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## NAVITUS MEDICARERX (PDP)

### SUMMARY OF BENEFITS 2019

#### State of Montana Benefit Plan (State Plan)



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The Navitus MedicareRx Prescription Drug Plan (PDP) for the State of Montana Benefit Plan (State Plan) is offered by Navitus Health Solutions and is underwritten by Dean Health Insurance, Inc., a Federally-Qualified Medicare Contracting Prescription Drug Plan.

Although this Summary of Benefits explains some of the features of the State Plan, it does not list every drug we cover, or every limitation or exclusion. To get a complete list of your benefits, please refer to your 2019 Evidence of Coverage available at <https://medicarerx.navitus.com> or contact the Navitus MedicareRx Customer Care number listed on the back cover.

Also included in this mailing is a letter containing information on how to access your Evidence of Coverage, Pharmacy Directory, and Drug Formulary on the Navitus MedicareRx Member Portal at <https://medicarerx.navitus.com>. Please refer to this letter for additional information.

**\*Important Note:** Existing members will not receive a new ID card each year. The ID card will only be included for new enrollees. If you need a replacement ID card please contact Customer Care with your request, the number is listed on the back cover.

**Your Open Enrollment for the State Plan is from October 28 through November 10, 2018.**

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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

*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: 711).

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

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester 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 Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. 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).

## **Introduction**

### **What will Navitus MedicareRx (PDP) cost me for premiums?**

Your coverage is provided through the State Plan and they can be contacted at 1-800-287-8266 or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov) for information about plan premiums. To be a member of the plan, you must be enrolled in Medicare Parts A and B, and live in our service area (United States and Puerto Rico). Your premium for Medicare Parts A and B must be paid, in order to keep your Medicare Parts A and B coverage and to remain a member of this plan.

- Your monthly plan premium will be more when/if you enroll in Medicare prescription drug coverage in the future if you have gone without other drug coverage called “creditable coverage”. You will be required to pay a lifetime Part D late enrollment penalty if you have not had coverage at least as good as Medicare’s drug coverage for 63 days or more. You can find additional information on Page 7 of this booklet.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription coverage. You can find additional information on Page 7 of this booklet.
- If you qualify for “Extra Help”, your Medicare prescription plan costs, the amount of your premium, and your drug costs at the pharmacy will be less. You can find additional information on page 11 of this booklet.

### **What is the Medicare Deductible in 2019?**

For 2019 the Medicare Part D Deductible is \$415. However, you will **only** be responsible for your supplemental plan’s copayment or coinsurance as set by the State Plan. You can find more information on copays on page 6 of this booklet.

### **What is the Maximum Out-of-Pocket in 2019?**

Your Prescription Maximum Out-of-Pocket for 2019 is \$1,800 for an individual and \$3,600 for a family. This amount includes all Tier 1 and Tier 2 copayments/coinsurance. Tier 4 coinsurance is also included if your prescription is filled at the Preferred Specialty Pharmacy.

### **Does my plan cover Medicare Part B or Part D drugs?**

Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, although the State Plan will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the 2019 Formulary to confirm coverage). Generally, we only cover drugs, vaccines, biologicals and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Formulary. The drugs on the Formulary are selected by Navitus MedicareRx with the help of a team of doctors and pharmacists. The list must meet specific requirements set by Medicare. Medicare has approved the Navitus MedicareRx Formulary. The supplemental portion of your plan covers some additional drugs that are not part of the standard Medicare Part D (PDP) formulary list.

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**Please call Navitus MedicareRx (PDP) for more information about this plan.**

Navitus MedicareRx (PDP) Customer Care:

Toll-free 1-866-270-3877 or TTY users please call 711  
24 hours a day, 7 days a week (except Thanksgiving and Christmas)

Pharmacies can call Navitus MedicareRx 24 hours a day, 365 days per year

Navitus MedicareRx (PDP) website:

<https://medicarerx.navitus.com>

**Current members:** You may access and visit our website using information on your ID card.  
To access the web site, click on “Members” and log in using your User ID and Password.

**New members:** Once you receive your ID card, first time users must click on the “New  
Registration” button to register for access.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free  
and you can call 24 hours a day, 7 days a week.

Or visit [www.medicare.gov](http://www.medicare.gov).

