



Share a Clear View

NAVITUS MEDICARERX (PDP) SUMMARY OF BENEFITS 2017 State of Montana Benefit Plan



The Navitus MedicareRx (PDP) Prescription Drug Plan 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 doesn't list every drug we cover, or every limitation or exclusion. To get a complete list of your benefits, please contact the Navitus MedicareRx Customer Care number listed at the end of this section.

We will be mailing you the following documents in a Welcome Packet after your enrollment:

- Evidence of Coverage
- Formulary
- Pharmacy Directory
- Identification (ID) Card

Please refer to the letter included with this Summary of Benefits for additional enrollment information.

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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INTRODUCTION

WHAT WILL NAVITUS MEDICARERX (PDP) COST ME FOR PREMIUMS?

Your coverage is provided through the State Plan. Please contact the State of Montana Health Care and Benefits Division, 1-800-287-8266 or benefitsquestions@mt.gov, for information about plan premiums. To be a member of the State 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 the State Plan.

- 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 10 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. Once you are enrolled in Navitus MedicareRx (PDP), Medicare will tell us how much assistance you will be receiving and we will send you information on the amount you will pay. Navitus MedicareRx will refund the amount of the assistance to you monthly. You can find additional information on page 10 of this booklet.

WHAT IS THE MEDICARE DEDUCTIBLE IN 2017?

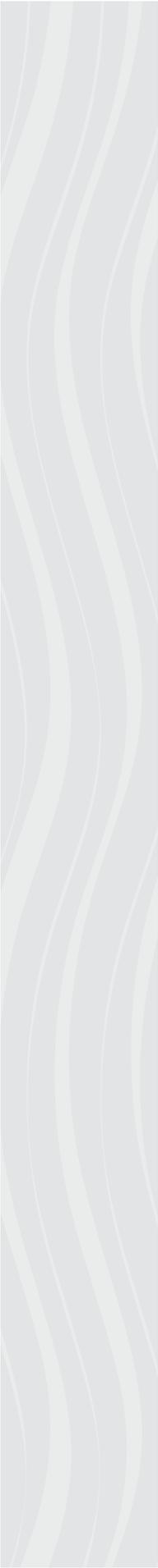
For 2017 the Medicare Part D (PDP) Deductible is \$400. However, you will **only** be responsible for your supplemental plan’s copayment or coinsurance as set by the State Plan. Find more information on copays on page 6 of this booklet.

WHAT IS THE MAXIMUM OUT-OF-POCKET IN 2017?

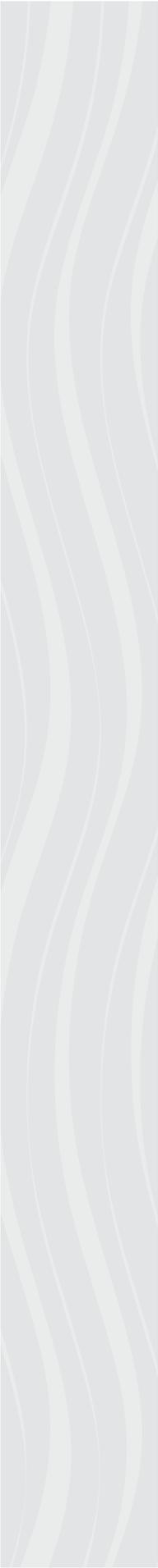
Your Prescription Maximum Out-of-Pocket for 2017 is \$1800 for an individual and \$3600 for a family. This amount includes all Tier 1 and Tier 2 copays. Tier 4 copays are also included if filled at a Preferred Specialty Pharmacy.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

Navitus MedicareRx (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, the State Plan will pay secondary to Medicare Part B on select items such as diabetic testing



supplies (review the 2017 Formulary to confirm coverage). Generally, the State Plan only covers 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 State Plan's Formulary. The supplemental portion of the State Plan does cover some additional drugs that are not part of the standard Medicare Formulary list.



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

Navitus MedicareRx Customer Care:

Toll-free 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>

For more information about Medicare, call 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit www.medicare.gov.

BENEFIT MATRIX

IN NETWORK BENEFITS

BENEFIT STRUCTURE	Retail Network Pharmacy (Up to 34 Days)	Retail Out-of-Network Pharmacy (limited to 10 Days)	Retail Network Pharmacy (Extended Day Supply- Up to 90 Days)	Network Mail Order Pharmacy (90 Days)	Applies to the State Plan Annual Prescription Maximum Out-of-Pocket
Tier 1 Preferred generics and some lower cost brand products	\$15 copayment	\$15 copayment	\$30 copayment	\$30 copayment	Yes
Tier 2 Preferred brand products and some high cost non-preferred generics	\$50 copayment	\$50 copayment	\$100 copayment	\$100 copayment	Yes
Tier 3 Non-preferred products (may include some high cost non-preferred generics)	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	No
Tier \$0 Certain preventative medications*	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	Yes

* These preventative medications will be notated on the Formulary.

