

2020 SUMMARY OF BENEFITS - PREMIUM \$13.70-\$14.20

Find cost-share details by state on the next page.



PLAN PREMIUM		PLAN DEDUCTIBLE				
\$13.70 (NY)		\$0 Deductible on drug tiers 1 & 2 generics				
\$13.80 (DE, DC, MD, SC)		Deductible on drug tiers 3-5				
\$14.10 (CA, IN, KY)		\$335 (DE, DC, MD, NY, SC)				
\$14.20 (AL, CT, GA, MA, ME, MS, MI, NH, NC, OH, OR, PA, RI, TN, TX, VA, VT, WA, WV)		\$435 (AL, CA, CT, GA, IN, KY, MA, ME, MS, MI, NH, NC, OH, OR, PA, RI, TN, TX, VA, VT, WA, WV)				
INITIAL COVERAGE STAGE						
Amount you pay until you and the plan pay a total of \$4,020 (includes deductible) for covered prescription drug expenses.						
Tier Number: Name	30-day supply cost share:		60-day supply cost share:		90-day supply cost share:	
	Preferred	Standard	Preferred	Standard	Preferred	Standard
1: Preferred Generic	\$1	\$15 - \$19	\$2	\$30 - \$38	\$3 (\$0 mail)	\$45 - \$57
2: Generic	\$3 - \$7	\$18 - \$20	\$6 - \$14	\$36 - \$40	\$9 - \$21 (\$3 - \$7 mail)	\$54 - \$60
3: Preferred Brand	\$35 - \$42	\$47	\$70 - \$84	\$94	\$105 - \$126 (\$87.50 - \$105 mail)	\$141 (\$117.50 mail)
4: Non-Preferred Drug	32% - 44%	39% - 49%	32% - 44%	39% - 49%	32% - 44%	39% - 49%
5: Specialty	25%	25%	25%	25%	25%	25%
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 \$4,020 and \$6,350 in total prescription drug expenses.				
30, 60 or 90-day supply you pay:						
Generic		No more than 25% of the cost				
Brand		25% of the negotiated price and a portion of the dispensing fee				
CATASTROPHIC STAGE		Amount you pay after \$6,350 in annual out-of-pocket covered prescription drug expenses.				
30, 60 or 90-day supply you pay:						
Generic		Greater of \$3.60 or 5%				
Brand		Greater of \$8.95 or 5%				

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.

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.

COST-SHARE BY STATE*

TIER 1 - COPAY AMOUNT VARIES BY REGION	30 / 60 / 90 (90-day mail) supply	
	Preferred	Standard
California, Delaware, District of Columbia, Maryland, New York, South Carolina	\$1 / \$2 / \$3 (mail \$0)	\$15 / \$30 / \$45
Alabama, Connecticut, Georgia, Indiana, Kentucky, Maine, Massachusetts, Michigan, Mississippi, New Hampshire, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia	\$1 / \$2 / \$3 (mail \$0)	\$19 / \$38 / \$57
TIER 2 - COPAY AMOUNT VARIES BY REGION	30 / 60 / 90 (90-day mail) supply	
	Preferred	Standard
Delaware, District of Columbia, Maryland, New York, South Carolina	\$3 / \$6 / \$9 (mail \$3)	\$18 / \$36 / \$54
Pennsylvania, West Virginia	\$7 / \$14 / \$21 (mail \$7)	\$20 / \$40 / \$60 (mail \$20)
Alabama, California, Connecticut, Georgia, Indiana, Kentucky, Maine, Massachusetts, Michigan, Mississippi, New Hampshire, North Carolina, Ohio, Oregon, Rhode Island, Tennessee, Texas, Vermont, Virginia, Washington	\$7 / \$14 / \$21 (mail \$7)	\$20 / \$40 / \$60
TIER 3 - COPAY AMOUNT VARIES BY REGION	30 / 60 / 90 (90-day mail) supply	
	Preferred	Standard
Alabama, California, Connecticut, Delaware, District of Columbia, Georgia, Indiana, Kentucky, Maryland, Massachusetts, Michigan, Mississippi, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, West Virginia	\$35 / \$70 / \$105 (mail \$87.50)	\$47 / \$94 / \$141 (mail \$117.50)
Maine, New Hampshire, Texas	\$42 / \$84 / \$126 (mail \$105)	\$47 / \$94 / \$141 (mail \$117.50)
TIER 4 - COINSURANCE AMOUNT VARIES BY REGION	30 / 60 / 90 supply	
	Preferred	Standard
Michigan, Mississippi, Ohio	32%	39%
California, Georgia, Oregon, Washington	33%	40%
Delaware, District of Columbia, Maryland, New York, South Carolina	35%	42%
Pennsylvania, West Virginia	35%	43%
Maine, New Hampshire	37%	46%
Indiana, Kentucky	38%	45%
Texas	38%	46%
Virginia	39%	46%
Alabama, Tennessee	40%	45%
North Carolina	43%	48%
Connecticut, Massachusetts, Rhode Island, Vermont	44%	49%
TIER 5 - COINSURANCE AMOUNT	30 / 60 / 90 supply	
All States	25%	

*The above coinsurance and copays are applicable for both retail and mail order pharmacies unless where lower is specified in parentheses (\$).

2020 Summary of Benefits, 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-250-2005 (TTY: 711). ATENCIÓN: si habla Español, los servicios de asistencia lingüística, sin cargo, están disponibles para usted. Llamada 1-866-250-2005 (TTY: 711).

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. EnvisionInsurance is a Prescription Drug Plan with a Medicare contract. Enrollment in EnvisionInsurance 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.

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

- 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 EnvisionInsurance 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: EnvisionInsurance, mailing address: 2181 E. Aurora Rd, Ste. 201, Twinsburg, OH, 44087, Member Services: 1-866-250-2005, TTY: 711, fax: 1-877-503-7231. 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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.