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## Navitus MedicareRx (PDP) Prescription Drug Plan for the State of Montana Benefit Plan (State Plan)

### Benefit Structure

<b>Retail Network Pharmacy</b>	Up to 90 Days
<b>Mail Order Pharmacy</b>	Up to 90 Days
<b>Specialty Pharmacy (Marked NDS)</b>	Up to 34 Days
<b>Long Term Care Pharmacy</b>	Up to 31 Days

The cost sharing structure may differ based on the pharmacy's status as preferred or non-preferred; mail order; long term care; home infusion; 34 or 90-day supplies; and your Medicare Phase. Cost sharing may change when entering the coverage gap and catastrophic phases for Medicare Part D (PDP).

<b>Cost Sharing Tiers</b>
<b>Tier 1 Cost Share</b> – Formulary preferred generics and some lower-cost brand products
<b>Tier 2 Cost Share</b> – Formulary preferred brand products and some higher-cost generics
<b>Tier 3 Cost Share</b> – Non-preferred products (may include both brand and generic)
<b>Tier 4 Cost Share</b> – Specialty products
<b>Tier \$0 Cost Share</b> – Certain preventative medications

<b>Annual Prescription Maximum Out-of-Pocket</b>		
<b>Plan</b>	<b>Individual</b>	<b>Family</b>
All Participants	\$1,800	\$3,600
<ul style="list-style-type: none"> <li>Once the maximum out-of-pocket is reached, you pay \$0 for <b>Tier 1, 2 and Tier 4 drugs (only applies to Tier 4 drugs when filled through a Preferred Specialty Pharmacy)</b>.</li> <li>Tier 4 drugs which are filled outside of the Preferred Specialty Pharmacy and Tier 3 drugs do not accumulate toward the State Plan's Maximum Out-of-Pocket. You will continue to pay coinsurance on these drugs even after the Maximum Out-of-Pocket is met.</li> </ul>		

You can find more information in your 2019 Evidence of Coverage, or you can call Navitus MedicareRx (PDP) (numbers on back cover).

## Retail and Mail Order Pharmacy Benefits

Benefit Structure	Retail Network (Up to 34 Days)	Retail Out-of-Network (limited to 10 Days)	Retail Network (Up to 90 Days)	Network Mail Order (Up to 90 Days)	Applies to Annual Prescription Maximum Out-of-Pocket
<b>Tier 1 Cost Share</b>	\$15 copayment	\$15 copayment	\$30 copayment	\$30 copayment	Yes
<b>Tier 2 Cost Share</b>	\$50 copayment	\$50 copayment	\$100 copayment	\$100 copayment	Yes
<b>Tier 3 Cost Share</b>	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	No
<b>\$0 Medications *</b>	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	Yes

**Your drug copay or coinsurance may be less, based upon the cost of the drug.**

\* These preventative medications will be notated on the formulary; specific guidelines apply

## Specialty Prescription Drug Benefits

Benefit Structure	Preferred Specialty Pharmacy (Up to 34 Days)	Non-Preferred Specialty Pharmacies (Up to 34 Days)	Out-of-Network (Up to 34 Days)	Network Mail Order (Up to 90 Days)	Applies to Annual Prescription Maximum Out-of-Pocket
<b>Tier 4 Specialty Products</b>	\$50 Copayment	50% Coinsurance	50% Coinsurance	N/A	Only if filled at Preferred Specialty Pharmacy

Extended supplies (greater than a 34-day supply) may not be available for all medications. To verify if one of your medications is excluded from extended supplies, check the formulary. Medications which do **not** qualify for extended supplies will be marked with “**NDS**”.

## **Additional Information**

More detailed information will be provided in your 2019 Evidence of Coverage. You can ask for the Evidence of Coverage, Formulary or Pharmacy Directory by calling Navitus MedicareRx Customer Care (numbers on back cover). You can also access these documents online at <https://medicarerx.navitus.com>.

### **Additional Help for Medicare**

Programs are available to help people with limited resources pay for prescriptions. If you think you may qualify for Medicare's "Extra Help" program, call Social Security 1-800-772-1213, between 7 am to 7 pm, Monday through Friday to apply for the program. TTY users should call 1-800-325-0778. You may also be able to apply at your State Medical Assistance or Medicaid Office. After you apply, you will get a letter letting you know if you qualify for "Extra Help" and what you need to do next.