Your drug copay or coinsurance may vary based upon the cost of the drug, the type of pharmacy, the days' supply provided, and your Medicare Phase. Find more information in your 2017 Evidence of Coverage booklet that will be included in your Welcome Packet.

SPECIALTY BENEFITS

BENEFIT STRUCTURE	Preferred Specialty Pharmacy (Up to 34 Days)	Retail Network Pharmacy – Includes Non-Preferred Specialty Pharmacies (Up to 34 Days)	Out-of-Network Pharmacy	Network Mail Order Pharmacy (90 Day Supply)	Applies to the State Plan Annual Prescription Maximum Out-of-Pocket
Tier 4 Specialty Drugs	\$200 Copayment	50% Coinsurance	50% Coinsurance	N/A	Only if filled at Preferred Specialty Pharmacy

Note: 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 “NM”.

PRESCRIPTION OUT-OF-POCKET MAXIMUM

ANNUAL PRESCRIPTION MAXIMUM OUT-OF-POCKET		
Plan	Individual	Family
All Participants	\$1800	\$3600

- Once the maximum out-of-pocket is reached, you pay \$0 for **Tier 1, 2 and Tier 4 drugs (only applies to Tier 4 drugs when filled through a Preferred Specialty Pharmacy)**.
- 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.

Additional Information

More detailed information will be provided in your 2017 Evidence of Coverage booklet that will be included in your Welcome Packet.

Supplemental Wrap Coverage

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

Prior Authorization

We cover prescribed drugs and medication according to the Formulary. Certain prescriptions included in the Formulary require “Prior Authorization.” The drug prior authorization process can be initiated by your primary care provider, or treating physician, by filling out and submitting a Drug Prior Authorization Request form. Your provider can obtain this form online through the Prescriber Portal (<https://prescribers.navitus.com>) or by calling Navitus MedicareRx Customer Care. Notification of a determination will be mailed to both you and the prescribing physician. If prior authorization is required to cover a prescription but one is not obtained, then no benefits are available for that prescription. For information on a particular drug, you may contact your prescriber or contact our Navitus MedicareRx Customer Care.

Network Pharmacies

The first step to filling your prescription is selecting a participating pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of the State Plan. You will be receiving a directory of pharmacies with your Evidence of Coverage booklet. There is also a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

In the event that you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. The State Plan will allow up to a 10-day supply of medication at an out-of-network pharmacy. To submit a claim for a prescription that you have already paid in full for, you must provide specific information about the prescription, the reason you are requesting reimbursement, and 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 to:

Navitus Medicare Rx (PDP)
Manual Claims
P.O. Box 1039
Appleton, WI 54912-1039

Centers for Medicare & Medicaid Services (CMS)

The 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 the State Plan's supplemental coverage/structure) we recommend reviewing the 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](https://www.medicare.gov). You won't get a printed copy if you choose to get it electronically.

Maximum Out-Of-Pocket

The Maximum Out-Of-Pocket is established by the State 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.

Preferred Specialty Pharmacy

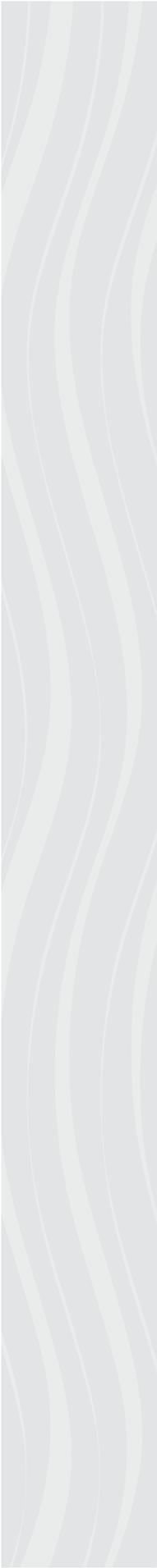
You can use any contracted pharmacy you like, however Navitus and the State Plan have contracted with Lumicera Specialty Pharmacy to provide the best home-delivery service and rates on Specialty Drugs. If you use the **Lumicera Specialty Pharmacy** you will only be responsible for a \$200 copayment versus a 50% coinsurance for utilizing an out-of-network pharmacy.

Preferred Mail Order Pharmacy

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

Using a 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 membership.



Additional Help for Medicare

Programs are available for people with limited resources to help 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. TTY users should call 1-800-325-0778) to apply for the program. 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.

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 State Plan 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. This additional amount is called the income-related monthly adjustment amount. Less than 5% of people with Medicare are affected, so most people will not pay a higher premium. For more information, see Chapter 5, Section 10 of your 2017 Evidence of Coverage booklet.

2017 IMPORTANT CONTACTS

Navitus MedicareRx 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.

Navitus MedicareRx 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.

State of Montana Health Care and Benefit Division For questions regarding State Plan premiums or enrollment options please contact the State Plan at 1-800-287-8266 or benefitsquestions@mt.gov.

GENERAL INFORMATION

WHERE IS NAVITUS MEDICARERX (PDP) AVAILABLE?

