime reserve days	All but Part A coinsurance each day	Part A coinsurance each day	$0
Once lifetime reserve days are used: Additional 365 days	$0	Medicare Eligible Expenses	$0
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but coinsurance each day	100% of daily coinsurance**	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints per year	$0
Additional amounts	100%	$0	$0

**Plan pays up to Medicare's daily coinsurance amount. Medicare calculates the Skilled Nursing Facility coinsurance by multiplying the Medicare Part A deductible by 1/8.

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. The Plan Description may not include all benefits available to you. For complete details, please see Certificate. Descriptions and policy details may vary by state. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

LM1000GPM. LM1000GCM, RM1000GPT, RM1000GCT, RM1000GPTF, RM1000GCTF. Form numbers may vary by state.
2438699 10/24

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - In or out of the Hospital and Outpatient Hospital Treatment, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Part B Deductible of Medicare Approved Amounts	$0	Part B Deductible	$0
Remainder of Medicare Approved Amounts	Generally 80%	20%	$0
Part B Excess Charges (above Medicare Approved Amounts)	$0	All costs	$0
BLOOD			
First 3 pints	$0	3 pints per year	$0
Part B Deductible of Medicare Approved Amounts	$0	Part B Deductible	$0
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES			
Blood tests for diagnostic services	100%	$0	$0
MEDICARE PARTS A & B			
HOME HEALTH CARE - MEDICARE APPROVED SERVICES:			
Medically necessary skilled care services and medical supplies	100%	$0	$0
DURABLE MEDICAL EQUIPMENT			
Part B Deductible of Medicare Approved Amounts!	$0	Part B Deductible	$0
Remainder of Medicare Approved Amounts!	80%	20%	$0
OTHER BENEFITS - IF NOT COVERED BY MEDICARE			
FOREIGN TRAVEL Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum of $50,000	20% and amounts over the $50,000 lifetime maximum

Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified. The Plan Description may not include all benefits available to you. For complete details, please see Certificate. Descriptions and policy details may vary by state. This policy's renewability, cancellability and termination provisions are at the option of the group policy holder except in cases of non-payment of premium.

EVERNORTH HEALTH SERVICES

Express Scripts Medicare (PDP)

Benefit Overview

Express Scripts Medicare® (PDP)

YOUR 2027 PRESCRIPTION DRUG PLAN BENEFIT:

Anaheim Union High School District

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service.

<table>
<tr><td>Deductible stage</td><td colspan="5">You do not pay a yearly deductible</td></tr>
<tr><td rowspan="5">Initial Coverage stage</td><td colspan="5">You will pay the following until your total yearly drug costs (what you pay and a portion of what the plan pays) reach $2,400:</td></tr>
<tr><td>Tier</td><td>Retail One Month (31-day) Supply</td><td>Retail Two Month (32-60-day) Supply</td><td>Retail Three Month (90-day) Supply</td><td>Express Scripts Pharmacy Home Delivery Three Month (90-day) Supply</td></tr>
<tr><td>Tier 1:
Generic Drugs</td><td>$10
Copayment</td><td>$20
Copayment</td><td>$30
Copayment</td><td>$20
Copayment</td></tr>
<tr><td>Tier 2:
Preferred Brand Drugs</td><td>$30
Copayment</td><td>$60
Copayment</td><td>$90
Copayment</td><td>$60
Copayment</td></tr>
<tr><td>Tier 3:
Non-Preferred Drugs</td><td>$60
Copayment</td><td>$120
Copayment</td><td>$180
Copayment</td><td>$120
Copayment</td></tr>
<tr><td colspan="5">You may receive more than a one-month supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.

If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782 Monday through Friday, 8:30 a.m. through 5:00 p.m., Eastern Time. TTY users should call 711.</td></tr>
</table>

Catastrophic Coverage stage	**If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs.** **You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.**

IMPORTANT PLAN INFORMATION

Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at a out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, are a U.S. citizen or national or eligible noncitizen.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.
- To find a network pharmacy near you, visit our website at **express-scripts.com/pharmacies**.
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts Medicare will notify you before the change is made.
- A PDF of our printed drug list for 2027 will be available by logging into **express-scripts.com/documents** beginning on October 15, 2026.
- Most adult Part D vaccines are covered at no cost to you.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts Pharmacy. Other pharmacies are available in our network.
- The Medicare Prescription Payment Plan is an option to help you manage your out-of-pocket drug costs. This payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year (January – December). This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.

- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is $0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an *Explanation of Benefits* (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, **express-scripts.com**, or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:00 p.m., Eastern Time. TTY users should call 711.

This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.800.268.5707** (TTY: **1.800.716.3231**).

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in Express Scripts Medicare depends on contract renewal.

© 2026 Evernorth Health Services. All Rights Reserved.