### **Centers for Medicare & Medicaid Services (CMS)**

Centers for Medicare & Medicaid Services (also known as CMS) is the Federal agency that administers and regulates Medicare. For information on the Medicare benefit only (not related to your supplemental/retiree plan) we recommend reviewing CMS's *Medicare & You* booklet. This booklet is mailed out in September to all Medicare households by CMS. You can also sign up to get this handbook electronically at [MyMedicare.gov](http://MyMedicare.gov). You won't get a printed copy if you choose to get it electronically.

### **Creditable Drug Coverage**

Creditable drug coverage is as good as Medicare's standard prescription drug coverage. It's expected to pay, on average, at least as much as a Medicare Part D plan. A late enrollment penalty is imposed on individuals who do not maintain creditable coverage for any period of 63 days or longer following when first eligible for the Medicare Part D benefit.

### **Income Related Monthly Adjustment Amount (IRMAA)**

If your income is above a certain limit, you will pay an income-related monthly adjustment amount to CMS for your Medicare premium, this is in addition to the Plan's premium. For example, individuals with income greater than \$85,000 and married couples with income greater than \$170,000 must pay a higher Medicare Part B (medical insurance) and Medicare prescription coverage premium amount. Less than 5% of people with Medicare are affected, so most people will not pay a higher premium.

For more information, see Chapter 1, Section 6 of your 2019 Evidence of Coverage booklet.

### **Maximum Out-Of-Pocket**

The Maximum Out-of-pocket is established by the plan. Once the appropriate maximum is reached, certain medications may be provided to you at \$0 additional cost for the remainder of the plan year.

### **Network Pharmacies**

The first step to filling your prescription is deciding on a participating network pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of our plan. There is a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

In the event of an emergency where you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. **Your plan will allow up to a 10-day supply** of medication at an out-of-network pharmacy. You will be responsible to pay for the full amount of the copayment/coinsurance.

To submit a claim that you already paid in full, you must provide specific information about the prescription, the reason you are requesting reimbursement, or any other payments made by primary insurers. Complete the appropriate claim form (you can access the form by visiting our website, <https://medicarerx.navitus.com>) and mail it along with the pharmacy receipts.

### **Preferred Mail Order Pharmacy**

Our mail order service offers an easy way for you to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted pharmacy you like, currently the preferred mail order pharmacies are **Costco Mail Order Pharmacy, Ridgeway Mail Order Pharmacy, and miRx Mail Order Pharmacy**. There is a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

Using the preferred mail order pharmacy allows you to have your medications delivered to your home – and in some cases at a lower rate than if you purchased at a retail pharmacy.

Note: Costco Mail Order use does not require a Costco Warehouse members.

### **Preferred Specialty Pharmacy**

You can use any contracted pharmacy you like, however Navitus and the State Plan have contracted with **Lumicera Specialty Pharmacy** to provide the best home-delivery service and rates on Specialty Drugs. If you use the preferred specialty pharmacy, Lumicera Specialty Pharmacy, you will only be responsible for a \$50 copayment versus 50% coinsurance for utilizing a non-preferred pharmacy.

### **Supplemental Coverage**

Supplemental Coverage is provided as part of your benefits under the State Plan. This supplemental coverage may pay for prescription drug costs even when Medicare does not pay. However, you will still be responsible for paying copayments and coinsurance as indicated above.



## 2019 Important Contacts

**Navitus MedicareRx (PDP) Customer Care** – 1-866-270-3877 (TTY Users, please call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day.

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

**Navitus MedicareRx (PDP) Member Portal** – <https://medicarerx.navitus.com> Use this portal to access the most up to date Formulary, Pharmacy Directory, and review the current year's benefit booklets. You will need to register with this website if it's your first time visiting, in order to access the State Plan's specific and updated information.

**Navitus Prescriber Portal** - <https://prescribers.navitus.com> Your primary care physician or prescribing physician can use this portal to access the State Plan's Formulary and to initiate a Prior Authorization on your behalf.

**Navitus Pharmacy Portal** - <https://pharmacies.navitus.com> Your pharmacy can use this portal to access the State Plan's Formulary.

**Centers for Medicare & Medicaid Services (CMS)** - 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit [www.medicare.gov](http://www.medicare.gov).

