



2022 Summary of Benefits

Find premium details by state on the next page.

Elixir RxPlus

A Medicare Approved Prescription Drug Plan

PLAN DEDUCTIBLE

\$0 Deductible on Generic Drug Tiers 1 & 2 | \$480 Deductible on Drug Tiers 3-5

COPAYS AND COINSURANCE

INITIAL COVERAGE STAGE Amount you pay until you and the plan pay a total of \$4,430 (includes deductible) for covered prescription drug expenses

	1-month supply you pay:		2-month supply you pay:		3-month supply you pay:	
Drug Coverage Tier Number	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 – Preferred Generic*	\$1	\$15	\$2	\$30	\$3 (Mail \$0)	\$45
Tier 2 – Generic**	\$6	\$16	\$12	\$32	\$18 (Mail \$6)	\$48
Tier 3 – Preferred Brand	\$43	\$47	\$86	\$94	\$129 (Mail \$86)	\$141
Tier 4 – Non-Preferred Drug	Varies by state. See next page.					
Tier 5 – Specialty	25%	25%	N/A	N/A	N/A	N/A

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 \$4,430 and \$7,050 in total prescription drug expenses.

1-month, 2-month or 3-month 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 \$7,050 in annual out-of-pocket covered prescription drug expenses.

1-month, 2-month or 3-month supply you pay:

Generic Greater of \$3.95 or 5%

Brand Greater of \$9.85 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 elixirinsurance.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.

Premiums and Cost-Share by State*

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STATE	PREMIUM	COPAYS AND COINSURANCE - TIER 4	
		Preferred	Standard
		1-month, 2-month or 3-month supply	
Alabama	\$49.30	45%	50%
California	\$36.80	40%	44%
Connecticut	\$36.50	45%	50%
Delaware	\$37.00	45%	49%
District of Columbia	\$37.00	45%	49%
Georgia	\$29.40	45%	50%
Indiana	\$42.90	45%	50%
Kentucky	\$42.90	45%	50%
Maine	\$28.30	45%	50%
Maryland	\$37.00	45%	49%
Massachusetts	\$36.50	45%	50%
Michigan	\$20.30	45%	50%
Mississippi	\$34.20	45%	50%
New Hampshire	\$28.30	45%	50%
New York	\$51.50	40%	43%
North Carolina	\$29.00	45%	50%
Ohio	\$20.30	45%	49%
Oregon	\$20.30	45%	50%
Pennsylvania	\$20.30	45%	50%
Rhode Island	\$36.50	45%	50%
South Carolina	\$25.30	45%	50%
Tennessee	\$49.30	45%	50%
Texas	\$72.50	45%	47%
Vermont	\$36.50	45%	50%
Virginia	\$58.40	45%	50%
Washington	\$20.30	45%	50%
West Virginia	\$20.30	45%	50%

*The above coinsurance and copays are applicable for both retail and mail order pharmacies.

To join Elixir RxPlus 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. However, there may be cost or other differences between the plans we offer in each state. If you move out of state and into a state that is still within our service area, you must call Member Services in order to update your information.

2022 Summary of Benefits, Part D Plan Benefit Reminders

This information is not a complete description of benefits. Call 1-866-250-2005 (TTY: 711) 24 hours a day, 7 days a week 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) 24 hours a day, 7 days a week. ATENCIÓN: si habla Español, los servicios de asistencia lingüística, sin cargo, están disponibles para usted. Llamada 1-866-250-2005 (TTY: 711) 24 horas al día, 7 días a la semana.

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 elixirinsurance.com. Elixir Insurance is a Prescription Drug Plan with a Medicare contract. Enrollment in Elixir Insurance 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.

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

- 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 Elixir Insurance 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: Elixir Insurance, 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>.

Elixir Insurance is a PDP with a Medicare Contract. Enrollment in Elixir Insurance depends on contract renewal.