

## **NAVITUS MEDICARERX PDP offered by State of Montana Benefit Plan (State Plan) Annual Notice of Changes for 2021**

You are currently enrolled as a member of Navitus MedicareRx Prescription Drug Plan (PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **Your Open Enrollment for the 2021 State of Montana Benefit Plan is from October 25 through November 7, 2020.**
  - **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### **What to do now**

#### **1. ASK: Which changes apply to you**

- Check the changes to our benefits and costs to see if they affect you.
  - It's important to review your coverage now to make sure it will meet your needs next year.
  - Do the changes affect the services you use?
  - Look in Sections 2.1 and 2.3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
  - Will your drugs be covered?
  - Are your drugs in a different tier, with different cost-sharing?
  - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
  - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
  - Review the 2021 Formulary and look in Section 2.3 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket

costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.medicare.gov/drugprices). These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Think about your overall health care costs.
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?

Think about whether you are happy with our plan.

## 2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area.
  - Use the personalized search feature on the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your Medicare & You handbook.
  - Look in Section 3.2 to learn more about your choices.

## 3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2020, you will stay enrolled in Navitus MedicareRx (PDP).
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

## 4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2020**

- If you **don't join another plan by December 7, 2020**, you will stay enrolled in Navitus MedicareRx (PDP).
- If you **join another plan by December 7, 2020**, your new coverage will start on January 1, 2021. You will be automatically disenrolled from your current plan.
- **It is important to notify your employer group if you decide to opt out of Navitus Medicare Rx (PDP) during your Open Enrollment period of October 25 through November 7, 2020.**
- Additional Resources
- Please contact our Customer Care number at 1-866-270-3877 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day.

- Customer Care has free language interpreter services available for non-English speakers (phone numbers are in Section 7.1 of this booklet).
- We can also give you information in braille, in large print or in other alternate formats if you need it.

### **About Navitus MedicareRx (PDP)**

- This plan, Navitus MedicareRx (PDP), is offered by Navitus Health Solutions and underwritten by Dean Health Insurance, Inc., a Federally-Qualified Medicare Contracting Prescription Drug Plan.
- When this booklet says “we,” “us,” or “our,” “plan,” or “our plan,” it means Navitus MedicareRx (PDP).

## Summary of Important Costs for 2021

The table below compares the 2020 costs and 2021 costs for Navitus MedicareRx (PDP) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our Member Portal at <https://medicarerx.navitus.com>. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly plan premium</b> See Section 2.1 for details.</p>	<p>Your total group/union health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact the State of Montana Health Care &amp; Benefits Division for premium information</b></p>	<p>Your total group/union health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact the State of Montana Health Care &amp; Benefits Division for premium information</b></p>
<p><b>Part D prescription drug coverage</b> See Section 2.3 for details.</p>	<p>Deductible: Your plan's deductible is \$0</p> <p>Cost sharing during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> You pay \$15 copayment</p> <p><b>Drug Tier 2:</b> You pay \$50 copayment</p> <p><b>Drug Tier 3:</b> You pay 50% coinsurance</p> <p><b>Drug Tier 4:</b> You pay 50% coinsurance</p> <p><b>-OR-</b> You pay \$50 copay <i>only</i> when filled at the State Plan's Preferred Specialty Pharmacy</p> <p><b>Drug Tier \$0:</b> You pay \$0*</p>	<p>Deductible: Your plan's deductible is \$0</p> <p>Cost sharing during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b> You pay \$15 copayment</p> <p><b>Drug Tier 2:</b> You pay \$50 copayment</p> <p><b>Drug Tier 3:</b> You pay 50% coinsurance</p> <p><b>Drug Tier 4:</b> You pay 50% coinsurance</p> <p><b>-OR-</b> You pay \$50 copay <i>only</i> when filled at the State Plan's Preferred Specialty Pharmacy</p> <p><b>Drug Tier \$0:</b> You pay \$0*</p> <p><b>*Specific guidelines apply</b></p>

