



Share a Clear View

NAVITUS MEDICARERX (PDP) SUMMARY OF BENEFITS 2017

Airconditioning and Refrigeration Industry Health and Welfare Trust Fund



The Navitus MedicareRx (PDP) Prescription Drug Plan for Airconditioning and Refrigeration Industry Health and Welfare Trust Fund 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 our 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 soon:

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

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

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INTRODUCTION

HOW MUCH IS YOUR MONTHLY PLAN PREMIUM?

Your coverage is provided through your employer group. Please contact the employer group benefits administrator for information about your plan premium. To be a member of our Plan, you must be enrolled in Medicare Part A and Medicare Part B and live in our service area. Your premium for Medicare Part A and/or Medicare Part B must be paid, in order to keep your Medicare Part A and/or Medicare Part B and to remain a member of this 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 drug coverage. The Social Security Administration makes this determination.
- 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.

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 Airconditioning & Refrigeration Industry Health and Welfare Trust Fund. Find more information on copays on page 3.

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

Your Maximum Out-of-Pocket for 2017 is \$3600 for an individual and \$7200 for a family. This amount includes all pharmacy copayments and coinsurances.

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, although your Supplemental Coverage benefit provided by your group health insurance program may choose to pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the 2017 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 our Formulary. The drugs on the Formulary are selected by the Plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the Plan's Formulary. The supplemental portion of your plan does cover some additional drugs that are not part of the standard Medicare 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 STRUCTURE

Navitus MedicareRx (PDP) Prescription Drug Plan

Retail Network Pharmacy	Up to 90 Days
Mail Order Pharmacy	90 Days Only
Specialty Pharmacy Marked NM	Up to 30 Days

The cost sharing structure may differ based on the pharmacy's status as preferred or non-preferred, mail order, long term care, home infusion, and 30 or 90-day supplies.

Copay Tiers

Tier 1 – Generic Products and some lower cost Brand Products

Tier 2 – Preferred Brand Products

Tier 3 – Non-preferred Brand Products

30-Day Supplies

PRESCRIPTION DRUGS	COPAY TIERS	COPAY AMOUNT
Preferred Products and Specialty Drugs	Tier 1	10% coinsurance (\$8 min, \$20 max)
	Tier 2	20% coinsurance (\$20 min, \$50 max)
Non-preferred Products and Specialty Drugs	Tier 3	40% coinsurance (\$40 min)

Your drug copay or coinsurance may vary based upon the cost of the drug and your Medicare Part D benefit phase. You can find more information in your Evidence of Coverage booklet arriving soon, or you can call Navitus MedicareRx (PDP) at 1-866-270-3877 (TTY Users, please call 711).

Extended Day Supplies

Cost Sharing	31-60 Day Supply at Retail	61-90 Day Supply at Retail, or 90 Day Supply Only at Non-Preferred Mail Order	90 Day Supply at Preferred Mail Order
Tier 1	10% coinsurance (\$16 min, \$40 max)	10% coinsurance (\$24 min, \$60 max)	\$16 copayment
Tier 2	20% coinsurance (\$40 min, \$100 max)	20% coinsurance (\$60 min, \$150 max)	\$40 copayment
Tier 3	40% coinsurance (\$80 min)	40% coinsurance (\$120 min)	\$80 copayment

Note: Extended supplies 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	
Individual	Family
\$3600	\$7200

Once the maximum out-of-pocket is reached, you pay \$0 for all drugs for the remainder of the year.

ADDITIONAL INFORMATION

Additional Help for Medicare Programs are available to help people with limited resources 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 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. After you apply, you will get a letter letting you know if you qualify for “Extra Help” and what you need to do next.

Centers for Medicare & Medicaid Services (CMS) 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 your supplemental/retiree plan), 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. You won’t get a printed copy if you choose to get it electronically.

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 Airconditioning and Refrigeration Health and Welfare Trust Fund 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 Evidence of Coverage booklet.

Maximum Out-Of-Pocket The Maximum Out-of-pocket is established by the 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.

Network Pharmacies

The first step to filling your prescription is deciding on a participating pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of our plan. There is a complete list of participating pharmacies on our website, <https://medicarerx.navitus.com>.

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 10-day supply** of medication at an out-of-network pharmacy. You will be responsible to pay for the full amount of the copayment/coinsurance.

To submit a claim that you already paid in full for, you must provide specific information about the prescription, the reason you are requesting reimbursement, or any other payments made by primary insurers. Complete the appropriate claim form and mail it along with the pharmacy receipts to:

Navitus MedicareRx (PDP)

Manual Claims

P.O. Box 1039


Appleton, WI 54912-1039

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 the 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.



**Preferred
Specialty
Pharmacy**

You can use any contracted pharmacy you like, however Navitus and Airconditioning and Refrigeration Health and Welfare Trust Fund have contracted with Lumicera Specialty Pharmacy to provide the best home-delivery service and rates on Specialty Drugs.

**Supplemental
Wrap Coverage**

Supplemental Wrap Coverage is provided as part of your benefits under the Airconditioning and Refrigeration Health and Welfare Trust Fund. This coverage may pay for prescription drug costs even when Medicare does not pay. However, you will still be responsible for paying copayments and coinsurance as indicated above.

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 your 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 your 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 your 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.

Airconditioning and Refrigeration Health and Welfare Trust Fund - For questions regarding your premiums or enrollment options please contact Rose Perez at 1-714-917-6100.

GENERAL INFORMATION

WHERE IS NAVITUS MEDICARE RX (PDP) AVAILABLE?

The service area for this 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 this Plan.

If you plan to move out of the service area, please contact Rose Perez at the Airconditioning and Refrigeration Health and Welfare Trust Fund by calling 1-714-917-6100.

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 that will be included in your Welcome Packet.

WHO IS ELIGIBLE TO JOIN?

You, your spouse, and your dependents are eligible to join if you qualify for your employer's (or your spouse's employer's) Medicare retiree coverage through the Airconditioning and Refrigeration Health and Welfare Trust Funds's group health insurance programs; you are enrolled in Medicare Part A and Medicare Part 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 will not be enrolled in the Navitus Medicare Rx (PDP).

WHERE CAN I GET MY PRESCRIPTIONS FILLED?

Navitus Medicare Rx (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. Navitus Medicare Rx (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 Medicare Rx 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 MY PLAN COVERS?

The Navitus MedicareRx (PDP) Formulary is a preferred list of drugs selected to meet patient needs. Navitus MedicareRx (PDP) 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> available 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 that your plan 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 drug plan costs, the amount of your premium and your drug costs at the pharmacy will be less. Once you have enrolled in Navitus MedicareRx (PDP), Medicare will tell us how much assistance you are 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 (1-800-633-4227) to see if you might qualify. For more information on how to get help with drug plan costs, please review the Evidence of Coverage that will be included in your Welcome Packet.



WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare prescription drug plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription drug coverage in your area.

If Navitus MedicareRx (PDP) ever denies coverage for your prescription drugs, 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.

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Pharmacies can call Navitus MedicareRx 24 hours a day, 365 days per year

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.

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For more information, please contact Navitus MedicareRx (PDP) Customer Care toll-free at 1-866-270-3877 (TTY users please call 711), or visit our website at <https://medicarerx.navitus.com>.

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.

Non-Discrimination Statement: Airconditioning and Refrigeration Industry Health and Welfare Trust Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. 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).

注意：如果「使用繁體中文，「可以免費獲得語言援助服務。請致電1-866-270-3877 (TTY：711)。

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NAVITUS MEDICARERX CUSTOMER CARE | 24 HOURS A DAY, 7 DAYS A WEEK
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