**State of Montana Benefit Plan** - For questions regarding the State Plan contributions or enrollment options please contact the Health Care & Benefits Division at 1-800-287-8266, TTY (406) 444-1421, or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

## **General Information**

### **Where is Navitus MedicareRx (PDP) available?**

The service area for Navitus MedicareRx includes all 50 states and Puerto Rico. The service area **excludes** most U.S. Territories, such as the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx.

**If you plan to move out of the service area, please contact the State Plan** at 1-800-287-8266, TTY (406) 444-1421, or [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov).

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2 of your 2019 Evidence of Coverage.

### **Who is eligible to join?**

You, your spouse/domestic partner and your dependents are eligible to join if you qualify for the Medicare retiree coverage through the State Plan; you are enrolled on Medicare Parts A and B; and you live in the service area. The service area for Navitus MedicareRx is within the United States and Puerto Rico. If you reside outside the service area you are not eligible to be enrolled in Navitus MedicareRx.

### **Where can I get my prescriptions filled?**

Navitus MedicareRx has formed a network of pharmacies. You must use a network pharmacy to receive Plan benefits. Navitus MedicareRx (PDP) may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a pharmacy directory by calling Navitus MedicareRx Customer Care (numbers on back cover). You can also access an updated pharmacy directory online at <https://medicarerx.navitus.com>.

### **How do I know which medications Navitus MedicareRx covers?**

The Navitus MedicareRx Formulary is a preferred list of drugs selected to meet patient needs. Navitus MedicareRx may periodically make changes to the formulary. In the event of CMS-approved non-maintenance changes to the formulary throughout the Plan Year, Navitus MedicareRx will notify you. Additionally, you may visit our website at <https://medicarerx.navitus.com> for a link to the formulary. To access, click on “Members” and log in using your User ID and Password. For first time users, please click on “New Registration”.

**What is a Medication Therapy Management (MTM) Program?**

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx will offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. There is no cost to you to participate in the MTM Program. If you have questions concerning our MTM Program please contact our Navitus MedicareRx Customer Care number listed at the end of this section. For additional information regarding Medication Therapy Management, please refer to Chapter 3 of your 2019 Evidence of Coverage.

**How can I get help with drug plan costs?**

Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription plan costs, the amount of your premium, and your drug costs at the pharmacy will be less. Once you are enrolled in Navitus MedicareRx, Medicare will tell us how much assistance you will be receiving and we will send you information on the amount you will pay for your prescriptions. Navitus will refund the amount of the assistance for your premiums to you monthly. If you are not receiving this additional assistance and believe you may qualify, you should contact 1-800-MEDICARE. For more information on how to get help with drug plan costs, please review the 2019 Evidence of Coverage.

**What are my protections in the plan?**

All Medicare prescription plans agree to stay in the program for a full year at a time. Each year, the State Plan decides whether to continue for another year. If a plan decides not to continue, they must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription coverage in your area.

If Navitus MedicareRx ever denies coverage for your prescriptions, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. In addition, if your physician prescribes a drug that is not on our formulary, is not a preferred drug or is subject to additional utilization rules, you may ask us to make a coverage exception.

**Please call Navitus MedicareRx (PDP) for more information about this plan.**

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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.

Navitus MedicareRx (PDP) website:

<https://medicarerx.navitus.com>

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**Non-Discrimination Statement:** The State of Montana Benefit Plan (State Plan) 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 of Montana Benefit 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 Benefit Plan 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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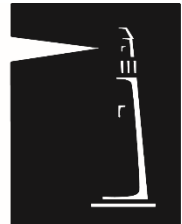
For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227).  
TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free, and you can call  
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Or visit [www.medicare.gov](http://www.medicare.gov).

Members can reach Navitus Customer Care at 1-866-270-3877 or TTY users please call 711, 24  
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Pharmacies can reach Navitus Customer Care 24 hours a day, 7 days a week.

**NAVITUS**  
*medicareRx*  
(PDP)



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NAVITUS MEDICARERX CUSTOMER CARE | 24 HOURS A DAY / 7 DAYS A WEEK

866.270.3877 toll free | TTY users 711

<https://medicarerx.navitus.com>

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Dean Health Insurance, Inc., a Federally-Qualified Medicare Contracting Prescription Drug Plan

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