

2018 SUMMARY OF BENEFITS ENVISIONRXPLUS PART D PLAN

LOW MONTHLY PREMIUM: \$12.60



DEDUCTIBLE				
\$0 deductible on drug tiers 1 & 2		\$300 deductible on drug tiers 3-5		
COPAYS AND COINSURANCE				
INITIAL COVERAGE STAGE		Amount you pay until you and the plan pay a total of \$3,750 (includes deductible) for covered prescription drug expenses		
		30-day supply		90-day supply
Drug Coverage Tiers	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Tier 1 – Preferred Generic	\$1	\$15	\$2 (retail) \$0 (mail)	\$45
Tier 2 – Generic	\$6	\$20	\$18 (retail) \$9 (mail)	\$60
Tier 3 – Preferred Brand	\$29 (\$34 OR/WA)	\$47	\$87 (\$102 OR/WA)	\$141
Tier 4 – Non-preferred Drug	Varies by state. See next page.			
Tier 5 – Specialty	27%	27%	Not covered	Not covered
The above are applicable for both retail and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a standard pharmacy and may receive up to a 31-day supply. You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.				
COVERAGE GAP STAGE		Amount of out-of-pocket costs you pay between \$3,750 and \$5,000 in total prescription drug expenses		
		30-day or 90-day supply		
Generic	You pay 44% of the cost			
Brand	You pay 35% of the negotiated price and a portion of the dispensing fee			
CATASTROPHIC STAGE		Amount you pay after \$5,000 in annual out-of-pocket covered prescription drug expenses		
		30-day or 90-day supply		
Generic	You pay the greater of 5% coinsurance or \$3.35 copay			
Brand	You pay the greater of 5% coinsurance or \$8.35 copay			

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request an Evidence of Coverage by calling Member Services or visit envisionrxplus.com. Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

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TIER 4 COINSURANCE VARIES BY STATE

State	Preferred Pharmacy (30 and 90-day retail and mail order)	Standard Pharmacy (30 and 90-day retail and mail order)
Connecticut	38%	45%
Delaware	39%	48%
District of Columbia	39%	48%
Georgia	40%	43%
Maine	40%	47%
Maryland	39%	48%
Massachusetts	38%	45%
Michigan	43%	50%
Mississippi	42%	50%
New Hampshire	40%	47%
New York	38%	45%
North Carolina	43%	47%
Ohio	35%	41%
Oregon	40%	43%
Pennsylvania	36%	43%
Rhode Island	38%	45%
South Carolina	42%	47%
Vermont	38%	45%
Washington	40%	43%
West Virginia	36%	43%

The above coinsurance are applicable for both retail and mail-order pharmacies.

To join EnvisionRxPlus you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area. We offer coverage in all states, Puerto Rico and Guam. However, there may be cost or other differences between the plans we offer in each state or territory. If you move out of state or territory and into a state or territory that is still within our service area, you must call Member Services in order to update your information.

2018 Summary of Benefits, EnvisionRxPlus Part D Plan

Benefit Reminders

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our customer service number at 1-866-250-2005 (TTY: 711) 24 hours a day, 7 days a week. Esta información está disponible gratuitamente en otros idiomas. Llame a nuestro Cuidado al Cliente, al 1-866-250-2005 (teléfono de texto/TTY: 711), las 24 horas del día, los 7 días de la semana.

Other pharmacies are available in our network. The formulary or pharmacy network may change at any time. You will receive notice when necessary.

If you want to know more about the coverage and costs of Original Medicare or to compare plans, look in your current "Medicare & You" handbook. You can also view it online at <http://www.medicare.gov>. You can also call 1-800-MEDICARE to order your booklet.

You can see the complete plan formulary (list of Part D covered prescription drugs) and any restrictions, as well as view the pharmacy directory on our website at envisionrxplus.com. EnvisionRxPlus is a PDP with a Medicare contract. Enrollment in EnvisionRxPlus depends on contract renewal.

If you qualify for Extra Help, you get help paying for any Medicare drug plan's monthly premium, yearly deductible, and prescription coinsurance. This "Extra Help" also counts toward your out-of-pocket costs. People with limited income and resources may qualify for "Extra Help." Some people automatically qualify for "Extra Help" and don't need to apply. Medicare mails a letter to people who automatically qualify for "Extra Help."

You may be able to get "Extra Help" to pay for your prescription drug premiums and costs. To see if you qualify for getting "Extra Help," 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 to 7 pm, Monday through Friday. TTY users should call 1-800-325-0778.

EnvisionRxPlus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. EnvisionRxPlus does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. EnvisionRxPlus:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services. If you believe that EnvisionRxPlus has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: EnvisionRxPlus, mailing address: 2181 E. Aurora Rd, Ste. 201, Twinsburg, OH, 44087, Member Services: 1-866-250-2005, TTY: 711, fax: 1-877-503-7231, email: clinicalservices@envisionrxplus.com. If you need help filing a grievance, Member Services is available to help you. 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.