



Retiree Benefit Workshop

Medicare Retiree Prescription Drug Presentation

September 20, 2017

EnvisionRxPlus Employer Group Retiree PDP

Question: What is the EnvisionRxPlus Group Retiree PDP Plan?

Answer:

- It is called an Employer Group Waiver Plan. It is a CMS approved plan that consists of two separate but integrated plans:
 1. Your Rx claim is first processed by the Medicare Part D Standard Plan required by CMS.
 2. Then your claim is processed by the Supplemental Plan, referred to as the “Wrap” plan that supplements the Standard Plan. The Wrap fills in gaps and provides the additional coverage so members only pay their \$10 and \$35 copays.


EnvisionRxPlus Employer Group Retiree PDP

Question: Who Is Eligible For The EnvisionRxPlus Retiree Plan?

Answer:

- Medicare eligible retirees and their Medicare eligible spouses/dependents
- The District requires its Retirees to be enrolled in Medicare Part A and Part B once eligible.
- Dependents not eligible for the EnvisionRx Plus Plan are still eligible for coverage under the District's other plan that covers active employees and Non-Medicare retirees and dependents.

 Palo Alto Unified School District	 DELTA HEALTH SYSTEMS
ANTHEM BLUE CROSS GROUP#: 1866FA	
HEALTHCARE ID: 880-00000D NAME	Please verify patient's identification
Plan 040: Medical, Drug	
<small>For eligibility, claims and customer service: Delta Health Systems 800.807.0820 www.deltahhealthsystems.com</small>	<small>Send Professional and Hospital Claims to: Anthem Blue Cross PO Box 0007 Los Angeles, CA 90060-0007</small>
<small>PlushCare Telehealth 866.460.6205 www.plushcare.com</small>	





A MEDICARE APPROVED PRESCRIPTION DRUG PLAN


Rx Bin: 012312
Rx PCN: PART
Rx GRP: <EICXXX>
Issuer: (80840): 9151 014 609
ID: <EICXXXXXXXX>
Name: <Variable>

SAMPLE


S7694/<Variable PBP#>



A Medicare Approved Prescription Drug Plan



Rx Bin: 012312
Rx PCN: PART
Rx GRP: [880E] OR [880ED]
Issuer: EnvisionRx Plus
ID: 880#####E00#
Name: John Cardholder



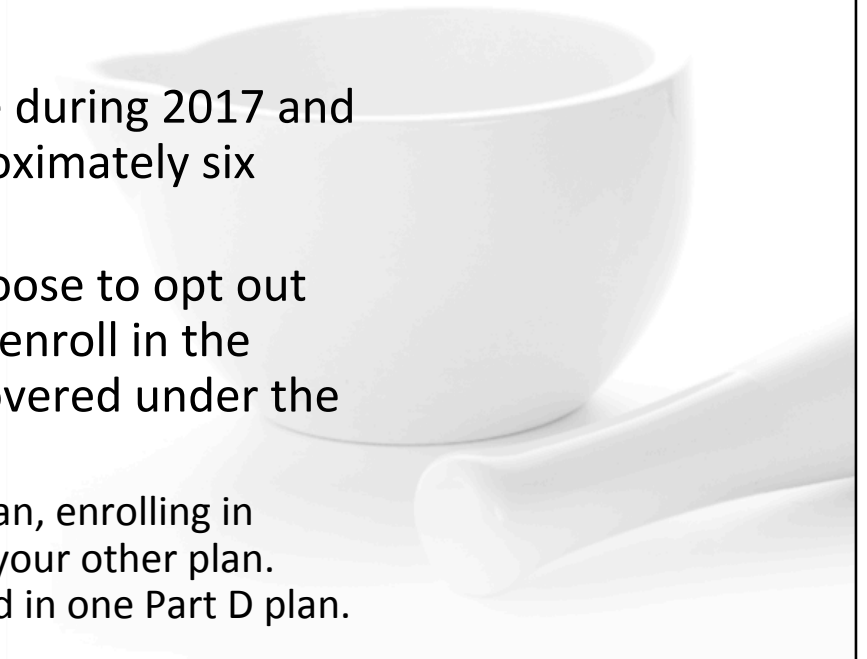
CMS Contract # S7694
PBP # 001

EnvisionRxPlus Employer Group Retiree PDP

Question: How do I become enrolled?

Answer:

- Members who become Medicare eligible during 2017 and after will automatically be enrolled approximately six months after becoming eligible.
- You have the right to Opt-Out. If you choose to opt out of the plan you will not be allowed to re-enroll in the District's Rx coverage. You can remain covered under the medical coverage.
 - If you are already enrolled in a Part D plan, enrolling in EnvisionRxPlus will terminate you from your other plan. CMS only allows members to be enrolled in one Part D plan.



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Question: What can I expect in the mail?

Answer:

- The government requires that all Medicare Part D Plans send a variety of communications both prior to and following enrollment to ensure you understand key procedures, rights and responsibilities.
- First you will receive a pre-enrollment mailing which describes the plan. Also included is an Opt Out letter. This document is mailed approximately 60 days prior to you being enrolled for coverage. If you don't want to Opt Out, do not return the letter. (Very few members opt out. Typical reason for opting out is you remain covered under your working spouse's coverage.)

