



# NAVITUS MEDICARERX (PDP) 2022 SUMMARY OF BENEFITS C and O Employees' Hospital Association

Although this Summary of Benefits explains some of the features of the C and O Employees' Hospital Association (COEHA) Navitus MedicareRx Prescription Drug Plan (PDP), it does not list every benefit, or every limitation or exclusion. To get a complete list of your benefits, please refer to your Evidence of Coverage which is available on the Member Portal at [MedicareRx.navitus.com](https://www.MedicareRx.navitus.com) (you will need your ID Card to register), or contact the Navitus MedicareRx Customer Care toll-free at 1-866-270-3877 (TTY users should call 711). Calls to these numbers are free. Members can call Customer Care 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Included in this mailing is information on how to access your Evidence of Coverage, Pharmacy Directory, and Formulary on the Member Portal at [MedicareRx.navitus.com](https://www.MedicareRx.navitus.com).

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

This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Federally-Qualified Medicare Contracting Prescription Drug Plan.

## Important Contact Information

**Navitus MedicareRx (PDP) Customer Care** – 1-866-270-3877 (TTY users should call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

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

**Navitus MedicareRx (PDP) Website and Member Portal** - [Medicarerx.navitus.com](https://medicarerx.navitus.com) Use this portal to access the most up to date formulary, pharmacy directory, and to review the current year's benefit booklets. You will need to register with this website in order to access your specific and updated information if it is your first time visiting the Member Portal.

**Navitus Prescriber Portal** – <https://prescribers.navitus.com>

Your primary care physician or prescribing physician can use this portal to access your Formulary and to begin to initiate a Prior Authorization on your behalf.

**Navitus Network Pharmacy Portal** - <https://pharmacies.navitus.com>

Your pharmacy can use this portal to access your Formulary.

**C and O Employees' Hospital Association (COEHA)** - For information about plan premiums, eligibility, or enrollment options please contact COEHA at 1-800-679-9135.

**Centers for Medicare & Medicaid Services (CMS)** - 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](https://my.medicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY 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.

## Navitus MedicareRx (PDP) Summary of Benefits 2022

### Part D Prescription Drugs

The benefit information provided is a summary of what we cover and what you pay. Your cost sharing may differ based on the pharmacy's status as preferred/non-preferred; mail order; long term care; home infusion; one-month or extended-day supplies; and when you enter another phase of the Medicare Part D benefit. For more information on the additional pharmacy specific cost-sharing, the stage of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at [Medicarerx.navitus.com](http://Medicarerx.navitus.com) (you will need your ID Card to register).

#### **Yearly Deductible Stage:**

During this stage, **you pay the full cost of your Part D drugs** until you have paid a **\$200 yearly deductible**. Once you have paid your deductible amount, you move on to the Initial Coverage stage.

#### **Initial Coverage Stage:**

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The table below shows your share of the cost for drugs in each of the plan's drug tiers. You stay in this stage until your total drug costs reach \$4,430, when you move on to the Coverage Gap stage.

| <b>Cost Sharing Tiers</b>  | <b>Network Retail and Mail Order Pharmacy<br/>(1-30 day supply)</b> | <b>Network Retail and Mail Order Pharmacy<br/>Extended Day Supply<br/>(31-90 day supply)</b> |
|--|---|--|
| <b>Tier 1:</b><br>Preferred generic products and some lower-cost brand products        | \$10 copayment  | \$20 copayment   |
| <b>Tier 2:</b><br>Preferred brand products and some higher-cost generic products       | \$35 copayment  | \$70 copayment   |
| <b>Tier 3:</b><br>Non-preferred products (may include both brand and generic products) | \$55 copayment  | \$90 copayment   |

**Tier \$0** - Certain preventative medications are available for \$0 (specific guidelines apply)

**Coverage Gap Stage:**

If you reach the coverage gap, you pay 25% of the price of the drug. The amount paid by the plan does not count toward your out-of-pocket costs; the amount you pay and the amount discounted by the manufacturer, counts toward your out-of-pocket costs and moves you through the Coverage Gap stage. After your yearly total true out-of-pocket drug costs and the manufacturer discounts reach \$7,050 for Part D drugs, you move on to the Catastrophic Coverage stage.

**Catastrophic Coverage Stage:**

After your yearly out-of-pocket drug costs reach \$7,050 for Part D drugs, you pay the greater of either: 5% coinsurance **or** a \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.

