



## **School District of Indian River County**

**Group Number - AWS45200001**

# **2020**

# **Summary of Benefits**

January 1, 2020 – December 31, 2020

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

## INTRODUCTION TO SUMMARY OF BENEFITS FOR RETIREE RXCARE

**Congratulations and welcome to the Employer Group Waiver Plan offered by School District of Indian River. This Summary of Benefits gives you a summary of what we cover and what you pay. It does not list every drug that is covered, or list every limitation or exclusion. To get a complete list of benefits, please see your Evidence of Coverage or call Retiree RxCare at 1-855-693-3921 for additional information.**

### YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE PRESCRIPTION DRUG BENEFITS

- One choice is to get prescription drug coverage through a Medicare Prescription Drug Plan, like **Retiree RxCare**.
- Another choice is to get your prescription drug coverage through a Medicare Advantage Plan (like an HMO or PPO) or another Medicare health plan that offers Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. You can check with your employer group's or union fund's benefits office to see if they offer these types of plans.

### TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what **Retiree RxCare** covers and what you pay.

- If your employer group offers other types of plans, and you want to compare our plan with the other Medicare health plans, ask your benefits office for their Summary of Benefits booklets.
- If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You Handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### SECTIONS IN THIS BOOKLET

- Things to Know About **Retiree RxCare**
- Prescription Drug Benefits: Deductible and Limits on How Much you Pay for Covered Services

### Things to Know About Retiree RxCare

#### Hours of Operation

- You can call us from 8:00 a.m. to 8:00 p.m. Eastern time, Monday through Friday.

### Retiree RxCare Phone Numbers and website

- If you are a member of this plan, call toll-free 1-855-693-3921, (TTY/TDD users call 1-855-693-3921).
- If you are not a member of this plan, call toll-free 1-855-693-3921, (TTY/TDD users call 1-855-693-3921).
- Our website: [retireerxcare.amwins.com](http://retireerxcare.amwins.com).

### WHO CAN JOIN?

To join Retiree RxCare, you must be entitled to Medicare Part A and/or enrolled in Medicare Part B and remain eligible for benefits through your employer.

### WHICH DRUGS ARE COVERED?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions in the Retiree RxCare Formulary (Drug List). You can call us if you need a copy of the Drug List. Our Contact Center number is listed at the end of this introduction.

## **HOW WILL I DETERMINE MY DRUG COSTS?**

Our plan groups each medication into “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages.

## **WHICH PHARMACIES CAN I USE?**

Retiree RxCare has a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. You can call us if you need a copy of the pharmacy directory. Our Contact Center number is listed at the end of this introduction.

**Please call Retiree RxCare for more information about your prescription benefit program.**

**Call Retiree RxCare at:  
1-855-693-3921  
TTY users should call 711  
Customer Care is available 8:00 AM – 8:00 PM, Monday through Friday**

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 711. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

This document may be available in other formats such as large print or other alternate formats.

This document may be available in a non-English language. For additional information, call Contact Center at the phone number listed above.

Este documento puede ser disponible en otros idiomas distintos del inglés. Para información adicional, llame a servicio al cliente al número de teléfono mencionado arriba.

## Prescription Drug Benefits Deductible and Limits on How Much You Pay for Covered Services

### Annual Deductible

There is no deductible for Retiree RxCare. You begin in the Initial Coverage Stage when you fill your first prescription of the year.

### Initial Coverage

You pay the following until your total yearly drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies.

Tier	30 Day Retail Pharmacy Copay	90 Day Retail Pharmacy or Mail Order Copay
<b>Tier 1</b>	\$15.00	\$30.00
<b>Tier 2</b>	\$30.00	\$60.00
<b>Tier 3</b>	\$60.00	\$120.00
<b>Tier 4</b>	\$30.00	\$60.00

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there may be a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.

With Retiree RxCare, after you enter the coverage gap, you will continue to pay your Initial Coverage Stage copayment amount for covered drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

### Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350

- **You pay the greater of:**
  - 5% of the cost, or
  - \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.
  - **But not more than the copay amount for the drug tier**
- **Our plan pays the rest of the cost of covered drugs.**