The service area for the State Plan 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 the State Plan.

If you plan to move out of the service area, please contact the State Plan.

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 2017 Evidence of Coverage booklet that will be included in your Welcome Packet.

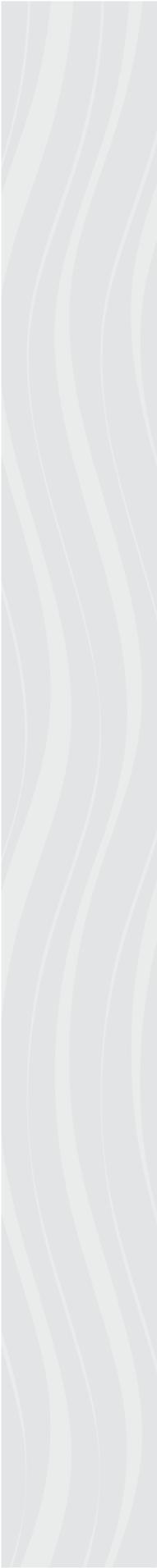
WHO IS ELIGIBLE TO JOIN?

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 Medicare Rx (PDP) is within the United States and Puerto Rico. If you reside outside the service area you are not eligible to be enrolled in the Navitus MedicareRx (PDP).

WHERE CAN I GET MY PRESCRIPTIONS FILLED?

Navitus MedicareRx (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive State 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. Customer Care is available 24 hours a day, 7 days a week, except Thanksgiving and Christmas Day. You can also access an updated Pharmacy Directory online at <https://medicarerx.navitus.com>.



HOW DO I KNOW WHICH MEDICATIONS THE STATE PLAN COVERS?

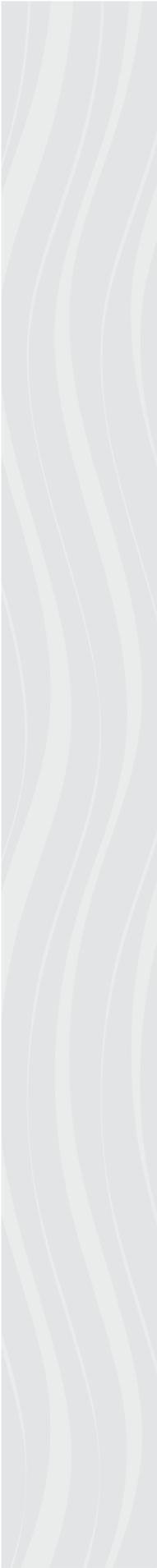
The Navitus MedicareRx (PDP) Formulary is a preferred list of drugs selected to meet patient needs. Navitus MedicareRx may periodically make changes to the formulary. In the event of CMS-approved non-maintenance changes to the formulary throughout the Plan Year, Navitus MedicareRx (PDP) will notify you. Additionally, you may visit our website at <https://medicarerx.navitus.com> after you've received your ID Cards (shortly after enrollment) 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. 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 2017 Evidence of Coverage that will be included in your Welcome Packet.

HOW CAN I GET HELP WITH DRUG PLAN COSTS?

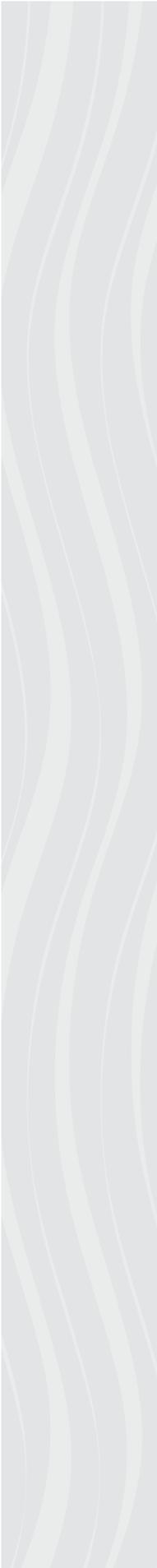
Medicare beneficiaries with low or limited income and resources may qualify for additional assistance. If you qualify, your Medicare prescription plan costs, the amount of your premium, and your drug costs at the pharmacy will be less. Once you are enrolled in Navitus MedicareRx (PDP), Medicare will tell us how much assistance you will be receiving and we will send you information on the amount you will pay. Navitus MedicareRx will refund the amount of the assistance to you monthly. If you are not receiving this additional assistance, you should contact 1-800-Medicare to see if you might qualify. For more information on how to get help with drug plan costs, please review the 2017 Evidence of Coverage booklet that will be included in your Welcome Packet.



WHAT ARE MY PROTECTIONS IN THE STATE 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 the State Plan decides not to continue, the State Plan 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 (PDP) 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.

Navitus MedicareRx Customer Care:

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

Navitus MedicareRx (PDP) Website:

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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. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

For more information about Medicare, call 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.

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

The State of Montana Benefit 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. 45 C.F.R. § 92.8(b)(1) and (d)(1)

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).

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