

NAVITUS MEDICARERX (PDP) 2023 SUMMARY OF BENEFITS U.A. Local No. 393 Health and Welfare Plan

This Summary of Benefits explains some of the features of the U.A. Local No. 393 Health and Welfare Plan Navitus MedicareRx Prescription Drug Plan (PDP) for your enrollment in the plan, however it does not list every benefit, limitations, or exclusion. To get a complete list of your benefits, please refer to your 2023 Evidence of Coverage, which is available on the website at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). To log into the member portal click on Members, then Login. Or contact Navitus MedicareRx Customer Care toll-free at 1-866-270-3877 (TTY/TDD 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, Formulary and Pharmacy Directory, on the website at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). To log into the member portal click on Members, then Login.

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 Customer Care – 1-866-270-3877 (TTY/TDD 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 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 to access your specific and updated information when visiting the Member Portal. To log into the member portal click on Members, then Login.

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.

U.A. Local No. 393 Health and Welfare Plan Benefits - For questions regarding premiums or enrollment options please contact the Plan Administrator at U.A. Local No. 393 at 1-408-588-3751, press 2 for Members, then press 1 for the Member Services Department.

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/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.

Navitus MedicareRx (PDP) Summary of Benefits 2023

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 what stage of the Medicare Part D benefit you're in. 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, click on Members, then Login. New members will need their ID card prior to registering on the portal.

Combined Medical/Prescription Maximum Out-of-Pocket

Individual

\$1,800

- Once the maximum out-of-pocket is reached, you pay \$0 for formulary prescription drugs for the remainder of the year.
- The difference between the cost of the brand drug and the generic and your 10% coinsurance does not accumulate toward the U.A. Local No. 393 Health and Welfare Plan Annual Prescription Maximum Out-of-Pocket.

Yearly Deductible Stage:

This stage does not apply to you, because this plan does not have a deductible for Part D drugs.

Initial Coverage Stage:

During this stage, the plan pays its share of the cost of your drug and you pay your share of the cost. The table below shows your cost share in each of the plan's drug tiers and shows your payment responsibility until the Initial Coverage Limit reaches \$4,660, when you move on to the Coverage Gap stage. Your drug cost share may be less, based upon the cost of the drug.

Cost Sharing Tiers	Retail Network and Out-of-Network 1-34 days	Retail Network 35-60 days	Retail Network 61-90 days Up to 90 days	Mail Order Network Up to 90 days
Tier 1: All covered generics and some lower cost brand products	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max
Tier 2: Preferred brand products	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max
Tier 3*: Non-preferred brand products	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max	10% coinsurance with \$10 min/\$50 max

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

* If member requests a brand-name drug when a formulary generic is available, they will pay the normal 10% payment (applying the minimum of \$10), *plus* the difference in cost between the brand and generic drug (Neither the difference charged *nor* the 10%/\$10 copays count towards MOOP).

Coverage Gap Stage:

You will continue to pay the same cost sharing amounts for your drugs as you paid in the Initial Coverage Stage until your Part D true out-of-pocket drug costs reach \$7,400, when you qualify for the Catastrophic Coverage Stage. Your drug copay or coinsurance may be less, based upon the cost of the drug.

Catastrophic Coverage Stage:

After your Part D true out-of-pocket drug costs reach \$7,400 for Part D drugs, *you pay the greater* of either:
5% coinsurance **-or-** a \$4.15 copay for generic (including brand drugs treated as generic) / \$10.35 copay for all other drugs.
-OR- Your formulary cost sharing amount, if lesser.

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 34-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS (Non-extended Day Supply)** 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 receive a 31-day supply for a 1-month copay/coinsurance.
- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access the Evidence of Coverage on the website at Medicarerx.navitus.com, click on Members, then Login.

Additional Coverage Information

More detailed plan information is provided in your Evidence of Coverage. You can also access these documents online at Medicarerx.navitus.com, (then log into the member portal by clicking on Members, then Login). 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 for your drug costs at the pharmacy and the amount of your premium (there are four different premium levels and does not include any Part B premiums) 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 8 am and 7 pm, Monday through Friday to apply for the program. TTY/TDD 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.

Coverage Determination

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

For certain drugs, you or your prescriber need to get approval from the plan before we will agree to cover the drug for you. This is called “**prior authorization**”. Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

A requirement to try a different drug first is called “**step therapy**”. Trying a different drug first, encourages you to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan may then cover Drug B. A requirement to try a different drug first is called “**step therapy**”.

For certain drugs, you may be limited in the amount of the drug you can have, by limiting the quantity of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. A requirement that limits the quantity of a drug you can get filled, is called “**quantity limits**”.

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 4 of the 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. Go to Medicarerx.navitus.com (click on Members, then Login). To access the pharmacy search tool, click on *Pharmacy Search* on the top navigation bar. You are able ask about network pharmacies or request a pharmacy directory to be mailed to you by calling Navitus MedicareRx Customer Care, the number is listed on the back cover.

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 34-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 **Costco Mail Order Pharmacy**. You can reach Costco Mail Order Pharmacy by calling 1-800-607-6861, or by going to their website, pharmacy.costco.com.

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.

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

Recommended Specialty Pharmacy

You can use any contracted specialty pharmacy you like, however Navitus recommends **Costco Specialty Pharmacy** to provide the best home-delivery service and rates on specialty drugs. You can contact Costco's Customer Care at 1-866-443-0060, (TTY/TDD 711), hours are Monday through Friday 6am to 7pm (PST), Saturdays 6am to 4pm (PST). There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to Medicarerx.navitus.com and click on Members, then Login, to access these pharmacy tools.

Refilling Prescriptions at a New Pharmacy

If you are looking to switch to a new pharmacy, automatic prescription refill transfers do not happen. Please give your Navitus ID card to your *new* pharmacy and let them know at which pharmacy the prescription refills are located, and the medication names/strengths. Your *new* pharmacy can work with the previous pharmacy to see if these refills can be transferred. Some prescriptions may not be allowed to transfer, and in that case, your prescriber will need to write a new prescription.

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 premiums?

Your coverage is provided through a contract with your current employer or former employer. Please contact the Plan Administrator at U.A. Local No. 393 at 1-408-588-3751, press 2 for Members, then press 1 for the Member Services Department, for information about your 2023 plan premium.

Where is Navitus MedicareRx 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 the Plan Administrator at U.A. Local No. 393 at 1-408-588-3751, press 2 for Members, then press 1 for the Member Services Department. You will need to opt out of the Navitus MedicareRx plan and enroll in another Medicare Part D plan available in your new service area.

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.

How do I know which medications the Navitus MedicareRx Formulary 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 the website at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). Click on Members, then Login, to get to the member portal.

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

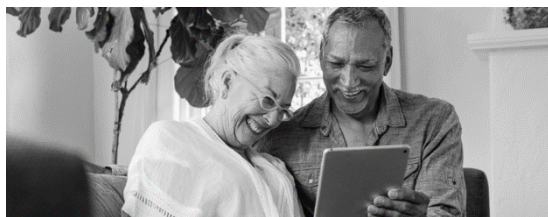
Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, although the supplemental coverage benefit provided by U.A. Local No. 393 Health and Welfare Plan Benefits will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the Formulary to confirm coverage). Generally, we only cover drugs, vaccines, biologics, 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 typically 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.



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

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

Navitus MedicareRx (PDP) Website and Member Portal:

- **Current members:** You may access our website and Member Portal by going to Medicarerx.navitus.com, click on Members, then Login.
- **New members:** Once you receive your ID card, first time users can register at Medicarerx.navitus.com for access to the Member Portal.

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.