



***Navitus MedicareRx (PDP) offered by  
State of Montana Benefit Plan (State Plan)  
Annual Notice of Changes for 2019***

You are currently enrolled as a member of Navitus MedicareRx (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 State of Montana Benefit Plan is from October 28 through November 10, 2018.**
  - **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 2019 Formulary and look in Section 2.3 for information about changes to our drug coverage.

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.

- 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 <https://go.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 <https://www.medicare.gov> website. Click “Find health & drug plans.”
- Review the list in the back of your Medicare & You handbook.
- Look in Section 4.2 to learn more about your choices.

Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

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

- If you want to **keep** Navitus MedicareRx (PDP), you don’t need to do anything. You will stay 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, 2018**

- If you **don’t join another plan by December 7, 2018**, you will stay in Navitus MedicareRx (PDP).
- If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

### 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,” “our,” “plan,” or “our plan,” it means Navitus MedicareRx (PDP).

*The State of Montana is required by federal law to provide the following information.*

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

**注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電1-866-270-3877 (TTY: 711)。

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-270-3877 (TTY:711) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-270-3877 (TTY: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-270-3877 (ATS : 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-270-3877 (телетайп: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-270-3877 (TTY: 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-270-3877 (رقم هاتف الصم والبكم: 117).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร1-866-270-3877 (TTY: 711).

**MERK:** Hvis du snakker norsk, er gratis språkassistentjenester tilgjengelige for deg. Ring 1-866-270-3877 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-270-3877 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-270-3877 (телетайп: 711).

**Wann du Deutsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-866-270-3877 (TTY: 711).**

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-270-3877 (TTY: 711).

### Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Navitus MedicareRx (PDP) in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes* and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.**

Cost	2018 (this year)	2019 (next year)
<p><b>Monthly plan premium</b> Your coverage is provided by the State Plan. Please contact the State of Montana Health Care &amp; Benefits Division for information about your plan premium</p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. <b>Contact State of Montana Health Care &amp; Benefits Division for premium information</b></p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan. <b>Contact State of Montana Health Care &amp; Benefits Division for premium information</b></p>
<p><b>Part D prescription drug coverage for a one-month supply filled at a network pharmacy with standard cost-sharing</b> (See Section 2.3 for details.)</p> <p><b>Note:</b> You may pay less than the copayment/coinsurance.</p>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> You pay \$15 copayment</li> <li>• <b>Drug Tier 2:</b> You pay \$50 copayment</li> <li>• <b>Drug Tier 3:</b> You pay 50% coinsurance</li> <li>• <b>Drug Tier 4:</b> You pay 50% coinsurance (Specialty Drugs may be available at a \$50 copayment, <i>only</i> when filled at the State Plan’s preferred Specialty Pharmacy)</li> <li>• <b>Drug Tier \$0:</b> You pay \$0</li> </ul>	<p>Copayment/Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> You pay \$15 copayment</li> <li>• <b>Drug Tier 2:</b> You pay \$50 copayment</li> <li>• <b>Drug Tier 3:</b> You pay 50% coinsurance</li> <li>• <b>Drug Tier 4:</b> You pay 50% coinsurance (Specialty Drugs may be available at a \$50 copayment, <i>only</i> when filled at the State Plan’s preferred Specialty Pharmacy)</li> <li>• <b>Drug Tier \$0:</b> You pay \$0</li> </ul>

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**SECTION 1 Unless You Choose another Plan, You Will Be Automatically Enrolled in Navitus MedicareRx (PDP) in 2019**

**If you do not opt out of your Navitus MedicareRx coverage between your Open Enrollment dates of October 28 through November 10, 2018, we will automatically re-enroll you in Navitus MedicareRx (PDP).** This means starting January 1, 2019, you will be 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 2018 and the benefits you will have on January 1, 2019, 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	2018 (this year)	2019 (next year)
<p><b>Monthly premium</b> <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 health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact State of Montana Health Care &amp; Benefits Division for premium information</b></p>	<p>Your total group health insurance premium includes the cost of your prescription drug benefits, including this plan.</p> <p><b>Contact 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.

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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. An updated Pharmacy Directory is located on our website at <https://medicarerx.navitus.com>. You may also call Customer Care for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2019 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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<b>Changes to Our Formulary</b>
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Our list of covered drugs is called a Formulary. A copy of our Formulary is provided electronically at <https://medicarerx.navitus.com>. The Formulary provided electronically 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 verify coverage** by calling Customer Care (number in Section 7.1). You may also call Customer Care to ask us to mail you a paper copy of the Formulary.

We are allowed to make changes to the Formulary from time to time throughout the year, with approval from Medicare or if a drug has been withdrawn from the market by either the FDA or a product manufacturer.

We made changes to our Formulary, including changes to the drugs we cover and 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.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care 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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: a 31-day supply of



medication rather than the amount provided in 2018 (a 98-day supply of medication). Also, members not in an LTC facility will receive a temporary supply: a 34-day supply of medication through both retail and mail order pharmacies, rather than the amount provided in 2018 (a 34-day supply through a retail pharmacy and a 90-day supply through a mail order pharmacy). (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 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.

