



2018

**Magellan Rx Medicare Basic (PDP)**

# Summary of Benefits


January 1, 2018 – December 31, 2018

**This Summary of Benefits booklet gives you a summary of what Magellan Rx Medicare Basic (PDP) covers and what you pay.**

It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please refer to the Evidence of Coverage. It is available online at <https://medicare.magellanrx.com> or you may call Customer Service at 1-800-424-5870 (TTY: 711) to request a copy.

## **How to use this book**

- You can use the information in this booklet to learn about the Magellan Rx Medicare Basic (PDP) plan or to compare our plan with other Medicare health plans to find which is best for you.
- 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://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.



# Things to Know About Magellan Rx Medicare Basic (PDP)



## Who can join?

- To join Magellan Rx Medicare Basic (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, and live in our service area.
- Our service area includes the following:  
North Carolina



## Which drugs are covered?

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (<https://medicare.magellanrx.com>). Or, call us and we will send you a copy of the formulary.



### **How will I determine my drug costs?**

Our plan groups each medication into one of five “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 that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.



### **Which pharmacies can I use?**

We have a network of pharmacies and you must generally use these pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our website can help you find a pharmacy in your neighborhood – or wherever you may travel.

To see network pharmacies in our plan, visit our website (<https://medicare.magellanrx.com>). Or, call us and we will send you a copy of the pharmacy directory.

# Monthly Premium and Prescription Drug Benefits

## Initial Coverage

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 on our website.

You may get your drugs at network retail pharmacies and mail order pharmacies.

If you reside in a long-term care facility, you pay the same copayment/coinsurance as at a standard 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’s 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 \$3,750.

After you enter the coverage gap, you pay 35% of the negotiated price and a portion of the dispensing fee for brand name drugs, and 44% of the price for generic drugs until your costs total \$5,000, 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 \$5,000, you pay the greater of:

- 5% of the cost, or
- \$3.35 copayment for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs

Plan Premium and Deductible		What you should know
Monthly Premium	\$63.60 per month	You must continue to pay your Medicare Part B premium.
Yearly Deductible	\$405 per year for Part D prescription drugs	After you pay your yearly deductible, you pay the following (see below) until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

### Copayment / Coinsurance By Tier

Tiers	One-Month Supply		Three-Month Supply	
	Standard Retail or Long-Term Care Cost-Sharing	Preferred Retail or Mail Order Cost-Sharing	Standard Retail or Long-Term Care Cost-Sharing	Preferred Retail or Mail Order Cost-Sharing
Tier 1 (Preferred Generic)	\$8	\$1	\$24	\$3
Tier 2 (Generic)	\$11	\$4	\$33	\$12
Tier 3 (Preferred Brand)	15%	15%	15%	15%
Tier 4 (Non-Preferred Drug)	50%	50%	50%	50%
Tier 5 (Specialty Tier)	25%	25%	-	-





## **Magellan Rx Medicare Basic (PDP) Phone Numbers and Website**



Magellan Rx Medicare Basic (PDP)  
Customer Service  
**1-800-424-5870**  
TTY users call 711.



<https://medicare.magellanrx.com>

# Magellan Rx Medicare

## **Discrimination is against the law**

Magellan\* follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race.
- Color.
- National origin.
- Age.
- Disability.
- Sex.

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
  - Large print.
  - Audio.
  - Accessible electronic formats.
  - Other formats.

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters.
- Information that is written in other languages.

Contact us at 800-424-7721 if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you can file a grievance with:

Civil Rights Coordinator, Corporate Compliance Department

6950 Columbia Gateway Drive

Columbia MD 21046

800-424-7721

Fax: 410-953- 5207

[compliance@magellanhealth.com](mailto:compliance@magellanhealth.com)

\* Magellan refers to all applicable subsidiaries and affiliates of Magellan Health, Inc. including but not limited to Magellan Healthcare, Inc., National Imaging Associates, Inc., Magellan Rx Management, LLC and Magellan Complete Care.



You can file a grievance in one of three ways.

- By mail.
- By fax.
- By email.

The civil rights coordinator is available if you need help with any of this.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

**U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

TDD: 800-537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

# Magellan Rx Medicare

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-5870 (TTY: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-424-5870 (TTY: 711)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-424-5870 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-424-5870 (TTY: 711)번으로 전화해 주십시오.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-424-5870 (телетайп: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-424-5870 (رقم هاتف الصم والبكم: 117).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-424-5870 (ATS : 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-424-5870 (TTY: 711).

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-424-5870 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-424-5870 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-424-5870 (TTY: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-424-5870 (TTY: 711).

**خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-424-5870 (TTY: 711).

**লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-424-5870 (TTY: 711)

**אויפמערקזאם:** אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-424-5870 (TTY: 711)

Magellan Rx Medicare Basic (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in Magellan Rx Medicare Basic (PDP) depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply.

Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary and pharmacy network may change at any time. You will receive notice when necessary.

Medicare beneficiaries may also enroll in Magellan Rx Medicare Basic (PDP) through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

Magellan Rx Medicare Basic (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost-sharing in the following states within our service area: North Carolina. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost-sharing, please call Customer Service at 1-800-424-5870 (TTY: 711) or consult the online pharmacy directory at <https://medicare.magellanrx.com>.

This document is available in other formats such as Braille and large print.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-424-5870 (TTY: 711).

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