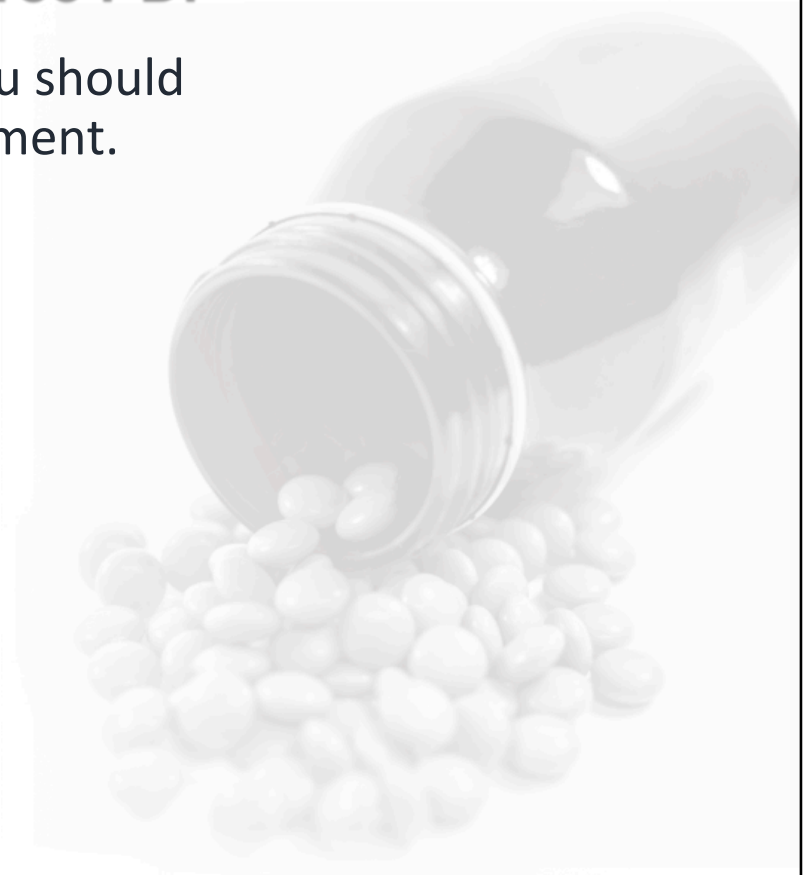
EnvisionRxPlus Employer Group Retiree PDP

Next, you will receive a Welcome Packet – you should receive approximately 15 days prior to enrollment.

- Contents
 - Welcome Letter
 - ID Card for the EnvisionRx Plus plan
 - Evidence of Coverage
 - List of Drugs on the FUSD Medicare formulary
 - Pharmacy Directory
 - Mail Order Brochure

At the end of each year

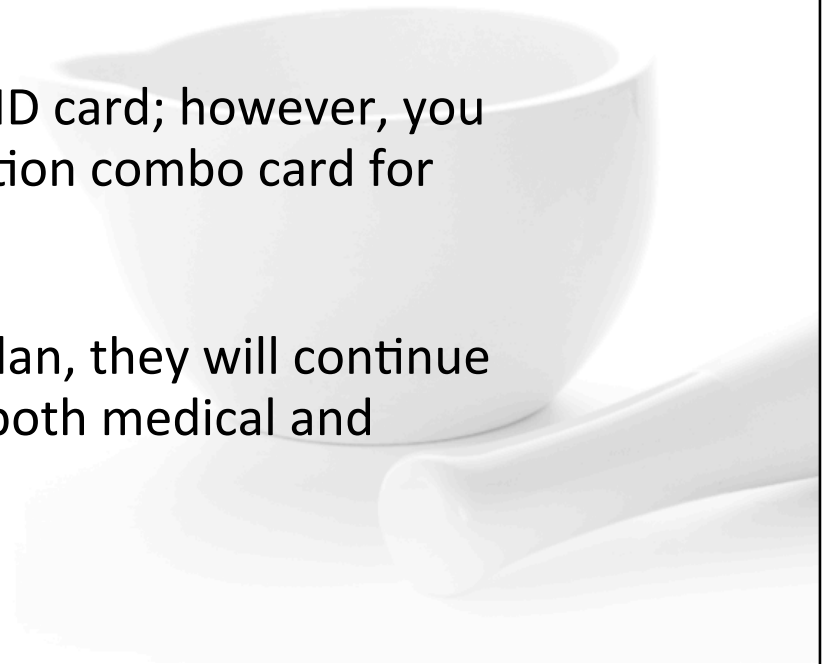
- Annual Notice of Change
 - Summary of Benefits
 - Formulary and Pharmacy network info
 - Privacy Notice



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Other information about Member Mailings and ID cards

- Each Medicare family member is enrolled separately receives their own mailing of Communication Material, including their prescription ID card
- You will now have a separate prescription ID card; however, you will continue to use your medical/prescription combo card for **medical purposes only**.
- If a family member remains in the Active plan, they will continue to use their medical/prescription card for both medical and prescription purposes.