## ***Annual Notice of Changes for 2021***

### **Table of Contents**

<b>Summary of Important Costs for 2021 .....</b>	<b>1</b>
<b>SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx (PDP) in 2021.....</b>	<b>3</b>
<b>SECTION 2 Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 2.1 – Changes to the Monthly Premium .....	3
Section 2.2 – Changes to the Pharmacy Network.....	4
Section 2.3 – Changes to Part D Prescription Drug Coverage .....	4
<b>SECTION 3 Deciding Which Plan to Choose.....</b>	<b>7</b>
Section 3.1 – If You Want to Stay in Navitus MedicareRx (PDP).....	7
Section 3.2 – If You Want to Change Plans .....	7
<b>SECTION 4 Deadline for Changing Plans.....</b>	<b>8</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare .....</b>	<b>8</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs .....</b>	<b>9</b>
<b>SECTION 7 Questions?.....</b>	<b>9</b>
Section 7.1 – Getting Help from Navitus MedicareRx (PDP).....	9
Section 7.2 – Getting Help from Medicare .....	10

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx (PDP) in 2021

If you do nothing to change your Navitus MedicareRx coverage between your Open Enrollment dates of October 25 through November 7, 2020, we will automatically enroll you in Navitus MedicareRx (PDP). This means starting January 1, 2021, you will continue getting your prescription drug coverage through Navitus MedicareRx (PDP). If you want to, you can change to a different Medicare prescription drug plan. You can also switch to a Medicare health plan. If you want to change, you must do so between October 15 and December 7. If you are eligible for Extra Help, you may be able to change plans during other times.

The information in this document tells you about the differences between your current benefits in 2020 and the benefits you will have on January 1, 2021, as a member of Navitus MedicareRx (PDP).

## SECTION 2 Changes to Benefits and Costs for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2020 (this year)	2021 (next year)
<p><b>Monthly premium</b></p> <p>Your coverage is provided through your employer/union group.</p> <p><b>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</b></p>	<p>Your total group/union health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact the State of Montana Health Care &amp; Benefits Division for premium information</b></p>	<p>Your total group/union health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact the State of Montana Health Care &amp; Benefits Division for premium information</b></p>

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving “Extra Help” with your prescription drug costs. Please see Section 7 regarding “Extra Help” from Medicare.

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## Section 2.2 – Changes to the Pharmacy Network

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Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. A Pharmacy Search Tool and an updated Pharmacy Directory are located on our Member Portal at <https://medicarerx.navitus.com>. You may also call Customer Care for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2021 Pharmacy Directory to see which pharmacies are in our network.**

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## Section 2.3 – Changes to Part D Prescription Drug Coverage

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<h3>Changes to Our Formulary</h3>
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Our list of covered drugs is called a Formulary. A copy of our formulary is provided electronically on our Member Portal at <https://medicarerx.navitus.com>. The formulary includes the drugs that we will cover next year. If you don't see your drug on this list, it might still be covered. **You can request the complete formulary** by calling Customer Care (see the back cover) or visiting our Member Portal at <https://medicarerx.navitus.com>.

We made changes to our Formulary, including changes to the drugs we cover (particularly the coverage of some brand name drugs) and/or changes to the restrictions that apply to our coverage for certain drugs. **Review the Formulary to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
  - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care (see back cover).
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care (see back cover) to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary

supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Also, if you are a current member and a drug you are taking is not on the formulary and was approved through a coverage determination, you can refer to your letter from Navitus that you previously received, which told you for how long the drug is covered. If you have questions you can call our Customer Care number at 1-866-270-3877 for additional information. (TTY users should call 711.) Hours are 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day.

Most of the changes in the Formulary are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Formulary during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Formulary as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Formulary, see Chapter 3, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert with this packet, please call Customer Care and ask for the “LIS Rider.” Phone numbers for Customer Care are in Section 7.1 of this booklet.

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our Member Portal at <https://medicarerx.navitus.com>. (You may also call Customer Care for updated *Evidence of Coverage* information or to ask us to mail you a copy of the *Evidence of Coverage*.)