Starting in 2019, we may immediately remove a brand name drug on our Formulary if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Formulary, but immediately move it to a different cost-sharing tier or add new restrictions. This means if you are taking the brand name drug that is being replaced by the new generic (or the tier or restriction on the brand name drug changes), you will no longer always get notice of the change 60 days before we make it or get a 60-day refill of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

Also, starting in 2019, before we make other changes during the year to our Formulary that require us to provide you with advance notice if you are taking a drug, we will provide you with notice 30, rather than 60, days before we make the change. Or we will give you a 34-day, rather than a 60-day, refill of your brand name drug at a network pharmacy.

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*.)

### Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	<p>The Medicare Part D (PDP) deductible is \$405.</p> <p>Your plan’s deductible is \$0</p> <p>Because your plan has no deductible, this payment stage does not apply to you.</p>	<p>The Medicare Part D (PDP) deductible is \$415.</p> <p>Your plan’s deductible is \$0</p> <p>Because your plan has no deductible, this payment stage does not apply to you.</p>

### 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	2018 (this year)	2019 (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 are for a one-month supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</p> <p>For information about the costs for a long-term supply, or for mail-order prescriptions, look at Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our Formulary. To see if your drugs will be in a different tier, look them up on the Formulary.</p> <p><b>Note:</b> You may pay less than the copayment/coinsurance</p>	<p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> You pay \$15 copayment</li> <li>• <b>Drug Tier 2:</b> You pay \$50 copayment</li> <li>• <b>Drug Tier 3:</b> You pay 50% coinsurance</li> <li>• <b>Drug Tier 4:</b> You pay 50% coinsurance (Specialty Drugs may be available at a \$50 copayment, <i>only</i> when filled at the State Plan’s preferred Specialty Pharmacy)</li> <li>• <b>Drug Tier \$0:</b> You pay \$0</li> </ul> <hr/> <p>Once your total drug costs have reached \$3,750, 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> <ul style="list-style-type: none"> <li>• <b>Drug Tier 1:</b> You pay \$15 copayment</li> <li>• <b>Drug Tier 2:</b> You pay \$50 copayment</li> <li>• <b>Drug Tier 3:</b> You pay 50% coinsurance</li> <li>• <b>Drug Tier 4:</b> You pay 50% coinsurance (Specialty Drugs may be available at a \$50 copayment, <i>only</i> when filled at the State Plan’s preferred Specialty Pharmacy)</li> <li>• <b>Drug Tier \$0:</b> You pay \$0</li> </ul> <hr/> <p>Once your total drug costs have reached \$3,820, 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 State of Montana Benefit Plan is from October 28 through November 10, 2018.**

**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 2019.

### 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 2019 follow these steps:

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

- You can join a different Medicare prescription drug plan,
- -- *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 2019*, 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 <https://www.medicare.gov> and click "Find health & drug plans." **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 dis-enrolled 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 dis-enrolled from Navitus MedicareRx (PDP).
  - You will automatically be dis-enrolled from Navitus MedicareRx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You will also automatically be dis-enrolled if you join a Medicare HMO or Medicare PPO, even if that plan does not include prescription drug coverage.

- If you choose a Private Fee-For-Service plan without Part D drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost Plan, you can enroll in that new plan. Enrolling in one of these plan types will not automatically disenroll you from Navitus MedicareRx (PDP). If you are enrolling in this plan type and want to leave our plan, you must ask to be dis-enrolled from Navitus MedicareRx (PDP). To ask to be dis-enrolled, you must send us a written request or contact Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- **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 dis-enrolled. 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, 2019. **You must inform the State Plan if you are opting out of coverage under Navitus MedicareRx. NOTE: Terminating the Navitus MedicareRx (PDP) will result in all State Plan benefits (medical, prescription, dental, and vision) being terminated.**

### 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.

## 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 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 Section 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 only, call 711.) 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 2019 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 2019. For details, look in the 2019 *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 website 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 Website**

You can also visit our website at <https://medicarerx.navitus.com>. As a reminder, our website 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 (<https://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 <https://www.medicare.gov> and click on “Review and Compare Your Coverage Options.”)

### **Read *Medicare & You 2019***

You can read the *Medicare & You 2019* 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 (<https://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.

**Non-Discrimination Statement:** The State of Montana complies with applicable Federal civil rights laws, state and local laws, rules, policies and executive orders and does not discriminate on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. The State Plan does not exclude people or treat them differently because of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status. The State of Montana provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). The State of Montana provides free language services to people whose primary language is not English such as: qualified interpreters and information written in other languages. If you need these services, contact the Customer Care Center at 866-270-3877.

**Filing a Grievance or Complaint:** If you believe that the State of Montana has failed to provide these services or discriminated in another way on the basis of race, color, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, military service or veteran status or marital status you can file a grievance. If you need help filing a grievance, John Pavao, State Diversity Coordinator, is available to help you. You can file a grievance in person or by mail, fax, or email:

John Pavao  
State Diversity Program Coordinator  
Department of Administration  
State Human Resources Division  
125 N. Roberts  
P.O. Box 200127  
Helena, MT 59620  
Phone: (406) 444-3984  
Email: [jpavao@mt.gov](mailto:jpavao@mt.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019; 1-800-537-7697 (TDD)



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For more information, please contact Navitus MedicareRx (PDP) Customer Care toll-free at 1-866-270-3877 (TTY users please call 711), or visit our website at <https://medicareRx.navitus.com>.

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.

Share a Clear View



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.

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