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Question: What are the benefits?

Answer:

- \$10 copay for Generics
- \$35 copay for Brand and Specialty Drugs*

**Member payment will be higher when a brand drug is prescribed and a generic is available. This is called a DAW penalty.*

- Same copays for Retail purchases and Mail Order purchases
- 30-90 days supply Retail
- 90-180 days supply for Mail Order
(180 day supplies are typically for Maintenance Drugs)

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Question: What Drugs Are Covered?

Answer:

- The list of drugs will be mailed to you or you can see the formulary at www.EnvisionRxPlus.com.

You need to register as a member to view the formulary.

- The EGWP formulary is a very Broad formulary and covers most medications



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Question: What Pharmacies Can I Go To?

Answer:

- Envision has over 60,000 network pharmacies in the USA. You can access the pharmacy locator function by visiting us at www.EnvisionRxPlus.com. A Pharmacy Directory will be mailed each November.

You need to register as a member to view the pharmacy directory.

- Common pharmacies in the Fresno area include:
 - Walgreens
 - CVS Pharmacy
 - Rite Aid
 - Longs Drug Store
 - Good Neighbor Pharmacy

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Question: Can I have my prescriptions delivered via Mail Order?

Answer:

- *Absolutely!* Envision Mail Order Pharmacies is your mail order pharmacy vendor. They can be contacted via phone at 866-909-5170 or online at www.envisionpharmacies.com.

EnvisionRx Plus Employer Group Retiree PDP

Question: What is the CMS Defined Standard Benefit? (*This will show on your EOBs.*)

Answer: The CMS Defined Standard Benefit is composed of 4 phases. For 2017:

1. Deductible - \$400
2. Initial Coverage Limit (ICL): Once the total cost of the drugs reaches \$3,700
 - In this phase your plan covers 75% of the cost of the drug until the total cost reaches \$3,700.
3. Coverage Gap (Donut Hole)
 - In this phase your plans covers 49% of generic drugs, 10% of brand name drugs
 - In addition, for brand name drugs, 50% is covered by the Rx manufacturer.
 - The member stays in this phase until his/her out-of-pocket costs reaches \$4,950.
4. Catastrophic Coverage
 - In this phase your plan covers 15% of any drug. In addition, the government covers 80%. The member pays the lesser of 5% or the copays of the plan.

NOTE: Although the CMS Defined Standard Benefit applies a deductible, initial coverage limit, coverage gap, and catastrophic coverage, under the Fresno Unified Employer Group Waiver Plan (EGWP) through the EnvisionRx Plus plan, after the Standard Benefit processes part of your claim, the Wrap Benefit covers the balance. You will not pay more than a \$10 or \$35 copay for covered medications.

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Other Topics:

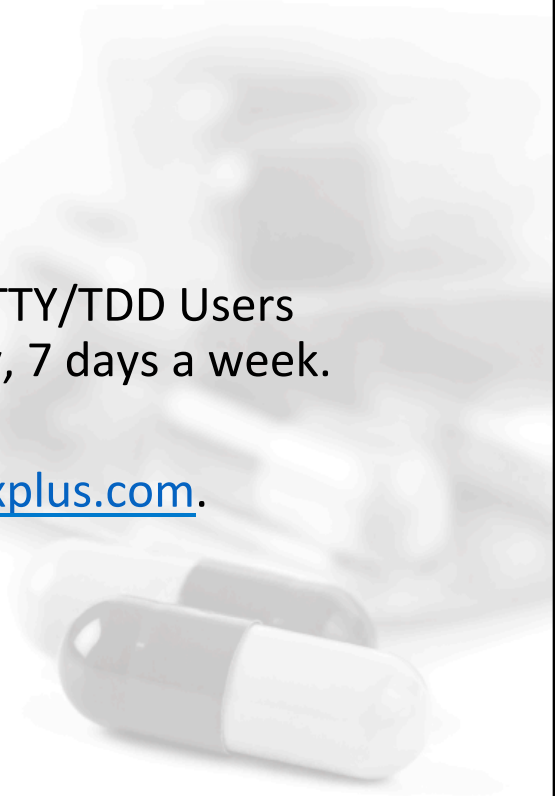
Some prescriptions require a prior authorization or are part of a step therapy program. Similar programs included in the Active Rx plan. If your provider affirms that your use of the current prescription is medically necessary, then you or your provider may complete a request for prior authorization to continue receiving the medication.

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Question: What If I Have Other Questions?

Answer: You have several options available to you.

- Call our Member Services hotline at 1-844-293-4760 (TTY/TDD Users should call 711). This is available to you 24 hours a day, 7 days a week.
- Our website is www.Envisionrxplus.com.
- You can send an email to Customerservice@envisionrxplus.com.
- You can write us at:
EnvisionRxPlus
2181 E. Aurora Rd., Ste. 201
Twinsburg, OH 44087



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Thank You!
Questions?