**Changes to the Deductible Stage**

Stage	2020 (this year)	2021 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

**Changes to Your Cost-sharing in the Initial Coverage Stage**

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2020 (this year)	2021 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs listed here are for a one-month supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1:</b> You pay \$15 copayment</p> <p><b>Drug Tier 2:</b> You pay \$50 copayment</p> <p><b>Drug Tier 3:</b> You pay 50% coinsurance</p> <p><b>Drug Tier 4:</b> You pay 50% coinsurance</p> <p><b>-OR-</b> You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p><b>Drug Tier \$0:</b> You pay \$0*</p> <hr/> <p>Once your total drug costs have reached \$4,020, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost sharing:</p> <p><b>Drug Tier 1:</b> You pay \$15 copayment</p> <p><b>Drug Tier 2:</b> You pay \$50 copayment</p> <p><b>Drug Tier 3:</b> You pay 50% coinsurance</p> <p><b>Drug Tier 4:</b> You pay 50% coinsurance</p> <p><b>-OR-</b> You pay \$50 copay <i>only</i> when filled at the State Plan’s Preferred Specialty Pharmacy</p> <p><b>Drug Tier \$0:</b> You pay \$0*</p> <p><b>*Specific guidelines apply</b></p> <hr/> <p>Once your total drug costs have reached \$4,130, you will move to the next stage (the Coverage Gap Stage).</p>

## Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

For information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in your *Evidence of Coverage*.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in Navitus MedicareRx (PDP)

**Your Open Enrollment for the 2021 State of Montana Benefit Plan is from October 25 through November 7, 2020.**

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan by December 7, you will automatically stay enrolled as a member of our plan for 2021.

### Section 3.2 – If You Want to Change Plans

We hope to keep you as a member next year but if you want to change for 2021 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare prescription drug plan timely,
- -- *OR*-- You can change to a Medicare health plan. Some Medicare health plans also include Part D prescription drug coverage,
- -- *OR*-- You can keep your current Medicare health coverage and drop your Medicare prescription drug coverage.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2021*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare). **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

#### **Step 2: Change your coverage**

- **To change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from Navitus MedicareRx (PDP).

- **To change to a Medicare health plan**, enroll in the new plan. Depending on which type of plan you choose, you may automatically be disenrolled from Navitus MedicareRx (PDP).
  - You will automatically be disenrolled from Navitus MedicareRx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be disenrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.
- **To change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## SECTION 4 Deadline for Changing Plans

If you want to change to a different prescription drug plan or to a Medicare health plan for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2021.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. You can learn more about your state’s SHIP program(s) by referencing Exhibit A in your Evidence of Coverage for the name and contact information for your SHIP.

SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can learn more about your state’s SHIP program(s) by referencing **Exhibit A** in your *Evidence of Coverage* for the name and contact information for your SHIP.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** Many states have a program called a State Pharmaceutical Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in **Exhibit D** of your *Evidence of Coverage*).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please see **Exhibit E** of your *Evidence of Coverage*.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from Navitus MedicareRx (PDP)

Questions? We’re here to help. Please call Customer Care at 1-866-270-3877. (TTY users should call 711.) Customer Care has free language interpreter services available for non-English speakers. We are available for phone calls 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day. Calls to these numbers are free.

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## **Read your 2021 *Evidence of Coverage* (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2021. For details, look in the 2021 *Evidence of Coverage* for Navitus MedicareRx (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our Member Portal at <https://medicarerx.navitus.com>. (You may also call Customer Care for updated *Evidence of Coverage* information or to ask us to mail you a copy of the *Evidence of Coverage*.)

### **Visit our Member Portal**

You can also visit our Member Portal at <https://medicarerx.navitus.com>. As a reminder, our Member Portal has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary).

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## **Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).)

### **Read *Medicare & You 2021***

You can read the *Medicare & You 2021* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov](http://www.medicare.gov)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For more information, please contact Navitus MedicareRx (PDP) Customer Care toll-free at 1-866-270-3877 (TTY users should call 711), or visit our website at <https://medicarerx.navitus.com>. Customer Care has free language interpreter services available for non-English speakers.

Calls to these numbers are free. Members can reach Navitus Customer Care 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day.

Pharmacies can reach Navitus Customer Care 24 hours a day, 7 days a week.



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