**Additional Cost Sharing Information**

- Your drug copay or coinsurance may be less, based upon the cost of the drug and the coverage stage you are in.
- Your plan will allow up to a 30-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS** on the formulary are not available for an extended supply (greater than a 1-month supply) at retail, mail order or specialty pharmacy.
- If you reside in a long-term care facility, you pay the same for a 31-day supply as a 1-month supply.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access the Evidence of Coverage on the Member Portal at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com).

## **Additional Coverage Information**

More detailed plan information is provided in your Evidence of Coverage. You can also access these documents on the Member Portal online at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com), you will need your ID Card to register. You can ask for information regarding the Evidence of Coverage, Formulary or Pharmacy Directory by calling Navitus MedicareRx Customer Care, the number is listed on the back cover.

### **Additional Help for Medicare called “Extra Help”**

Programs are available to help people with low or limited income and resources pay for prescriptions. 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.

If you think you may qualify for Medicare’s “Extra Help” program, call Social Security 1-800-772-1213, between 7 am and 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. If you qualify for extra help, we have included a letter in your packet, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider. For more information on how to get help with drug plan costs, see Chapter 2, section 7 of your Evidence of Coverage.

### **Creditable Drug Coverage**

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

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

If your modified adjusted gross income (MAGI) as reported on your IRS tax return from 2 years ago was above a certain amount, you will pay an extra amount in addition to your monthly plan premium. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>.

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 Evidence of Coverage.

### **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 pharmacy search tool and a complete list of network pharmacies on the Member Portal, [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com) - click on Members to access the pharmacy search tool.

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 30-day supply** of medication at an out-of-network pharmacy.

### **Recommended 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 network pharmacy you like, currently the recommended mail order pharmacy is **Birdi (formerly NoviXus) Pharmacy Services**. There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal, [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com) - click on Members to access the pharmacy search tool.

Using the recommended 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.

### **Recommended Specialty Pharmacy**

You can use any contracted specialty pharmacy you like, however Navitus recommends **Lumicera Specialty Pharmacy** to provide the best home-delivery service and rates on specialty drugs. There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal, [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com) - click on Members to access the pharmacy search tool.

### **Supplemental Coverage**

Supplemental Coverage, also known as Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.

## **General Information**

### **What will I pay for Navitus MedicareRx (PDP) premiums?**

Your coverage is provided through a contract with your current employer or former employer. Please contact COEHA at 1-800-679-9135 for information about your 2022 plan premium.

### **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 reside outside the service area you are not eligible to be enrolled in Navitus MedicareRx.

If you plan to move out of the service area, please contact COEHA. You will need to opt out of the Navitus MedicareRx plan and enroll in another Medicare Part D plan available in the service area you move to.

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, Section 5, of your Evidence of Coverage.

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

You, your spouse, and dependents are eligible to join if you qualify for your plan's Medicare retiree coverage through Navitus MedicareRx; you are enrolled in Medicare Parts A and B; and you live in the service area. 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.

### **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 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 network pharmacies by calling Navitus MedicareRx Customer Care, the number is listed on the back cover. You can also access a pharmacy search tool on the Member Portal at [Medicarerx.navitus.com](https://medicarerx.navitus.com), click on Members to access the pharmacy search tool. You are able request a pharmacy directory to be mailed to you by calling Customer Care, the number is listed on the back cover.

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

The Navitus MedicareRx Formulary is a 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 log in to our Member Portal at [Medicarerx.navitus.com](https://www.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, once you receive your ID card please click on Members, then Login to register for access.

### **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 supplemental coverage benefit provided by COEHA will pay secondary to Medicare Part B on select items (review the 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 formulary.

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

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx offers. 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 on the back cover. For additional information regarding Medication Therapy Management, please refer to Chapter 3, Section 10, of your 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, your employer group 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.

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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 should call 711, 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Pharmacies can call Navitus MedicareRx 24 hours a day, 7 days a week.

**Navitus MedicareRx (PDP) Website and Member Portal:**

[Medicarerx.navitus.com](https://medicarerx.navitus.com)

**Current members:** You may access our Member Portal by using information on your ID card. To access the Member Portal at [Medicarerx.navitus.com](https://medicarerx.navitus.com), 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 Members, then Login, to register for access.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY 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](https://www.medicare.gov).

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